

Orville W. Forté Charitable Foundation, Inc.
PO Box 600805
Newtonville, MA 02460-0008

Dear Trustees,

Thank you for the opportunity to submit this request for \$3500 of general operating funds that we will use to support our Open Enrollment programs for people with disabilities.

Waypoint Adventure is a growing three year old organization. We work with a variety of partner organizations to provide the most creative supports available to include people with all types of disabilities in quality experiential, adventure-based programming. Waypoint uses supportive community and the challenge of adventure to transform the lives of individuals with disabilities and their communities. Our experienced staff, trained volunteers, creative supports and adaptive equipment enables Waypoint to make adventures including kayaking, rock climbing, hiking, snowshoeing, ropes courses and surfing accessible to individuals with physical, developmental, sensory and social disabilities.

Waypoint programs increase participants' sense of self-confidence, self-value and capabilities. We improve participants' physical fitness, strength and flexibility. It's a wake-up call. Participants begin to believe that they *can* do this. When what *was* impossible suddenly becomes possible, a world of opportunity opens.

Last year, Waypoint Adventure provided adventure-based learning experiences for over 1400 people living with disabilities in the Greater Boston area. This year we will continue these programs to teach and re-enforce social and character skills, promote the acquisition of specific activity skills and encourage individuals, families and community groups to make time in the outdoors and physical exercise a regular part of their lifestyle.

Open Enrollment - Waypoint partners with the Massachusetts DCR, Spaulding Rehabilitation Hospital, City of Newton and others to offer open enrollment programs. Individual participants pay a registration fee of \$10-\$25, partner organizations pay 30-75% of the total cost and multiple funding organizations have contributed to subsidize the remainder of this programming cost. Open enrollment programs offer individuals access to first-time or continued experiences in outdoor setting throughout the greater Boston area.

When you've been told all your life that you are limited, disabled or incapable, it's easy to believe that you are helpless. Together, that's what we're fighting – the habit of learned helplessness that leads to isolation, depression, obesity and a host of other psychological and medical issues. The rewards of taking on a challenge can be

life changing. That's why we believe that experiential learning with a supportive community in an adventure-based setting can make a real difference in any person's life – Participant, Parent, Volunteer or Staff.

We've seen it work. We've heard it from our Adventurers, we've measured it in our surveys.

With the help of donors and volunteers, Waypoint is creating growth opportunities for more people with disabilities in the greater Boston Area.

Sincerely

Dan Minnich

Co-Founder, Co-Director



COMMON PROPOSAL FORM COVER SHEET

The Cover Sheet Summary is to provide the essential data about the organization, the contact person, and the proposal. Please input text in **shaded boxes**. Complete this form and submit with your full proposal.

Request to: Orville W. Forté Charitable Foundation, Inc.

Date of Application: 2/15/2014

Full Legal Organization Name: Waypoint Adventure Inc.		
Address: 255 Newtonville Ave.		
City: Newtonville	State: MA	Zip Code: 02458
Website: www.waypointadventure.org		
President/Exec. Dir.: Dan Minnich		Title: Co-Founder
Phone #: 781-454-5297	Email: dminnich@waypointadventure.org	
Contact Person (if different):		Title:
Phone #:	Email:	

Organizational Information

501(c)(3)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If, Yes, FIN #: 00-1234567	Year established: 2010
If No, provide name of fiscal sponsor (enter organization name and address):		
Total Organization Budget \$247575	Fiscal Yr: Month Jan Day 01	
Total # of Board Members: 8	Total # of staff: 3	Volunteers #: 50
Organizational Mission Statement (50 words or less): Waypoint Adventure's mission is to help youth and adults with disabilities discover their purpose, talents and strengths through the transforming power of adventure.		
Brief Description of Organization (75 words or less): Waypoint Adventure is a growing three year old organization. We work with partner organizations to provide creative supports that include people with all types of disabilities in experiential, adventure-based programming. Waypoint uses supportive community and the challenge of adventure to transform the lives and communities of individuals with disabilities. Experienced staff, trained volunteers, creative supports and adaptive equipment enables Waypoint to make adventures accessible to individuals with physical, developmental, sensory and social disabilities.		
Population Served (25 words or less, include age groups, race & ethnicity, income levels, etc.): Waypoint serves disabled people living in greater Boston. 11% of Massachusetts's residents have a disability. 36% of families with a disabled child live in poverty.		

Proposal Request:

Program/Project Name: Enter name; if no name leave blank		
Total Program Budget: \$247,575	Requested Amount: \$3,500	%: 0%
Type of Request: General Operating	Grant Period: 6/1/2014 to 12/31/2014	Multi-Year? No
Geographic Area Served: Greater Boston		
Priority funding areas of grant maker (indicate how your request fits within the grant maker's strategic interest[s]): Human Services, Education,		

Most recent grants received from this funder:	Amount: \$1,000	Date: 12-2013
	Amount: \$	Date:

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Dan Minnich

2/12/2014

Authorizing signature (President of the Board or Executive Director) Date



AGM COMMON PROPOSAL FORM

FULL PROPOSAL NARRATIVE

The Full Proposal Narrative is to provide a complete description of the request. This is a suggested format that includes the most common information asked by foundations and corporate grant makers. Read the Common Proposal Instructions before you begin. We strongly recommend that you check the specific guidelines developed by the funder before completing this form. Please input text in **shaded boxes**. **The suggested limit is eight (8) pages.**

Request to: Orville W. Forté Charitable Foundation, Inc.

Organization Name: Waypoint Adventure

Project Name (if any): If no program or project name, leave blank

Organizational Information

1. Organization's History:

Waypoint Adventure is a growing three year old organization. Founded by Dan Minnich and Adam Combs in 2010.

2. Organizational Goals and Objectives (short-term and/or long-term):

Waypoint works with a variety of partner organizations to provide the most creative supports available to include people with all types of disabilities in quality experiential, adventure-based programming. Waypoint uses supportive community and the challenge of adventure to transform the lives of individuals with disabilities and their communities. Our experienced staff, trained volunteers, creative supports and adaptive equipment enables Waypoint to make adventures including kayaking, rock climbing, hiking, snowshoeing, ropes courses and surfing accessible to individuals with physical, developmental, sensory and social disabilities.

3. Programs and Services (briefly describe your organization's programs and services):

Waypoint serves people with a variety of disabilities including: blindness, autism, developmental delays, paralysis, chronic illness, brain injuries, hearing impairments, Down Syndrome, mental illness and others.

Last year, Waypoint Adventure provided adventure-based learning experiences for over 1400 people living with disabilities in the Greater Boston area. This year we will continue to use adventure-based programs to teach and re-enforce social and character skills, promote the acquisition of specific skills necessary for the activities and encourage individuals, families and community groups to make time in the outdoors and physical exercise a regular part of their lifestyle.

4. Organizational Structure (board, staff, volunteers):

An seven member, self-sustaining board brings a variety of skills and experiences to the leadership of Waypoint. Growth and development of our board will be a major focus for Waypoint in the next few years.

Management and Staff: As Co-Founders and Co-Directors of Waypoint, Adam and Dan oversee it all.

Dan Minnich holds a B.S. in Outdoor Education from UNH. Dan served with the International ALERT Academy specializing in disaster relief and emergency medical services and served as a Senior Program Coordinator for Outdoor Explorations in Medford, MA.

Adam Combs holds a Masters Degree in Special Education from Appalachian State University and a B.S. in Outdoor Education from Montreat College. Prior to founding Waypoint, Adam served as a Senior Program Coordinator for Outdoor Explorations in Medford, MA.

In November Waypoint hired Julia Spruance as a Program Coordinator. Julia first joined Waypoint as a volunteer. She is now implementing a formalized volunteer recruitment and training process developed over the past year.

We have our first volunteer trainings scheduled for this March and June. We are also working on criteria for a "trip leader" job description that would enable volunteers who meet certain criteria to begin co-leading trips with Waypoint staff for pay. This would increase Waypoint's capacity to lead programs without burdening Waypoint with additional full-time salaries.

Volunteers: Waypoint's currently has over 40 volunteers including people with and without disabilities. They regular tell us that Waypoint programs improve their sense of self-confidence, self-value and capabilities also.

Proposal Information

(If you are requesting general operating support, provide information about your organizations overall purpose, operating needs, and strategic plans.)

5. Description of Program/Project:

Waypoint implements programs in two formats. We call them "open enrollment" and "custom" programs. Regardless of whether Waypoint programs are open to the general public or custom designed for a group, programs always focus on a theme – building community, challenging oneself, the importance of asking for and giving help and support, appreciation of nature and others.

Waypoint partners with multiple organizations to offer open enrollment programs. We partner with the Massachusetts Department of Conservation and Recreation to lead kayaking programs each summer and are working to expand this partnership to include monthly seasonal activities. Waypoint partners with Spaulding Rehabilitation Hospital to facilitate indoor and outdoor rock climbing in Boston and on the North and South Shore. Waypoint is partnering with the City of Newton to lead a variety of adventure types for youth with disabilities through a three-year federally funded grant. Individual participants pay a registration fee of \$10-\$25 for all of the above activities, partner organizations pay 30-75% of the total cost and multiple funding organizations have contributed to subsidize this programming.

Waypoint's custom programs are collaborative efforts with schools such as Boston Public Schools and Perkins School for the Blind and social service agencies serving people with all types of disabilities. We collaborate with teachers and social workers to design curriculum that support specific themes such as social, character and community goals.

For example, at the Mario Umana Academy, a Boston Public School, Waypoint is implementing a year-long, weekly program. More than 90% of Umana students live below

the poverty level, about 26% receive special education services and nearly 2/3 speak a first language other than English.

Waypoint's weekly programs at the Umana use adventure experiences to teach and reinforce the school's behavior code – Respect Responsibility and Safety or classroom concepts such as – Follow Directions, Do Your Part, Be Safe and Be a Friend. The teachers use the experiences as leverage back in the classroom through journaling, discussions and presentations. Our researcher at the Umana found that all teachers commented that all of their students were positively affected by their participation in Waypoint's programs.

Custom programs may be one-time or a series of weekly, monthly or seasonal events. These sequential programs allow us to develop relationships and increase opportunities for the support of the community and the challenge of the activities to truly transform participants' view of themselves, their abilities and their relationships within their community.

All programs are led by Waypoint staff and assisted by trained volunteers. Family members, friends and Personal Care Attendants (PCAs) are always welcome and encouraged to accompany participants as appropriate.

6. Description of Need (What is the issue you plan to address? What is your approach? What research supports your idea? How does your strategy differ from others in the field?):

People living with disabilities need a way out of an existence focusing almost entirely on safety and the mere management of the disability. Youth and adults with disabilities (and their caregivers) need to know that they can achieve changes in their functional capacities, health status and ultimately quality of life. People with disabilities are often so far removed from recreation and social activities that they retreat to their homes with little hope of meaningful participation.

7. Specific Activities (Include information about service delivery and/or timeline.):

Waypoint uses supportive community and the challenge of adventure to transform the lives of individuals with disabilities and their communities. Our experienced staff, trained volunteers, creative supports and adaptive equipment enables Waypoint to make adventures including kayaking, rock climbing, hiking, snowshoeing, ropes courses and surfing accessible to individuals with physical, developmental, sensory and social disabilities including: blindness, autism, developmental delays, paralysis, chronic illness, brain injuries, hearing impairments, Down Syndrome, mental illness and others.

Whether Waypoint programs are open to the general public or custom designed for a group, programs always focus on a theme – building community, challenging oneself, the importance of asking for and giving help and support, appreciation of nature and others. Programs are generally single day, single event outings. We work with a variety of partner organizations to provide the most creative supports available to include people with all types of disabilities in quality experiential, adventure-based programming.

Waypoint Programs are generally single day events primarily held at sites throughout the Greater Boston area. Typically 8-15 individuals participate per event. In addition to the specific adventure activities, our itineraries include: introductions of participants and staff, adventure introduction, concept introduction and discussions, technical instruction, activity, review of concepts and learning and reflection on how to use lessons learned in participant's daily life.

8. Objectives and Goals for this Request (How will this grant strengthen the organization, address the issues, make improvements, or achieve success?):

This grant will strengthen Waypoint's partnership with the Massachusetts Department of Conservation and Recreation and will allow us to offer more open enrollment programs. These programs will increase participants' sense of self-confidence, self-value and capabilities.

9. Evaluation (What are the anticipated outcomes and how will you know if you are successful?):

Waypoint tracks participants' outcomes and experience with pre/post questionnaires, skill testing and interviews in the following areas: education, recreation, employment, social and personal fulfillment.

10. Other (Use this space to provide any additional information that you feel would be relevant to this grant request that is not covered in the sections above or respond to any other questions an individual grant maker may have.):

As a start-up organization, we have found significant support from our participants, our volunteers, our corporate and philanthropic partners and our individual donors. Interest in our programs continues to grow. As of the middle of February our calendar is full through August and we are booking groups into September.

Participants and their families tell us that Waypoint's focus on themes and concepts during adventures produces long-lasting changes in behavior, outlook and attitude. We are working with specialists to design evaluation tools by which we will be better able to quantify this anecdotal evidence and always discovering new ways to engage our participants.

We are investigating the feasibility of over-night trips. We believe that these trips could teach valuable self-awareness and self-reliance skills that will significantly help with the greater growth goals in participants lives.

We are pleased with the balance of funding for our programs. Again anecdotally, we know that asking participants to pay even a small amount increases attendance and attention. We think that the same effect is true as partner programs pay roughly a third, philanthropic funding pays roughly a third, individual donations pay roughly a third.

Budget Information

Use the Budget Form to provide the organizational financial information and the program or project budget, both income and expenses.

11. Use this section below to indicate what funding you have received from other foundations, and from which other foundations you plan to seek funding. Describe any unusual or special circumstances and provide an explanation/justification of funding request and the amount.

Received:

Deutsche Bank	\$10,000.00 (second year)	Umana Program
Cummings Foundation	\$100,000 (over 3 years)	Program Capacity
Lenny Zakim Fund	\$10,000 (second year)	General Operating
Foundation for MetroWest	\$5,000	General Operating
Carl and Ruth Shapiro Foundation	\$15,000	General Operating
Jane B. Cook 1983 Charitable Trust	\$5,000	General Operating
Klarman Family Foundation	\$10,000	Capital

**AGM COMMON PROPOSAL FORM
PROJECT & ORGANIZATION BUDGET SUMMARY**

Organization Name

WayPoint Adventure 2014

Federal ID #

27-3045996

Fiscal Year End

12/31/2014

	Forte Foundation				
	This Request	Total Project Budget	% to Total Income	Total Organization Budget	% to Total Income
Income Sources					
Government Grants	-	-	0.0%	18,000	7.3%
Foundation and Corporate Grants	3,500	-	0.0%	75,000	30.5%
United Way	-	-	0.0%	-	0.0%
Individual Contributions	-	-	0.0%	75,000	30.5%
Earned Income	-	-	0.0%	71,575	29.1%
Interest Income	-	-	0.0%	100	0.0%
In-Kind Support	-	-	0.0%	6,545	2.7%
Other Income	-	-	0.0%	-	0.0%
Total Income	3,500	-	0.0%	246,220	100.0%
Expenses					
Salaries and Wages	3,000	-	0.0%	165,000	67.0%
Employee Benefits and Taxes	500	-	0.0%	10,000	4.1%
Total Personnel Costs	3,500	-	0.0%	175,000	71.1%
Bank/Investment Fees	-	-	0.0%	120	0.0%
Depreciation Expense	-	-	0.0%	860	0.3%
Equipment Rental & Maintenance	-	-	0.0%	5,000	2.0%
Food Costs	-	-	0.0%	1,500	0.6%
Fundraising/Development Expenses	-	-	0.0%	8,000	3.2%
Insurance Expense	-	-	0.0%	15,000	6.1%
Marketing/Advertising	-	-	0.0%	1,275	0.5%
Postage and Delivery	-	-	0.0%	500	0.2%
Professional Development	-	-	0.0%	1,000	0.4%
Professional Fees	-	-	0.0%	5,700	2.3%
Rent and Occupancy	-	-	0.0%	9,000	3.7%
Supplies and Materials	-	-	0.0%	6,500	2.6%
Telephone Expense	-	-	0.0%	2,000	0.8%
Travel Expense	-	-	0.0%	5,000	2.0%
Other Expense 1	-	-	0.0%	1,220	0.5%
Other Expense 2	-	-	0.0%	-	0.0%
Miscellaneous Expenses	-	-	0.0%	2,000	0.8%
Total Non Personnel Costs	-	-	0.0%	64,675	26.3%
Total Expenses	3,500	-	0.0%	239,675	97.3%
Excess of Revenue Over Expenses	-	-	0.0%	6,545	2.7%

Enter Footnotes Here

Waypoint Adventure, Inc.

Balance Sheet

As of January 1, 2014

	<u>Jan 1, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
BOA Checking	143,511.68
Cash	281.57
Total Checking/Savings	<u>143,793.25</u>
Other Current Assets	
Undeposited Funds	7,850.52
Total Other Current Assets	<u>7,850.52</u>
Total Current Assets	151,643.77
Fixed Assets	
Pick Up Truck	11,635.14
Total Fixed Assets	<u>11,635.14</u>
TOTAL ASSETS	<u>163,278.91</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	-4,964.44
Payroll Liabilities	1,185.44
Total Other Current Liabilities	<u>-3,779.00</u>
Total Current Liabilities	<u>-3,779.00</u>
Total Liabilities	-3,779.00
Equity	
Unrestricted Net Assets	167,057.91
Total Equity	<u>167,057.91</u>
TOTAL LIABILITIES & EQUITY	<u>163,278.91</u>

Waypoint Adventure, Inc.

Profit & Loss

January through December 2013

	Jan - Dec 13
Income	
Direct Public Support	
Corporate Contributions	7,800.00
Foundation Grants	94,683.73
Individual Contributions	127,342.74
Non-Profit Contribution	1,955.00
	<hr/>
Total Direct Public Support	231,781.47
Government Grants	6,280.00
Program Income	
Program Service Fees	49,410.00
	<hr/>
Total Program Income	49,410.00
Special Events Income	
Special Events Sales (Nongift)	6,660.00
	<hr/>
Total Special Events Income	6,660.00
	<hr/>
Total Income	294,131.47
	<hr/>
Gross Profit	294,131.47
Expense	
Awards and Grants	2,500.00
Contract Services	
Outside Contract Services	249.00
	<hr/>
Total Contract Services	249.00
Facilities and Equipment	
Equipment Purchase	1,530.00
	<hr/>
Total Facilities and Equipment	1,530.00
Fund Raising Expense	
Catering	278.95
Fund Raising Expense - Other	1,763.24
	<hr/>
Total Fund Raising Expense	2,042.19
Operations	
Books, Subscriptions, Reference	497.86
Computer Expense	6,581.80
Credit Card Fees	446.63
Insurance	15,174.70
Licensing and Registration	141.50
Membership	225.00
Postage, Mailing Service	200.13
Printing and Copying	2,446.48
Professional Fees	9,615.00
Promotions	641.00
Rent, Parking, Utilities	4,522.00
Supplies	2,131.96
Tax	843.65
Telephone, Telecommunications	233.28
Operations - Other	6.00
	<hr/>
Total Operations	43,706.99
Other Types of Expenses	
Staff Development	170.00
	<hr/>
Total Other Types of Expenses	170.00
Payroll Expenses	109,588.86
Program Expenses	
Automobile	9,922.57
Equip Rental and Maintenance	699.92
Facility Rental	4,420.20
Fees	54.87
First Aid Supplies	168.90
Meals	468.23
Parking	128.00
Subcontract Labor	300.00
Supplies	1,749.72
Teambuilding Supplies	4,066.60
Travel	749.17
Program Expenses - Other	190.00
	<hr/>
Total Program Expenses	22,918.18
Travel and Meetings	

**Conference, Convention, Meeting
Travel**

**250.00
62.50**

Total Travel and Meetings

312.50

Total Expense

183,017.72

Net Income

111,113.75

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012**Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning		, 2012, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Waypoint Adventure		D Employer identification number 27-3045996
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (781) 454-5297
	66 Arlington St.		F Group Exemption Number ►
	City or town, state or country, and ZIP + 4		
	Newton MA 02458		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____			
I Website: ► www.waypointadventure.org			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 154,320.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	77,970.
	2 Program service revenue including government fees and contracts	2	76,350.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory 5 a		
	b Less: cost or other basis and sales expenses 5 b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b			
c Less: direct expenses from gaming and fundraising events 6 c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d			
7 a Gross sales of inventory, less returns and allowances 7 a			
b Less: cost of goods sold 7 b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c			
8 Other revenue (describe in Schedule O) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ► 9		154,320.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt 10		75.
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		60,249.
	13 Professional fees and other payments to independent contractors 13		4,390.
	14 Occupancy, rent, utilities, and maintenance. 14		1,908.
	15 Printing, publications, postage, and shipping 15		1,309.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses 16		28,668.
	17 Total expenses. Add lines 10 through 16 ► 17		96,599.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18		57,721.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		19,015.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ► 21		76,736.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ 37 a 0 .		
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	
b Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed ▶		

42 a The organization's books are in care of ▶ Covenant Business Solutions, Inc. Telephone no. ▶ (203) 377-0035
Located at ▶ 67 Allyndale Dr. Stratford CT ZIP+4 ▶ 06614-5102

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42 b** Yes No X
If 'Yes,' enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42 c** Yes No X
If 'Yes,' enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
----	--	---

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		X
------	--	---

- b If 'Yes,' was the related organization a section 527 organization?

49 b		
------	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

- f Total number of other employees paid over \$100,000.

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

- d Total number of other independent contractors each receiving over \$100,000.

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☒ Yes ☐ No

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

Sign Here	Signature of officer		Date	
	<u>Daniel Minnich</u>		05/13/13	
Type or print name and title.		President		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	David M. Hnath, Esq.		05/13/13	PTIN
	Firm's name	Covenant Business Solutions, Inc.		
	Firm's address	67 Allyndale Drive Stratford CT 06614-5102		
			Firm's EIN	06-1596425
			Phone no.	(203) 377-0035

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

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. ► See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Waypoint Adventure

Employer identification number

27-3045996

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I

b ☐ Type II

c ☐ Type III — Functionally integrated

d ☐ Type III — Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
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. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')			24,256.	45,480.	77,970.	147,706.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			6,901.	41,835.	76,350.	125,086.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5			31,157.	87,315.	154,320.	272,792.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						272,792.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			31,157.	87,315.	154,320.	272,792.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0.	0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0.	0.
c Add lines 10a and 10b					0.	0.
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 IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)			31,157.	87,315.	154,320.	272,792.

14 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) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.00 %

19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization

Waypoint Adventure

Employer identification number

27-3045996

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year ► \$ _____

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

Waypoint Adventure

27-3045996

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jeffrey & Kelly Woolbert 134 Dorset Rd Waban MA 02468	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Deutsche Bank One International Place, 12th floor Boston MA 02110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Jeffrey Combs 34 Spring Circle Bristol VA 24201	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Jane Cook Charitable Lead Trust 600 State St., Ste 800 Boston MA 02109	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-3045996

Schedule O (Form 990 or 990-EZ) 2012

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2012Attachment
Sequence No. **179**

Name(s) shown on return

Waypoint Adventure

Business or activity to which this form relates

Form 990 / Form 990EZ

Identifying number
27-3045996**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		24,877.	7.0 yrs	HY	200 DB	3,553.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C — Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	3,553.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 08/19/12

Form **4562** (2012)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? . . . ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles).												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year.				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Waypoint Adventure
Form 990 - / Form 990EZ

Tax Year 2012
► Keep for your records

27-3045996

[illegible]

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____.

▶ **Do not send to the IRS. Keep for your records.****2012**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

Waypoint Adventure

27-3045996

Name and title of officer

Daniel Minnich

President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>154,320.</u>
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 05/13/2013

Part III Certification and Authentication

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

0608580614

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/13/2013

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO**

IRS e-file Authentication Statement

► Keep for your records

2012

Name(s) Shown on Return

Waypoint Adventure

Employer ID Number

27-3045996

A – Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) ☒ X
ERO entered Officer's PIN ☐

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 060858 Self-Select PIN 06614

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2012 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 06614

Date 05/10/2013

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

program expenses	11,592.
computer expense	308.
credit card fees	114.
insurance	10,227.
licenses and registration	559.
personal property tax	15.
supplies	1,644.
telephone	195.
Depreciation	3,553.
fund raising expenses	461.
Total	28,668.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment youth work

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
grant	Business . . . <input checked="" type="checkbox"/> Person <input type="checkbox"/> Waltham Partnership for Youth, Inc. 510 Moody St. Waltham MA 02453	none	50.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment financial support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
grant	Business . . . <input checked="" type="checkbox"/> Person <input type="checkbox"/> Joni and Friends PO Box 961103 Boston MA 02196	none	25.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
equipment purchases (net of depreciation)	0.	20,792.
Total	<u>0.</u>	<u>20,792.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
payroll liabilities	645.	415.
Total	<u>645.</u>	<u>415.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
printing	713.
postage	255.
publications	341.
Total	1,309.

Waypoint Adventure, Inc.

Profit & Loss

January through December 2012

	Jan - Dec 12
Income	
Direct Public Support	
Corporate Contributions	16,830.00
Foundation Grants	20,620.00
Individual Contributions	36,117.00
Non-Profit Contribution	4,403.49
Total Direct Public Support	77,970.49
Program Income	
Program Service Fees	76,349.75
Total Program Income	76,349.75
Total Income	154,320.24
Gross Profit	154,320.24
Expense	
Awards and Grants	75.00
Facilities and Equipment	
Equipment Purchase	24,877.18
Total Facilities and Equipment	24,877.18
Fund Raising Expense	
Catering	294.00
T-Shirt Printing	110.90
Fund Raising Expense - Other	56.10
Total Fund Raising Expense	461.00
Operations	
Books, Subscriptions, Reference	340.95
Computer Expense	307.68
Credit Card Fees	114.16
Insurance	10,227.10
Licensing and Registration	558.50
Postage, Mailing Service	254.96
Printing and Copying	712.88
Professional Fees	4,390.00
Rent, Parking, Utilities	1,908.00
Supplies	1,644.48
Tax	15.00
Telephone, Telecommunications	194.99
Total Operations	20,668.70
Payroll Expenses	60,249.40
Program Expenses	
Automobile	4,662.85
Equip Rental and Maintenance	2,037.77
Facility Rental	2,277.00
Fees	60.00
Meals	251.58
Parking	38.50
Subcontract Labor	148.90
Supplies	303.14
Teambuilding Supplies	1,751.39
Travel	61.00
Total Program Expenses	11,592.13
Total Expense	117,923.41
Net Income	36,396.83

	Jan - Dec 12	Administrative	Program Exp.	Fund Raising
Expense				
Awards and Grants	75.00	75.00		
Facilities and Equipment				
Equipment Depreciation	<u>3,553.00</u>		3553.00	
Fund Raising Expense				
Catering	294.00			294.00
T-Shirt Printing	110.90			110.90
Fund Raising Expense - Other	<u>56.10</u>			56.10
Operations				
Books, Subscriptions, Reference	340.95	340.95		
Computer Expense	307.68	307.68		
Credit Card Fees	114.16	114.16		
Insurance	10,227.10	2356.00	7871.10	
Licensing and Registration	558.50	558.50		
Postage, Mailing Service	254.96	216.72	38.24	
Printing and Copying	712.88	106.93	605.95	
Professional Fees	4,390.00	4225.00	165.00	
Rent, Parking, Utilities	1,908.00	1908.00		
Supplies	1,644.48	1644.48		
Tax	15.00	15.00		
Telephone, Telecommunications	<u>194.99</u>	194.99		
Payroll Expenses	60,249.40	9037.41	51211.99	
Program Expenses				
Automobile	4,662.85		4,662.85	
Equip Rental and Maintenance	2,037.77		2,037.77	
Facility Rental	2,277.00		2,277.00	
Fees	60.00		60.00	
Meals	251.58		251.58	
Parking	38.50		38.50	
Subcontract Labor	148.90		148.90	
Supplies	303.14		303.14	
Teambuilding Supplies	1,751.39		1,751.39	
Travel	<u>61.00</u>		61.00	
Total Expense	96,599.23	21100.82	75037.41	461.00

Waypoint Adventure, Inc.
Balance Sheet
As of December 31, 2012

	<u>Dec 31, 12</u>
ASSETS	
Current Assets	
Checking/Savings	
BOA Checking	30,114.09
Cash	2.87
PayPal	<u>2,067.52</u>
Total Checking/Savings	32,184.48
Other Current Assets	
Undeposited Funds	<u>24,175.00</u>
Total Other Current Assets	<u>24,175.00</u>
Total Current Assets	<u>56,359.48</u>
TOTAL ASSETS	<u>56,359.48</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	<u>415.32</u>
Total Other Current Liabilities	<u>415.32</u>
Total Current Liabilities	<u>415.32</u>
Total Liabilities	415.32
Equity	
Unrestricted Net Assets	19,547.33
Net Income	<u>36,396.83</u>
Total Equity	<u>55,944.16</u>
TOTAL LIABILITIES & EQUITY	<u>56,359.48</u>



Board of Directors

Christian Barr (Chair)

Marketing Director, Parametric
Technology Corp.

Richard Helstein

Former VP, Advertising,
Kraft Foods North America

Jen Fitz-Roy

Spina Bifida Association of
Greater New England

Nicholas Asermelly

Strength and Conditioning Coach,
Boston College

Ronald Goode, MBA

Owner, The Narrow
Lane Company

Advisory Council

Ben Marcus, PhD

Assistant Professor of Information
Systems and Operations Management,
Suffolk University

Michael Landers, CFP

Financial Advisor, Financial Planning
Specialist, Morgan Stanley Smith
Barney, LLC

Staff

Adam Combs M.Ed.

Co-Director

Dan Minnich

Co-Director

Julia Spruance

Program Coordinator

Waypoint Adventure Board of Directors 2014

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 18 2011**

WAYPOINT ADVENTURE INC
66 ARLINGTON ST
NEWTON, MA 02458-2440

Employer Identification Number:
27-3045996
DLN:
17053313305000
Contact Person:
BRAD S FLETCHER ID# 31669
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 14, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)