832001 12-31-18



Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Publication

		n uie 2	018 calendar year, or tax year beginning and	ending		
В	Ch ap	eck if plicable	C Name of organization		D Employer identific	cation number
[Address change	WAYPOINT		_	
[X	Name change	Doing business as		02-0	222164
[Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 464 CHESTNUT STREET	Room/suite	E Telephone number (603	
Г		termin- ated Amended	City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03105		G Gross receipts \$ H(a) Is this a group re	14,461,767.
į		return Applica- tion pending	F Name and address of principal officer BORJA ALVAREZ DE TO	OLEDO	for subordinates	? Yes X No
-			SAME AS C ABOVE opt status	or / 527	H(b) Are all subordinates in	list (see instructions)
<u>.</u>	ı w	ebsite:	▶ WWW.WAYPOINTNH.ORG		H(c) Group exemption	,
			ganization: X Corporation Trust Association Other ▶	L Year		State of legal domicile; NH
	Pai	rt I S	Summary			
, –		1 Br	nefly describe the organization's mission or most significant activities EMPO	WERING	PEOPLE OF	ALL AGES
	일	Т	HROUGH AN ARRAY OF HUMAN SERVICES AND A	DVOCAC	Υ.	
	Ē	_	neck this box I if the organization discontinued its operations or dispos			ssets
	Activities & Governance		umber of voting members of the governing body (Part VI, line 1a)		3	17
•	ဗိ		umber of independent voting members of the governing body (Part VI, Ine 1b)		4	17
•	න්		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	416
	<u>≅</u>		otal number of volunteers (estimate if necessary)	_	6	75
;	₹		otal unrelated business revenue from Part VIII, column (C), line 12	(X)	7a	0.
•	₹		et unvoleted business toyable income from Form 900 T line 34 4		7b	24,000.
_	\dashv	D 146	et unrelated business taxable income from Form 990-T, line 38 47		Prior Year	Current Year
		•	A Laboratory (Part VIII) Invadity	6 2012	9,050,702.	7,573,745.
	Revenue		ontributions and grants (Part VIII, line 1h)	201	3,582,862.	5,422,960.
	e l			~\p	6 404,923.	717,546.
(<u>۾</u>		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	> P	0/271 /20	174,341.
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3/1,438. 3/2,359,925.	13,888,592.
_	-		otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		809,129.	718,608.
			rants and similar amounts paid (Part IX, column (A), lines 1-3)	\forall	005,125.	0.
			enefits paid to or for members (Part IX, column (A), line 4)		8,461,095.	9,442,702.
	Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	0,401,093.	0.
	eu		rofessional fundraising fees (Part IX, column (A), line 11e)	16 H		<u></u>
	2		otal fundraising expenses (Part IX, column (D), line 25) 427,5	40.	2,966,693.	3,245,722.
	١.		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-		13,407,032.
		18 To	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,236,917.	
_		19 R	evenue less expenses Subtract line 18 from line 12		123,008.	481,560.
20.	nces			Be	ginning of Current Year	End of Year
, det	Fund Balan		otal assets (Part X, line 16)	<u> </u>	24,609,280.	23,092,944.
Ā	뜅		otal liabilities (Part X, line 26)		6,238,573.	5,940,245.
			et assets or fund balances Subtract line 21 from line 20		18,370,707.	17,152,699.
			Signature Block			
			es of perjury, I declare that I have examined this return, including accompanying schedule			y knowlodgo and belief, it is
tr	ue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
			my por			7
S	ign	ין ו	Signature of officer		Date •	
Н	lere		ANTHONY CHEEK, CHIEF FINANCIAL OFFICE Type or print name and title	R		
_		T F	Print/Type preparer's name Preparer's signature		Date Check	PTIN
P	aid		HERYL L. STEPHENS-BURKE,	, lo	4/10/19 11 self-employ	P00085224
		_	ITM'S name MELANSON HEATH AND COMPANY, PC		Firm's EIN	02-0354851
	-		irm's address 102 PERIMETER ROAD			
) ຶ	,55 (,, [NASHUA, NH 03063-1301		Phone no 60	3-882-1111
_	100:	the IPS	discuss this return with the preparer shown above? (see instructions)		1. 110110 110.00	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	n 990 (2018) WAYPOINT	02-0222164	Page 2
	rt 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 EMPOWERING PEOPLE OF ALL AGES THROUGH AN ARRAY OF HUMAN	SERVICES A	
	ADVOCACY.	DERVICED A	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Ye	s 🗓 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Ye	s X 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported	rs, the total expenses	, and
4a	(Code) (Expenses \$ 3,084,372. including grants of \$ 368,345.) (Revenue	3,263	<u>,927.</u>)
	CHILD ABUSE TREATMENT AND FAMILY STRENGTHENING - PROVIDE		
	2,200 INDIVIDUALS AND FAMILIES. PROGRAMS ARE PRIMARILY (
	STATE OF NH FOR FAMILIES IN NEED OF SERVICES SUCH AS SUF		<u>SITS</u>
	BETWEEN A PARENT AND CHILD, AND EMOTIONAL SUPPORT AND PROJUCTIONS FOR MANAGING FAMILY LIFE. SERVICES ALSO INCLUI		
	THERAPISTS AND CASE WORKERS WHO HELP FAMILIES IDENTIFY A		
	TREATMENT GOALS, STABILIZE FAMILIES IN CRISIS, AND BUILD		
	STRENGTHS AND FACILITIATE EFFECTIVE INTERACTION.	, 011 11411111	
46	(Code) (Expenses \$ 2,520,761. including grants of \$ 133,826.) (Revenue	176	,215.)
4b	(Code) (Expenses \$ 2,520,761. including grants of \$ 133,826.) (Revenue CHILD ABUSE PREVENTION - PROVIDED SERVICES TO 2,800 INDI		
	FAMILIES. SERVICES ARE PROVIDED IN FAMILY HOMES AND INCI		
	PARENTS WITH DEVELOPMENT OF SKILLS TO HELP THEIR CHILDRE		
	EMOTIONAL SUPPORT, ENCOURAGEMENT AND EMPOWERMENT, AND OF		
	SOLUTIONS TO HELP IN MANAGING FAMILY LIFE. SPECIALIZED F		CLUDE
	ASSISTANCE TO FAMILIES WITH CHILDREN WHO HAVE CHRONIC HE	EALTH	
	CONDITIONS, AND FOR LOW INCOME PREGNANT WOMEN.		
	2.106.564		225
4c	(Code) (Expenses \$ 2,196,564. including grants of \$ 3,014.) (Revenue HOMEMAKER SERVICES AND ADULT IN-HOME CARE - ASSISTS HAND		,335.)
	IN THEIR HOMES WITH SHOPPING, PERSONAL LAUNDRY, PREPARAT		
	HOUSEKEEPING AND OTHER CARE.		
			
	· · · · · · · · · · · · · · · · · · ·		
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 3,766,302 • including grants of \$ 213,423 •) (Revenue \$ 1,0)19,483. ₎	
40	Total program service expenses 11.567.999.		

Form **990** (2018)

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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)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 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? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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 Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 $\overline{\mathbf{x}}$ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Form **990** (2018)

	1556 (2016)	-02221	164	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Ļ	22	_X_	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	ent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		7.7	
	Schedule J	}	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		х	l
	Schedule K If "No," go to line 25a	-	24a	Δ_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	-	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas		24-		х
_	any tax-exempt bonds?		24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	F	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	-	ZJa		-
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	1	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	F			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,				
	complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	r			
	of any of these persons? If "Yes," complete Schedule L, Part III	[27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Γ			
	instructions for applicable filing thresholds, conditions, and exceptions)				虚
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	: <i>IV</i> [28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o	fficer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	L	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	<u> </u>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	-	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ			3.5
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		$ \mathbf{x} $	
	Part V, line 1		34	Δ.	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	´	256		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	—	35b		
36	If "Yes," complete Schedule R, Part V, line 2	Zation	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ŀ	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	F	3,		
	Note. All Form 990 filers are required to complete Schedule O	!	38	x	
Pai					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	49		2.	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	آ آلِسِي	* .	ı
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	;		71. 翻	1 h
	(gambling) winnings to prize winners?	Ι,	1c	X	***************************************

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	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 2a 416									
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		[,,						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	190-T-0-1901	X						
Ь	If "Yes," enter the name of the foreign country.									
٠.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c `	<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa	 							
Ü	were not tax deductible?	6ь								
Ż	Organizations that may receive deductible contributions under section 170(c).									
	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?	7a	**********	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
	Sponsoring organizations maintaining donor advised funds.			脚川						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Delfa:3d	li de de la composición della						
10	Section 501(c)(7) organizations. Enter									
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
-	amounts due or received from them)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	*Parter	HARMSHAR						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		熟羅							
а	is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O	華麗								
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									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v						
	excess parachute payment(s) during the year?	15	(MCHÉLINI)	X						
	If "Yes," see instructions and file Form 4720, Schedule N			Y Y						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O	Form		(2018)						
	•	. 5111		(20,0)						

•			
Form 990 (2018)	WAYPOINT		

1 990 (2018) WAYPOINT 02-0222164 Page 6 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			"No" r	espon	se	
		, 000	ristructions			X	
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u>.</u>		ليكيا	
<u> </u>	tion A. Governing Body and Management				Yes	No	
15	Enter the number of voting members of the governing body at the end of the tax year	1a	17		$\overline{}$	110	
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>		1	雄-	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-			-		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	17	1	·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		·	i	۲	'	
2	officer, director, trustee, or key employee?	ip with	arry other	2		~~~	
3	Did the organization delegate control over management duties customarily performed by or under the	a dira	ot supervision	┝╧╸	\vdash		
3	of officers, directors, or trustees, or key employees to a management company or other person?	ie dile	ct supervision	3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form!	000 w	e filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as		as med.	5	\vdash	X	
6	Did the organization become aware during the year of a significant diversion of the organization's as	30131		6	\vdash	X	
	-	ppoint	one or	۳	 		
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoili	Offe or	7a	1	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders or	- 'a	\vdash		
b	persons other than the governing body?	SLOCKII	olders, or	7b		x	
۰	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv th	a following:		ş .		
8		ai by ti	ic following.	8a	X	***********	
a	The governing body?			8b	X		
	Each committee with authority to act on behalf of the governing body?		at tha	90		 	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at tile	9	ĺ	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)	<u> </u>	Ь		
	tron Di i divido (mis decator di regocata information about policies not required by the internal m	010110			Yes	No	
100	Did the organization have local chapters, branches, or affiliates?			10a	X	140	
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hantei	e affiliates	100			
Ü	and branches to ensure their operations are consistent with the organization's exempt purposes?	Παρτεί	s, annates,	10b	x		
112	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
Ŭ	in Schedule O how this was done	, -		12c	х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х	\vdash	
15	Did the process for determining compensation of the following persons include a review and approv	al bv ıı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			15a	X	i -	
	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-	7 1	•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			- 1	
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ite its i	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		·		1	. '	
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NH						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990	-T (Section 501(c)(3)	s only	availa	able	
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	finan	cial		
	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 bo	oks a	nd records >				
	THE ORGANIZATION - (603) 668-1920						
	464 CHESTNUT STREET, MANCHESTER, NH 03105						

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 and/or Box 7 of Form 1099-MISC) 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

Light Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

• 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	Jiga	AI 1140) (2)	npe	Jal	(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
,	(list any hours for related organizations below line)	Individual Bustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM CONRAD	2.00									•
CHAIRMAN		X				ļ_		0.	0.	0.
(2) ELAINE BRODY	2.00									•
1ST VICE CHAIR		X	_		L	_		0.	0.	0.
(3) LOU KAUCIC	2.00	,,								0
2ND VICE CHAIR	2 00	X	_	L	<u> </u>	_	_	0.	0.	0.
(4) KIRK LEONI	2.00						ł	0.	0.	0
TREASURER	2.00	Х	<u> </u>	_		<u> </u>	ļ	0.	U .	0.
(5) KEN SHELDON	2.00	x						0.	0.	0
ASSISTANT TREASURER	2.00	≏	<u> </u>		_	<u> </u>	-	U •	U •	0.
(6) PEGGY LAMBERT	2.00	x			l			0.	0.	0.
SECRETARY (7) MARILYN MAHONEY	2.00	≏	<u> </u>		\vdash	┞	_	· ·		<u> </u>
FORMER CHAIR	2.00	x						0.	0.	0.
(8) LAUREN ADAMS	2.00	₽	┝╌			-	 	0.	0.	
TRUSTEE	2.00	x						0.	0.	0.
(9) KARA DOUGHERTY	2.00	^	_		\vdash					
TRUSTEE	2.00	x						o.	0.	0.
(10) GWENDOLYN GLADSTONE	2.00	 				-	 	 		
TRUSTEE		x						l o.	0.	0.
(11) JEFFREY SEIFERT	2.00									
TRUSTEE		x						0.	0.	0.
(12) MARIA DEVLIN	2.00									
TRUSTEE		x					•	0.	0.	0.
(13) TIFFANY DIAMOND	2.00									
TRUSTEE		Х						0.	0.	0.
(14) BRAD KUSTER	2.00									
TRUSTEE		Х						0.	0.	0.
(15) LYNDSEE PASKALIS	2.00									
TRUSTEE		Х					L	0.	0.	0.
(16) STEPHANIE SINGLETON	2.00									
TRUSTEE		Х			'			0.	0.	0.
(17) JENNIFER STEBBINS	2.00									
TRUSTEE		X						0.	0.	0.
832007 12-31-18										Form 990 (2018)

4

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)			
(A) .	(B)	(C)			_		(D)	(E)	(F)			
Name and title	Average		not c	heck	OSITION ok more than one person is both an			Reportable	Reportable		Estimated	
	hours per week					ıs bot or/trus		compensation	compensation from related		amour othe	
	(list any	į						the	organizations	0	ompen	
	hours for	gue				ם		organization	(W-2/1099-MISC		from 1	
	related	stee	Inster			bensa		(W-2/1099-MISC)			organiz	
	organizations below	ual tr	Bonal		ploye	at com	_				and rel organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Former			`	" gar iizc	2110110
(18) BORJA ALVAREZ DE TOLEDO	40.00	-	-	Ť	_		Ī			\top		
CHIEF EXECUTIVE OFFICER		1		Х		l _		186,019.	().	23,	680.
(19) ANTHONY CHEEK	40.00											
CHIEF FINANCIAL OFFICER				X				107,546.).		<u> 398.</u>
(20) MARIA GAGNON	40.00			١				40 500	,		2	1 2 7
CHIEF OPERATING OFFICER	40.00	_	<u> </u>	X		-	L	48,529.).		137.
(21) COLLEEN IVES	40.00			x				57,780.	,).	16	201.
CHIEF OPERATING OFFICER	 		-	_		-	-	37,780.		' +	10,	201.
		l										
				\vdash	╁	1	\vdash	<u> </u>		+		
		ł										
									·	\top		
		1										
						Î						
						<u>L</u> .				\bot		
	L				L_			200 004		+	42	A1 C
1b Sub-total								399,874.).	43,	416. 0.
c Total from continuation sheets to Part V	II, Section A							399,874.) : 	13	$\frac{0.}{416.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r			linte			ابدر احد			L	<u>, • l</u>	-1 ,	-10.
2 Total number of individuals (including but r compensation from the organization	iot iimited to tr	1056	11516	eu a	DOV	e) w	101	eceived more trian \$100	,,000 of reportable			2
Compensation from the organization											Ye	
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	dr. r		
line 1a? If "Yes," complete Schedule J for s			ŕ		•						3	X
4 For any individual listed on line 1a, is the si	ım of reportab	le c	omp	ensa	atio	n and	d ot	ther compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	° co	mpl	ete S	Sch	edul	e J	for such individual		Ľ	4 X	
5 Did any person listed on line 1a receive or							rela	ted organization or indiv	idual for services		H -	
rendered to the organization? If "Yes," con	plete Schedul	e J i	for s	uch	per	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										ensatio	on from	
the organization Report compensation for (A)	the calendar y	ear	ena	ing v	with	or w	/itni	(B)	year		(C)	-
Name and business	address	N	INC	E				Description of s	services	Com	npensat	tion
								•••				
				_								
								-				
2 Total number of independent contractors (including but s	ot l	mito	d to	the	nse li	ster	d above) who received r	nore than	1 . 1		<u></u>
\$100,000 of compensation from the organi		.UL 11				0	J. () (71		
		_								Fo	rm 99 0	(2018)

WAYPOINT 02-0222164 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts, 105,683 Federated campaigns Membership dues 1b 507,069 Fundraising events 1c Related organizations 1d 5,401,404 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,559,589 94,633 g Noncash contributions included in lines 1a-1f \$ 7,573,745 h Total. Add lines 1a-1f Business Code 2 a CHILD ABUSE TREATMENT AND FAMILY 624100 3,263,927. Program Service Revenue 3,263,927 OTHER PROGRAMS 624100 1,019,483. 1,019,483 963,335. HOMEMAKER SERVICES 624100 963,335 CHILD ABUSE PREVENTION 624100 176,215. 176,215. All other program service revenue 5,422,960. Total. Add lines 2a-2f Investment income (including dividends, interest, and 577,427. 577,427 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 631.845 21,100 assets other than inventory b Less cost or other basis 495,226 17,600 and sales expenses 3,500 136,619. c Gain or (loss) 140 119 140,119 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 507,069. of including \$ contributions reported on line 1c) See 36,675 Part IV, line 18 Other 60.349 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code MANAGEMENT FEES 624410 136,800 136,800.

900099

61,215

13 888 592

198,015.

61,215.

891,887,

OTHER REVENUE

All other revenue

Total. Add lines 11a-11d Total revenue See instructions

Form 990 (2018) WAYPOINT Part X Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	-	expenses	general expenses	expenses					
•	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
_	individuals See Part IV, line 22	718,608.	718,608.							
3	Grants and other assistance to foreign	, 20,000								
3	_									
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,								
4	Benefits paid to or for members									
5	Compensation of current officers, directors,		·		Semantification of the left of the second section with the second section sect					
3	•	443,288.	62,901.	380,387.	,					
6	trustees, and key employees Compensation not included above, to disqualified	113,200.	02,501.	300,307.						
О	persons (as defined under section 4958(f)(1)) and									
	· ·				•					
-	persons described in section 4958(c)(3)(B) Other salaries and wages	7,380,537.	6,560,313.	504,097.	·316,127.					
7	Pension plan accruals and contributions (include	7,300,337.	0,300,313.	304,037.	310,127.					
8				•	t					
•	section 401(k) and 403(b) employer contributions)	784,412.	733,761.	31,580.	19,071.					
9	Other employee benefits	834,465.	743,794.	65,549.	25,122.					
10	Payroll taxes	034,403.	743,734.	03,343.	23,122+					
11	Fees for services (non-employees)		1	,						
a	Management	3,949.		3,949.						
b	Legal ;	28,625.		28,625.						
C C	Accounting	20,023.		20,023.						
d	-, -									
e	Professional fundraising services. See Part IV, line 17	31,390.		31,390.						
T	Investment management fees	31,390.	 	31,330.						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	662,720.	560,035.	96,132.	6,553.					
40		002,720.	300,033.	50,134.	0,333.					
12	Advertising and promotion	324,630.	241,088.	55,942.	27,600.					
13	Office expenses	166,740.	148,344.	10,147.	8,249.					
14	Information technology	100,740.	110,511.	10,147.	0,245.					
15	Royalties	822,807.	769,919.	41,188.	11,700.					
16 17	Occupancy	509,848.	504,057.	5,022.	769.					
18	Travel	303,040.	301,037	3,022.	703.					
10	Payments of travel or entertainment expenses			· ·						
40	for any federal, state, or local public officials Conferences, conventions, and meetings	56,018.	34,183.	19,533.	2,302.					
20	Interest ·	317,772.	250,245.	67,527.	2,3021					
21	Payments to affiliates	021,1121		5.,52,6						
22	Depreciation, depletion, and amortization	84,563.	48,146.	. 36,417.						
23	Insurance	74,104.	62,170.	9,468.	2,466.					
24	Other expenses. Itemize expenses not covered									
~~	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	IN KIND CONTRIBUTIONS	94,633.	90,213.	3,420.	1,000.					
b	MISCELLANEOUS	37,931.	22,090.	13,167.	2,674.					
c	MEMBERSHIP DUES	29,992.	18,132.	7,947.	3,913.					
d					, , , , ,					
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	13,407,032.	11,567,999.	1,411,487.	427,546.					
26	Joint costs Complete this line only if the organization		 _							
	reported in column (B) joint costs from a combined	ı								
	educational campaign and fundraising solicitation.		•							
	Check here if following SOP 98-2 (ASC 958-720)			·	' '					
832010	12-31-18				Form 990 (2018)					

Form 990 (2018)

Pa	t X垂	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
	1	Cash - non-interest-bearing	783,206.	1	977,415.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	516,748.	3	774,112.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		班班	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		N11414	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets.		employees' beneficiary organizations (see instr) Complete Part II of Sch L	·	6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net		•7	
⋖	8	Inventories for sale or use	041 546	8	100 744
•	9	Prepaid expenses and deferred charges	241,546.	9	192,744.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 1,823,266. 10b 946,683.	640,246.	####	876,583.
	b		17,630,209.	10c	16,140,394.
	11	Investments - publicly traded securities	17,030,203.	11	10,140,374.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets	4,797,325.	15	4,131,696.
	15	Other assets See Part IV, line 11	24,609,280.	16	23,092,944.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	831,231.	17	849,720.
	17 18	Accounts payable and accrued expenses Grants payable	002,72	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	4,345,000.	20	4,205,000.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons			2772
Liabilities		Complete Part II of Schedule L	THE THE SECOND S	22	, .
=	23	Secured mortgages and notes payable to unrelated third parties		23	•
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24) Complete Part X of			005 505
		Schedule D	1,062,342.	25	885,525.
	26	Total liabilities. Add lines 17 through 25	6,238,573.	26	5,940,245.
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.	12,588,907.		12,492,709.
anc	27	Unrestricted net assets	2,251,205.	_	1,300,993.
Bal	28	Temporarily restricted net assets	3,530,595.	28 29	3,358,997.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ī	'	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	,
Ret	32	Total net assets or fund balances	18,370,707.		17,152,699.
	33 34	Total liabilities and net assets/fund balances	24,609,280.		23,092,944.
	1 34	Total liabilities and het assets/fund balances	<u>, </u>		Form 990 (2018)

	990 (2018) WAYPOINT	02-	-0222164	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u>Ш</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,888				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,40				
3	Revenue less expenses Subtract line 2 from line 1	3			60.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,370), <u>7</u>	<u>07.</u>		
5	Net unrealized gains (losses) on investments	5	-1,699) , 5	<u>68.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	<u> 17,152</u>	2,6	<u>99.</u>		
<u>P</u> a	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ		
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		F		基础		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	To Fig.		- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		霏			
	separate basis, consolidated basis, or both		[2] - 李 (1)	1			
	Separate basis Consolidated basis Both consolidated and separate basis		ちょ <u>き</u> 新立コ	******			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,				
	consolidated basis, or both				藍圖		
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	t ,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c 五輪	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	ıdıt				
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form !	990 (2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public

Name of the organization Employer identification number WAYPOINT 02-0222164

Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	e instructions					
The	orgar	nization is not a private found	ation because it is	For lines 1 through 12,	check only	one box)						
1		A church, convention of ch	urches, or association	on of churches describe	d ın sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ))		$(\ \) \ \)$				
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state	·									
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a q	overnmental unit descri	ped in				
		section 170(b)(1)(A)(iv). (0		,	•	, ,						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
	$\overline{\mathbf{x}}$							l public described in				
-		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 describe	•	(1)(A)(vi). (Complete Par	t II)							
9	一	An agricultural research org				ed in conii.	inction with a land-grant	college				
_		or university or a non-land-	•			-	_	-				
		university	grain: 00.10g0 0. ag.10		2.10. 0.0		,, a o tato o o o o	,0 0,				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	and gross receipts from				
	_	activities related to its exer	• • • • • • • • • • • • • • • • • • • •	•	•		•	• ,				
		income and unrelated busin	•	· ·				-				
		See section 509(a)(2). (Co		(1000 CCCIOTI CTT LOS) II	O	0000 0040	oo oy ano organization	artor barro co, roro				
11		An organization organized	•	ively to test for public sa	fety Sees	section 50)9(a)(4).					
12	\Box	An organization organized	•	•	•			e purposes of one or				
		more publicly supported or	•	•	•		•	• •				
		lines 12a through 12d that	~									
а		Type I. A supporting orga						/ aivina				
_		the supported organization	•	•	•			•				
		organization You must o		• • • •	, ,							
b		Type II. A supporting org	•		tion with it	s supporte	ed organization(s), by ha	avina				
_		control or management of										
		organization(s) You mus						-				
С		Type III functionally inte			in connect	tion with, a	and functionally integrat	ed with,				
		its supported organizatio		= =				······,				
d		Type III non-functionally		•				ization(s)				
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		requirement (see instruct	•	• •	=		-					
е		Check this box if the orga										
		functionally integrated, or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f	Ente	er the number of supported	• •	, 5								
g	_	vide the following information	•	ed organization(s)								
	((ı) Name of supported	(iı) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the organ	nization listed no document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
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Schedule A (Form 990 or 990 EZ) 2018 WAYPOINT 02-0222164 Page 2 Partill 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)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreacline 5 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, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 12, 12, 999, 838. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) regarization, check this box and stop here 14 Public support percentage for 2018 (line's, column (f) divided by line 11, column (f)) 15 Total support percentage for 2018 (line's, column (f) divided by line 11, column (f))	Se	ction A. Public Support			, - +	•		
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	18		•				•	s 🕨 🗔

Schedule A (Form 990 or 990-EZ) 2018					02-022	2164 Page 3
Part III Support Schedule for	Organizations	Described in	Section 509(a)(2)		
(Complete only if you checke	ed the box on line 1	0 of Part I or if the	organization failed	l to qualify under F	art II If the organi	ization fails to
qualify under the tests listed	below, please com	plete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/(f) Total
1 Gifts, grants, contributions, and	J	,		J]	
membership fees received (Do not						
include any "unusual grants ")				L		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	J				J	J
iness under section 513						
4 Tax revenues levied for the organ-						_
ization's benefit and either paid to						
or expended on its behalf	J					J
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	墨光 集型	丁蜡和新罗 /二基		The District Turi		<u></u>
Section B. Total Support				<u></u>		T
Calendar year (or fiscal year beginning in)	(a) 2014	(b) ∕2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<i>/</i> ·				
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	· /					
						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		L
14 First five years. If the Form 990 is for	or the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
check this box and stop here		·····				▶∟
Section C. Computation of Pub						
15 Public support percentage for 2018		-	column (f))		15	%
16 Public support percentage from 201					16	
Section D. Computation of Inve						
17 Investment income percentage for 2			ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2018. If th						17 is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2017. If the		-		-		▶

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 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Schi	edule A (Form 990 or 990-EZ) 2018 WAIPOINI	02-022210	Pa Pa	age <u>5</u>
Pa	rt: V Supporting Organizations (continued)			
44	Handba arrangation appealed a setting a restriction from any of the fallowing margane?	THE PROPERTY OF THE PARTY OF TH	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		110		
ь.	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	etion B. Type I Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	
		 ,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization .	2		
Sec	tion C. Type II Supporting Organizations			
		G 250 15 7 15 15 15 15 15 15 15 15 15 15 15 15 15	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		33	
	the supported organization(s)	1	لــــــا	
Sec	tion D. All Type III Supporting Organizations		T.:	
		SDEPRIDATE	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		糊糊	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	TATE WATER	
. 2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	THE COURT	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		细曲	
•	significant voice in the organization's investment policies and in directing the use of the organization's			
•	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	Harring.	300000000000000000000000000000000000000
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
а	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	uniti · ·	andress :
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	1
Sect	ion 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	1	
5	Depreciation and depletion	5	,	
6	Portion of operating expenses paid or incurred for production or	ì		*
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	,	
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	···
	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	_
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	•		
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI) See instructions	-		
9	Distributable amount for 2018 from Section C, line 6			
10 ·	Line 8 amount divided by line 9 amount			'
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Únderdistributions	(ıii) Distributable
0000	on E Piod Batton Anocations (See management)	EXCESS BISCIBULIONS	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-		HALLES AND	
-	able cause required- explain in Part VI) See instructions		•	
3	Excess distributions carryover, if any, to 2018		Parithmental minister in the second s	ासाक्ष्यकृत्यम् मिन्नुसंस्थात्। स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक स्थानि स्थानिक स्थानिक
	From 2013	And with the second sec		सामाना सामाना होता है। जिस्साना है। सामाना सामाना होता है। जिस्साना है। जिस्साना है। सामाना सामाना होता है। जिस्साना होता है। जिस्साना होता है।
	From 2014	12 To propriet on the control of the	are rais sequences and an application	ក្នុងស្នាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស
	From 2015	A straight and a section of the sect	The control of the co	ra natank ok adaona i jishunda kathateetii 1.27 27 aaran kathata ka
		TOWNS THE PROPERTY OF THE PROP	angalusananan dirangananan mengalungan dirangan	PASSENTE THE PROPERTY OF STATE OF THE PROPERTY
	From 2016 '	本のは代表をは、他にはいる特殊のないないないないない。 本権のものは、本権のもののは、社会によるようには、ものは、社会には、 はははいいがは、はないないが、はないとはは、はないはない。		
	From 2017	An interface of the William of the control of the c		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			A APPLICATION OF THE PARTY AND A PARTY OF THE PARTY OF TH
	Applied to 2018 distributable amount			
<u>i</u>				
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
1	Distributions for 2018 from Section D.	The State of the S	ក្រសួមក្រុមប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានបង្ហាញ ប្រជាពលរដ្ឋបានបង្ហាញ ប្រជាពលរដ្ឋបានបង្ហាញ ប្រជាពលរដ្ឋបានបង្ហាញ ប ស្រាក់ក្រុមបានបង្ហាញ បានប្រជាពលរដ្ឋបានបង្ហាញ បានបង្ហាញ ប្រជាពលរដ្ឋបានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានប ក្រុមបានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង្ហាញ បានបង	
	line 7 \$		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Applied to underdistributions of prior years		REGISERANTE I DESIGNATURA DE DESIGNA	
	Applied to 2018 distributable amount		Arthur Carlotte and Arthur Carlotte and Carl	AMERICAN AND AND AND AND AND AND AND AND AND A
	Rémainder Subtract lines 4a and 4h from 4	THE RESERVE OF THE PROPERTY OF	and the said and said of the said the said of the said	THE REPORT OF THE PERSON OF TH
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions		AL PURE SHIME THE PROPERTY OF	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			· · · · · · · · · · · · · · · · · · ·
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c	The first tenants that I am any am any		AND THE THE PROPERTY OF THE PR
8	Breakdown of line 7			
a				
	Excess from 2015	managed to the control of the state of the s		<u>មានលើកើតទីវិទ ទើក្រុមអូសសិក្សា ទៅគេការប្រជា</u> លោកក្រុមប្រជាពីក្រុមប្រជាពីក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិក្រុមប្រជាពិភិបាល
	Excess from 2016	the Maken Control of the Maken	The transfer of the state of th	The state of the s
	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 WAYPOINT	02-0222164 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	17b, Part III, line 12; and 2, Part IV, Section C, Section B, line 1e, Part V,
		
		-
	200. 200. 2000).	
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 ,		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	, (000 00 pm, 000 mom mom mom on, o, m, o,				
	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			. <u> </u>
Nan	ne of organization			Emp	oloyer identification number
	WAYPOIN				02-0222164
Ρa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.
1	Provide a description of the organiz	zation's direct and indirect politica	al campaign activities	ın Part IV	
	Political campaign activity expendit	·		•	\$
	Volunteer hours for political campa				·
Ū	Tolonico nodio ioi political dampa	.g., aouvilios			
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	5	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a	Was a correction made?				Yes No
_ b	If "Yes," describe in Part IV				
Рa	irt I-C Complete if the org	ganization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for s	ection 527	
	exempt function activities		_	>	\$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	- 1	
	line 17b			>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (EIN	N) of all section 527 po	olitical organizations to wh	ich the filing organization
	made payments For each organiza		•		
	contributions received that were pr				
	political action committee (PAC) If	additional space is needed, provi	de information in Part	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •	, ,	''	filing organization's	contributions received and
				funds If none, enter -0-	
					delivered to a separate political organization
		}			If none, enter -0-
_				†	
			1		
	. 				† - · · ·
				<u> </u>	
			<u> </u>	1	
_				_	1
				 	

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2018 WAYPOINT 02-0222164 Page 3 Part: II:B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b	
of the	lobbying activity	Yes	No ,	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	X			
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		. X		
	Media advertisements?	<u> </u>	- X		
	Mailings to members, legislators, or the public?	<u> </u>	X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		. 34	,447.
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		, 11, 0
	Other activities?		X		
	Total Add lines 1c through 1i			34	,447.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	that the chiraters wh	X		
	If "Yes," enter the amount of any tax incurred under section 4912			4 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	COMPANIA COMPANIA	(handalama-asia		
	Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).	•	• • •		
			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, fin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	.	•	
	expenses for which the section 527(f) tax was paid).				
	Current year •		2a		
	Carryover from last year		2b		
	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
. 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical	概点		
_	expenditure next year?		4		
<u>ş</u> Parl	Taxable amount of lobbying and political expenditures (see instructions) IV ■ Supplemental Information		5		
		Link) David I	1 A lines 1 :	0 (
	the the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	ilst), Part i	I-A, IIIIeS I a	ına ∠ (see	
	ctions), and Part II-B, line 1 Also, complete this part for any additional information T II-B, LINE 1, LOBBYING ACTIVITIES:				
IAI	I II D, BIRE I, BODDIING ACTIVITIES.			.	
THE	ORGANIZATION HAS ONE PAID STAFF MEMBER WHO DEVOTE	S APPI	ROXIMA	rely_	
25%	OF THEIR TIME TO LOBBYING ACTIVITIES. THEIR TIME	IS CA	TURED	VIA	
MON	THLY REPORTS FILED WITH THE STATE OF NEW HAMPSHIRE	. THE	R ACT	IVITIE	s
CON	SIST OF DIRECT CONTACT WITH LEGISLATORS, TESTIFYIN	G AT I	UBLIC		
HEA	RINGS, PREPARING BACKGROUND AND POSITION PAPERS, D			990 or 990	

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.

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

2018
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Name of the organization Employer identification number WAYPOINT 02-0222164 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education). Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	rt III Organizations Maintaining C		t Historical Tr	A2CUTAC	or Oth	or Simi	or Asse			ige Z
<u> </u>									<u>_</u>	
3	Using the organization's acquisition, access	on, and other record	is, check any of the	tollowing tha	at are a s	significant	use of its	collection	ı items	3
	(check all that apply)		 1.							
a.	Public exhibition	d		hange progr	ams					
þ	Scholarly research	е	U Other				_			
¢	Preservation for future generations						_			
4	Provide a description of the organization's co	•		_			iose in Par	t XIII		
5	During the year, did the organization solicit of				ier simila	ır assets	_	7		ı
<u> </u>	to be sold to raise funds rather than to be m							Yes	Щ	No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other as	sets no	t included	1			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
								Amount		
¢	Beginning balance					1c				
q	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial acco	ount liab	ılıty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on	Part XII	<u>l</u>		_		<u> </u>
Pai	rt V # Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Par	t IV, line	10				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years t	ack
1a	Beginning of year balance	17,630,209.	15,900,471.	15,53	0,019.	16,	910,992.	16,	978,	687.
b	Contributions	116,215.	323,262.	3	2,233.		402 _, 240.		105,	399.
c	Net investment earnings, gains, and losses	-1,006,030.	2,426,336.	1,15	6,056.	-	866,823.		544,	412.
d	Grants or scholarships									
6	Other expenditures for facilities] 						
	and programs	-600,000.	-1,020,000.	-81	7,837.	-:	916,390.	-	717,	506.
f	Administrative expenses									
g	End of year balance	16,140,394.	17,630,209.	15,90	0,471.	15,	530,019.	16,	910,	992.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as						
а	Board designated or quasi-endowment	87.00	%							
þ	Permanent endowment ► 10.00	%	_							
c	Temporarily restricted endowment ▶	3.00 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administe	ered for	the organ	zation			_
	by								Yes	No
	(i) unrelated organizations							3a(ı)	Х	
	(ii) related organizations							3a(ıi)		X
ь	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds							
Pai	t VI Land, Buildings, and Equipm	ent.		. <u>–</u>						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a S	See Form 990), Part X	, line 10				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	,
		basis (investr	nent) basis	(other)	de	preciation	<u> </u>			
1a	Land				نا فيللا	TI				
ь	Buildings									
¢	Leasehold improvements			4,757.		84,6),13	
q	Equipment			6,686.		626,1			,51	
е	Other		43	1,823.		235,8	88.		,93	
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	(Oc.)		_		876	5,58	<u>33.</u>

Schedule D (Form 990) 2018

Complete if the organization answered "Yes"					
ription of security or category (including name of security)	(b) Book value	e (c) Metho	od of valuation Cos	t or end	-of-year market value
cial derivatives					
ly-held equity interests			•		
•					
,	,		•		
_ •			•		, ,
			- <u></u>		
. (b) must equal Form 990, Part X, col (B) line 12.)					
	on Form 990. Part I	V. line 11c See Form	n 990. Part X. line 13	3	•
(a) Description of investment		(c) Metho	d of valuation Cos	t or end	-of-year market value
					·
					
			•		·· ·
			•		
		· · ·			<u> </u>
					<u> </u>
	•			-	
					
(b) must equal Form 990, Part X, col. (B) line 13.) ▶ ☐ Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d See Forn	990, Part X, line 1		
Other Assets. Complete if the organization answered "Yes"	Description , REALTY CC		n 990, Part X, line 1		(b) Book value 2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY	Description , REALTY CC		n 990, Part X, line 1		2,452,105
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY	Description , REALTY CC		n 990, Part X, line 1		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD	Description REALTY CC IN TRUSTS	RP.	n 990, Part X, line 19		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY	Description , REALTY CC	ORP.	990, Part X, line 15		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD	Description REALTY CC IN TRUSTS	RP.	n 990, Part X, line 15		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD	Description REALTY CC IN TRUSTS	ORP.	n 990, Part X, line 15		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) [UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD	Description REALTY CC IN TRUSTS	ORP.	n 990, Part X, line 19		2,452,105
Other Assets. Complete if the organization answered "Yes" (a) [UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	Description REALTY CC IN TRUSTS	PRP.	· · · · · · · · · · · · · · · · · · ·		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) [UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes"	Description REALTY CC IN TRUSTS	V, line 11e or 11f Se	e Fòrm 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) [UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description REALTY CC IN TRUSTS	PRP.	e Fòrm 990, Part X,		2,452,105
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) [UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 15) on Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
Other Assets. Complete if the organization answered "Yes" (a) I UE FROM CHILD AND FAMILY ENEFICIAL INTEREST HELD Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes	Description REALTY CC IN TRUSTS 2.15) Den Form 990, Part I	V, line 11e or 11f Se	e Form 990, Part X,		2,452,105 1,679,591
	I. (b) must equal Form 990, Part X, col (B) line 12.) III Investments - Program Related. Complete if the organization answered "Yes"	I. (b) must equal Form 990, Part X, col (B) line 12.) III Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part I	I. (b) must equal Form 990, Part X, col (B) line 12.) ► IIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form	I. (b) must equal Form 990, Part X, col (B) line 12.) Improvements - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13c See Form 990, Part X, l	Incial derivatives Polyheld equity interests I. (b) must equal Form 990, Part X, col. (B) line 12.) III Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

Sche	dule D (Form 990) 2018 WAYPOINT		02-0222164 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	_2d	11th 11
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	- 1 1404 F	5
Par	t XII Reconciliation of Expenses per Audited Financial Statem		r Heturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	— _ -———	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	11	
a	Donated services and use of facilities	2a	- :
Ь	Prior year adjustments	2b	┧ ` 。
С.	Other losses	2c	1, 1, 1,
d	Other (Describe in Part XIII)		
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	الما	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- - - -
b	Other (Describe in Part XIII) Add lines 4a and 4b	40]	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		1 9 1
	de 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.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u> </u>	
PAF	T V, LINE 4:		
THE	ORGANIZATION'S ENDOWMENT CONSISTS OF VAR	IOUS INDIVIDUAL	FUNDS
	.D. Tawan non		7.6 DOM!!
EST	ABLISHED FOR A VARIETY OF PURPOSES. ITS E	NDOWMENT INCLUDE	SS BOTH
DON	OD DECEDIOMED FINIDG AND FINIDG DECTONAMED	שר תמג פראפה אם	MDIICMERC MA
DOI	OR-RESTRICTED FUNDS AND FUNDS DESIGNATED	BI THE BOARD OF	TRUSTEES TO
EIIN.	CTION AS ENDOWMENTS. AS REQUIRED BY GENER	ALLY ACCEPTED AC	COINTING
1 01	CITON AD ENDOWMENTS: AD REQUIRED BY CHARLE	ABBI ACCHITED AC	CCOUNTING
PRT	NCIPLES, NET ASSETS ASSOCIATED WITH ENDOW	MENT FUNDS. INCI	LUDING FUNDS
	MOTIFIED IN THE THEORY OF THE BUSINESS OF THE		3032110 1 01133
DES	IGNATED BY THE BOARD OF TRUSTEES TO FUNCT	ION AS ENDOWMENT	rs, are
CLA	SSIFIED AND REPORTED BASED ON THE EXISTEN	CE OR ABSENCE OF	F DONOR-IMPOSED
RES	TRICTIONS.		
			······································

Schedule D (Form 99 Part XIII Supple	0) 2018	WAYPOINT					02	2-0222164	Page 5
Part XIII Supple	emental Infor	mation (continued)				· ·			
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SCHEDULE G

(Form 990 or 990-EZ)

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.

2018

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization							ntification number
WAYPOIN						02-0222	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	red "Y	es" oı	n Form 990, Part IV,	line 1	7 Form 990-E2	I filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special pr oral agreement with any individual	tion of tion of fundra (includ	non-g gover iising d	overnment grants nment grants events fficers, directors, tru	stees	, or	□ No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have cr or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						-	
			-				
				-			
						-	
Total							
3 List all states in which the organizatio or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration

<u></u>		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
-			SLEEP OUT	XMAS RADIOT	2	col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	246,853.	186,009.	110,882.	543,744.
	2	Less Contributions	246,853.	163,059.	97,157.	507,069.
	3	Gross income (line 1 minus line 2)		22,950.	13,725.	36,675.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment	}	}		
	9	Other direct expenses	10,457.	11,273.	38,619.	60,349.
	10	Direct expense summary Add lines 4 through	n 9 in column (d)	<u> </u>		60,349.
	11	Net income summary Subtract line 10 from li	ine 3, column (d)			-23,674.
Pa	irt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	Τ	(b) Pull tabs/instant		(4) 7
Ģ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				3, 3		(0)
æ	1	Gross revenue				
						
uses	2	Cash prizes			- -	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		,		
	5	Other direct expenses	ļ			
			Yes %	Yes %	Yes_ %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
•	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
۵	Ent	er the state(s) in which the organization condu	icts damina activities			
		he organization licensed to conduct gaming a	_			Yes No
		No," explain				
	_					
		re any of the organization's gaming licenses re Yes," explain	•	-	year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2018 WAYPOINT	02-0222164	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes [□ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	o An outside facility	13b	—— <u>/</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	<u> </u>	
17	Effect the flame and address of the person who prepares the organization's gaming/special events books and record	3	
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [□ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt	
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
		 -	
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
r 	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	and Part III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
	•		
			

Schedule G	(Form 990 or 990-EZ)	WAYPOINT	02-0222164	Page 4
Part IV	Supplemental In	WAYPOINT formation (continued)		
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2 _ **Employer identification number** 02 - 0222164Open to Public OMB No 1545-0047 2018 Inspection X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. General Information on Grants and Assistance criteria used to award the grants or assistance? WAYPOINT Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additive	onal space is need	led				
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
N	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table					
ကြ	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					Schedule (Form 990) (2018)	
Ŧ	LHA For Paperwork Reduction Act Notice, see the instructions for it	, see the instruct	ions for Form 990.					Solieunie I (Forill 330) (2010)	

Page 2

02-0222164

WAYPOINT

Schedule | (Form 990) (2018) WAYPOINT | Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FAMILY COUNSELING	0.50	5 064.	0		
TEEN AND YOUTH	1500	19	0		
CHILD ABUSE TREATMENT & FAMILY PREVENTION	200	368,345.	0.		
CHILD ABUSE PREVENTION	1400	133,826.	0		
	7.5	3,014.	0.0		
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ııred ın Part I, lın	e 2, Part III, column	(b), and any other a	dditional information	
	i				
					٠
		i	ī		

Schedule I (Form 990) (2018)

4 Page 2		(f) Description of non-cash assistance						Schedule I (Form 990)
02-0222164		(f) Description of						
	(1	(e) Method of valuation (book, FMV, appraisal, other)						
:	e I (Form 990), Part II	(d) Amount of non- cash assistance	0	.0				
	ed States (Schedule	(c) Amount of cash grant	. 10,071.	7,494.				
	iduals in the Unit	(b) Number of recipients	. 4	.09				
Schedule I (Form 990) WAYPOINT	Part III Continuation of Grants and Other Assistance to Indivi	(a) Type of grant or assistance	ADOPTIONS AND PREGNANCY COUNSELING	SUMMER CAMP				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No 1545-0047

Name of the organization

WAYPOINT

Employer identification number 02-0222164

P	Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	· ·			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	Independent compensation consultant LX Compensation survey or study			
	Form 990 of other organizations LX Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	di anama	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		nii.	
а	The organization?	_5a		X
þ	Any related organization?	· 5b	***********	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		4	
	The organization?	6a		X
b	Any related organization?	6b	Manager and the	X Helialianish
_	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	2		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	fareair-w	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	Selfbytte	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	l .	1

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

Schedule J (Form 990) 2018

POINT

Schedule J (Form 990) 2018 WAYPOINT

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

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

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

	Г	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			ın column (B) reported as deferred on prior Form 990
(1) BORJA ALVAREZ DE TOLEDO	€	186,019.	0	0	0	23,680.	209,69	0
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Department of the Treasury Internal Revenue Service **SCHEDULE K** (Form 990)

Name of the organization

Part I

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public

OMB No 1545-0047

(g) Defeased (h) On behalf (i) Pooled Yes No Employer identification number 0.2-0.22164financing × Yes No of issuer × ŝ × Yes (f) Description of purpose 5,450,000.IMPROVEMENTS BUILDING (e) Issue price 07/31/09 (d) Date issued 02-0279866644614SM2 (c) CUSIP# (b) Issuer EIN WAYPOINT (a) Issuer name Bond Issues Part II Proceeds A NHHEFA

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-	1 Amount of bonds retired					•			
8	Amount of bonds legally defeased								
က	Total proceeds of issue	5,28	5,285,000.						
4	Gross proceeds in reserve funds								
2	Capitalized interest from proceeds								
မ	Proceeds in refunding escrows	1,40	,405,000.						
-	Issuance costs from proceeds	20	200,000.						
æ	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds		4,500.						
욘	Capital expenditures from proceeds	3,84	3,840,500.					ľ	
1	Other spent proceeds					ı			
12	12 Other unspent proceeds					:		:	
13	Year of substantial completion								
		Yes	Š	Yes	No	Yes	S ₀	Yes	No
4	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,		!						
	if issued prior to 2018, a current refunding issue)?		×						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×				-		
16	Has the final allocation of proceeds been made?	×							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×							

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

Schedule K (Form 990) 2018

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WAYPOINT

Schedule K (Form 990) 2018

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Page 3

WAYPOINT

Schedule K (Form 990) 2018 WAYPOINT			02-(-0222164				Page 3
Part IV' Arbitrage (Continued)								
	A		8			S		
4a Has the organization or the governmental issuer entered into a qualified	Yes	N _o	Yes	o _N	Yes	No	Yes	Se l
hedge with respect to the bond issue?	×					,		
b Name of provider	RBS CITIZENS			,				
c Term of hedge	21.00	21.0000000						
d Was the hedge superintegrated?		×	,					
e Was the hedge terminated?		×	,					
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of	*							
Section 1487	4			:				
FAILY FIGGEDIES TO OTHER TANK ACTION	٧			e e		U		٥
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rias tire digalization established whitein procedures to chause that spirations of	221	2	2	2	3			
closing agreement program it self-remediation isn't available under applicable		>						
regulations?		<						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	s on Schedule	See instru	rctions					
					3			
832123 11-01-18						Sc	hedule K (Fo	Schedule K (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public *Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number

	WAYPOINT				02	-02221	64	
Pai	rt I Types of Property				_			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) f determining ribution amo	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		整. 雄和工					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property .			**				
9	Securities · Publicly traded			<u></u>				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or] [}		ł			
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				•			
21	Taxidermy .			·				
22	Historical artifacts .							
23	Scientific specimens							
24	Archeological artifacts			04.633				
25	Other (CLIENT ITEMS)	X	84	94,633.	FAIR MARK	ET VAL	UE	
26	Other ()				<u> </u>			
27	Other ()		<u></u> -					
28	Other ()	L	L		<u> </u>			
29	Number of Forms 8283 received by the organi		_					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			. 1	
							es	No
30a	During the year, did the organization receive b	•	,, , ,	•	J ,			
	must hold for at least three years from the date		al contribution, and	which isn't required to be t	ised for			Ţ.
	exempt purposes for the entire holding period	7				30a	771384	X
	If "Yes," describe the arrangement in Part II					11		V
31	Does the organization have a gift acceptance	-	· ·			31	\dashv	<u>X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				v
	contributions?					32a □ = 3.11	SKAD-RI	X
	If "Yes," describe in Part II							4
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y tor which column (a) is che	ecked,		# 1	
	describe in Part II						Ł.º	4 114

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

Schedule M (Form 990) 2018

Schedule M	1 (Form 990) 2018 WAYPOINT	02-0222164	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information	b, and 33, and whether the organiza or a combination of both Also com	ation
_			-
_			-4
- 			
	·		
 	· · · · · · · · · · · · · · · · · · ·		
- <u></u>			
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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047 Open to Public

Name of the organization

WAYPOINT

Employer identification number 02-0222164

00 0000
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING. ALL BOARD MEMBERS ARE
PROVIDED A COPY OF THE 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMEBERS ARE REQUIRED TO SIGN A STATEMENT ANNUALLY THAT THEY HAVE
DISCLOSED ANY POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE TREASURER PREPARES A REPORT FOR THE COMPENSATION COMMITTEE THAT
INCLUDES THE USE OF COMPENSATION SURVERYS. THE COMPENSATION COMMITTEE
REVIEWS THE INFORMATION PROVIDED ALONG WITH THE INFORMATION OBTAINED BY
COMMITTEE MEMBERS FROM OTHER NON-PROFIT ORGANIZATIONS. BASED ON THIS
INFORMATION, THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD FOR
THEIR CONSIDERATION. THE BOARD THEN DETERMINES AND APPROVES THE FINAL
COMPENSATION AMOUNT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION RELEASES AN ANNUAL REPORT EACH YEAR. THE REPORT INCLUDES
INSTRUCTIONS ON HOW TO OBTAIN A COPY OF THE AUDIT. OTHER DOCUMENTS AND
POLICIES ARE PROVIDED UPON REQUEST.
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SCHEDULE R

Related Organizations and Unrelated Partnerships

. . .

OMB No 1545-0047

POpen to Publication

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ٩ Employer identification number 02-0222164× controlled 2018 entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity Ξ End-of-year assets status (if section 501(c)(3)) e Public charity Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Exempt Code Î ▶ Go to www.irs.gov/Form990 for instructions and the latest information. section ਭ 501C25 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) NEW HAMPSHIRE ■ Attach to Form 990. Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. REALTY 02-0438589, 464 CHESTNUT STREET, MANCHESTER, NH 03105 CHILD AND FAMILY SERVICES REALTY CORP. Name, address, and EIN (if applicable) WAYPOINT Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part II. Parti

Page 2 02-0222164

Schedule R (Form 990) 2018 WAYPOINT

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	<u> </u>	(h) Disproportionate allocations?	Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or Amanaging Dx managing partner? S5) Yes No	Perd	(k) centage nership
									-		-		
[part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	as a Corpo	oration or Trust. Co year	omplete if th	ne organizatio	n answered "	Yes" on Forn	1 990, Part	IV, line 34	, because it h	ad one or	more re	lated
(a) Name, address, and EIN of related organization	N. c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	_	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total Income		(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b)(13) controlled entity?
		;					,				_		
			:								_		
832162 10-02-18		<u> </u>								Sche	Schedule R (Form 990) 2018	orm 990) 2018

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Page 3

Yes

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Part V , Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule ring the tax year, did the organization engage in any of the following transactions with one or more related or		rganizations listed in Parts II-IV?
	line 1 if any entity is listed in Parts II, III, or IV of this schei	zation engage in any of the following transactions w

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

Lease of facilities, equipment, or other assets from related organization(s)

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Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILD AND FAMILY SERVICES REALTY CORP	м	275,600.	275,600.FAIR MARKET VALUE
(2) CHILD AND FAMILY SERVICES REALTY CORP	Ц	136,800.	136,800 FAIR MARKET VALUE
(3) CHILD AND FAMILY SERVICES REALTY CORP	Д	2,452,105.	2,452,105.FAIR MARKET VALUE
(4)			
(5)			
. (9)		!	
832163 10-02-18			Schedule R (Form 990) 2018

Page 4

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Schedule R (Form 990) 2018 WAYPOINT

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) or Percentage og ownership					
(J) General or managing partner? Yes No	 	 		 	
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				 	
Onsproportionale are allocations?				 	
Share of brend of control of cont					
(f) Share of total income					
Are all partners sec 501(c)(3) orgs?					
Predominant income (related, unrelated, excluded from lax under sections 512-514)			:		
(c) Legal domicile (state or foreign country)			:	٠	
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2018 WAYPOINT	02-0222164 Page 5								
Schedule R (Form 990) 2018 WAYPOINT Part VII: Supplemental Information.									
Provide additional information for responses to questions on Schedule R. See instructions									
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	-								
									
·									
									
									
									
									
-									
									
									

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State of New Hampshire Department of State

OFFICE OF SECRETARY OF STATE CERTIFIED COPY

I, David M Scanlan, Deputy Secretary of State of the State of New Hampshire, do hereby certify that the attached is a true copy of AMENDMENT(10/17/2018), as a New Hampshire Nonprofit Corporation of WAYPOINT previously CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE, NEW HAMPSHIRE CHILDREN'S AID SOCIETY, NEW HAMPSHIRE CHILDREN'S AID & PROTECTIVE SOCIETY as filed in this office and held in the custody of the Secretary of State.

Business ID 62585

Certificate Number 4198435



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of October A D 2018

David M Scanlan

Deputy Secretary of State

State of New Hampshire

Recording fee \$25 00 Use black print or type

\$ 101 to 10.

Filed
Date Filed 10/17/2018 10 15 00 AM
Effective Date 11/16/2018 04 30 00 PM
Filing # 4198432 Pages 1
Business ID 62585
William M Gardner
Secretary of State
State of New Hampshire

RSA 292 7

AFFIDAVIT OF AMENDMENT

	ervices of New Hampshire IONPROFIT CORPORATION	DN .
I, William Conrad	the undersigned, being the	Chairman of the Board of Trustees
(Note 1) of the above named New Hampshire non		
held for the purpose of amending the articles of ag	reement and the following	amendment(s) were
approved by a majority vote of the corporation's	Trustees	(Note 2)
The name of the Corporation shall be changed to	Waypoint	
Effective as of November 16, 2018		
(If more space is neede	ed, attach additional sheet(s)]	
	3-	
A true record, a		Signature)
Print or type n	iame Will	iam Conrad
,	Title Chairman of the Boar	d of Trustees
	9/25/18	
Date sig	gnea	

- Notes 1 Clerk, secretary or other officer
 - 2 Enter either "Board of Directors" or "Trustees"

DISCLAIMER. All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form

Mailing Address - Corporation Division, NH Dept of State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH

File a copy with Clerk of the town/city of the principal place of business.

Form NP-3 (9/2015)