



WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137

WAYSIDE WAIFS, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2022 FORM 990

2022 FORM 990-T

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CBIZ MHM, LLC

Phone: 816.945.5500 Fax: 816.897.1280 **cbiz.com** 

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2022

### PREPARED FOR:

WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137

### PREPARED BY:

CBIZ MHM, LLC 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112

### AMOUNT DUE OR REFUND:

NOT APPLICABLE

### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

### FOR THE YEAR ENDING

DECEMBER 31, 2022

### PREPARED FOR:

WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137

### PREPARED BY:

CBIZ MHM, LLC 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112

### AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$5,161

### MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS

8	879-TE		IRS	S e-file Signatur for a Tax Exe	e Authorization	n	OMB No. 1545-0047
Form		For calendar ve		cal year beginning			0000
		r or oalondar yo		Do not send to the IRS. K		, 20	2022
	ent of the Treasury Revenue Service		Go t	o www.irs.gov/Form8879T		n.	
Name o						EIN or S	SSN
	WAYSID	E WAIFS	. INC			44-	0605374
Name a	nd title of officer or pe			THRYN MAHONEY		I	
Numo u				ESIDENT			
Part	I Type of	Return and	Return	Information			
Form 5 or <b>10a</b> whiche than or	5330 filers may ente below, and the amo ever is applicable, bl ne line in Part I.	r dollars and c ount on that lir lank (do not er	ents. For a le for the r lter -0-). Bu	eturn being filed with this for ut, if you entered -0- on the re	lollars only. If you check the m was blank, then leave lin sturn, then enter -0- on the a	e box on line <b>1a, 2</b> le <b>1b, 2b, 3b, 4b,</b> applicable line belo	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b, ow. Do not complete more
1a	Form 990 check h						пр <u>1</u> р <u>1</u>
2a	Form 990-EZ che			Total revenue, if any (Form			
3a	Form 1120-POL			Total tax (Form 1120-POL,			
4a	Form 990-PF che			Tax based on investment i			
5a	Form 8868 check			Balance due (Form 8868, li			
6a	Form 990-T chec			Total tax (Form 990-T, Part			
7a	Form 4720 check		b	Total tax (Form 4720, Part	II, line 1)		7b
8a	Form 5227 check	here	b	FMV of assets at end of ta	<b>x year</b> (Form 5227, Item D)		8b
9a	Form 5330 check	here	b	Tax due (Form 5330, Part II	, line 19)		9b
10a	Form 8038-CP ch		b	Amount of credit payment	requested (Form 8038-CP	, Part III, line 22)	10b
Part				Authorization of Officent of the above entited above entit			
financi later th payme person	al institution to debi an 2 business days nt of taxes to receiv	it the entry to t prior to the pa ve confidential	his accou ayment (se informatic	in the tax preparation softwa nt. To revoke a payment, I m ettlement) date. I also authori n necessary to answer inqui re for the electronic return a	ust contact the U.S. Treasu ze the financial institutions ries and resolve issues relat	ary Financial Agen involved in the pro ted to the paymen	It at 1-888-353-4537 no ocessing of the electronic nt. I have selected a
	X I authorize CB	TZ MHM	LLC			to enter m	12345 NV PIN 12345
		<u></u>	000	ERO firm name			Enter five numbers, but
							do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula disclosure cons person subjec indicated withi	ting charit sent scree t to tax wit n this retu	ectronically filed return. If I ha ies as part of the IRS Fed/St n. th respect to the entity, I will rn that a copy of the return is IN on the return's disclosure	ate program, I also authoriz enter my PIN as my signatu s being filed with a state ag	ze the aforementio ure on the tax year	ned ERO to enter my PIN r 2022 electronically filed
Signature	e of officer or person subje	ct to tax				Γ	Date
Part		ition and A	uthentic	ation			
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ctronic fili	ng identification			
numbe	er (EFIN) followed by	your five-digit	self-selec	ted PIN.	483735 Do not enter		
submit				nich is my signature on the 2 irements of <b>Pub. 4163,</b> Mod			
ERO's s	signature				Date	09/14/2	3
			FRC	Must Retain This Fo	rm - See Instructions	3	
		Do No		it This Form to the IR			
LHA F	For Privacy Act and			Act Notice, see instruction	•		Form 8879-TE (2022)
202521	12-16-22						

Form	990
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑF	or the	e 2022 calendar year, or tax year beginning and	ending				
B c	heck if pplicabl	c Name of organization		D Employer identifie	cation number		
	_Addre _chang	e   WAISIDE WAIFS, INC.					
	Name Chang	e Doing business as		44-06053	74		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return			816-761-			
	termin ated			G Gross receipts \$	10,812,188.		
	Amen			H(a) Is this a group re			
	Applic tion			for subordinates			
-	pendi		137	<b>H(b)</b> Are all subordinates in			
IT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)		1	list. See instructions		
	Vebsi			H(c) Group exemption			
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year		State of legal domicile: MO		
	nrt I	Summary			5		
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O			
JCe							
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
vel	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12		
ې د کې		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		124			
/itie		Total number of volunteers (estimate if necessary)			1866		
Activities &				7a	0.		
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		7,779,240.	9,050,786.		
Revenue	9	Program service revenue (Part VIII, line 2g)	693,708.	728,938.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		826,546.	689,832.		
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,320,644.	-174,693.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,620,138.	10,294,863.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. (			
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,732,609.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		271,579.	476,808.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,137,09	98.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,862,317.	2,585,432.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,866,505.	7,122,634.		
		Revenue less expenses. Subtract line 18 from line 12		3,753,633.	3,172,229.		
Assets or d Balances			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		33,809,848.	34,130,686.		
t As	21	Total liabilities (Part X, line 26)		294,867.	403,193.		
Func		Net assets or fund balances. Subtract line 21 from line 20		33,514,981.	33,727,493.		
	art II	Signature Block					
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		Signature of officer		Date			

Sign	Signature of onicer		Dale				
Here	KATHRYN MAHONEY, PRESIDEN'	C					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	LISA BURKE	LISA BURKE	09/14/23 self-employed P00220718				
Preparer	Firm's name CBIZ MHM, LLC		Firm's EIN 34-1874260				
Use Only	se Only Firm's address 700 WEST 47TH STREET, SUITE 1100						
	KANSAS CITY, MO 6	Phone no. 816-945-5500					
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

	990 (2022) WAYSIDE WAIFS, INC.		-0605374 Page 2
Par	t III Statement of Program Service Accomplishme	nts	
	Check if Schedule O contains a response or note to any line	in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services du prior Form 990 or 990-EZ?	<b>C</b> .	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant change	s in how it conducts, any program services?	Yes X No
U	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 measu	red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report		
	revenue, if any, for each program service reported.		
4a		grants of \$ ) (Revenue \$	<b>797,817.</b> )
	WAYSIDE WAIFS, INC. PROVIDES A RAI		
	OWNERS. THE ORGANIZATION HAS BEEN		
	PROVIDING PET MEMORIAL AFTERCARE,	TRAINING AND HUMANE EDUCAT	LION, ANIMAL
	SURRENDER, AND MUCH MORE.		
4b	(Code:) (Expenses \$ including	grants of \$ ) (Revenue \$	)
4c	(Code:) (Expenses \$ including	grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses5,441,799	•	
			Form <b>990</b> (2022)
232002	12-13-22	2	
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 Form 990 (2022)
 WAYSIDE WAIFS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X
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Form	990	(2022)
	330	

Par	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┝──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Check if Schedule O contains a reasonance or note to any line in this Part V			
			Yes	No
1я	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11		103	
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c		
232004	- 12-13-22	Form	990	(2022)
	1			,

2022.04020 WAYSIDE WAIFS, INC. 490302\_1

	990 (2022)       WAYSIDE WAIFS, INC.       44-0605         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	374	P	<sub>age</sub> 5
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,		162	
	filed for the calendar year ending with or within the year covered by this return 2a 124			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	66		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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	Х	
		7a 7b	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
14a	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
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 WAYSIDE WAIFS, INC.
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Fart vi	

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45 -	х	
	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	x
b	Other officers or key employees of the organization			15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?			160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		- 21
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed MO					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		(		2.14	
	X Own website X Another's website X Upon request Other <i>(explain</i>	n on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial	
-	statements available to the public during the tax year.		, <i>,</i> , 2.10			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	KATHRYN MAHONEY - 8167618151					
_	3901 MARTHA TRUMAN ROAD, KANSAS CITY, MO 64137					
232006	12-13-22			Form	990	(2022)
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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	
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax ye Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.	ear.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

WAYSIDE WAIFS, INC.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and titleAverage hours per week (list any net related organizations below line)Average hours for related organizations below line)Position from related organization (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from the organization and related organizations(1)KATHRYN MAHONEY VP FIN/PRESIDENT (EFF 5/10/22)40.00X148,665.0.20,329.(2)ROBIN ROWLAND VP OF DONOR RELATIONS AND COMMUNICAT40.00X142,549.0.7,391.(3)ALISON REDER VP OF ANIMAL WELFARE/OPS40.00X112,516.0.6,930.(4)ERIC KELLY, DVM ENTINE (5)40.00X112,516.0.6,915.(5)CHRIS POTHAST VP FINARY MEDICINE40.00X34,070.0.649.(6)GOFFREY HALL PRESIDENT (TERM 2/11/22)X32,950.0.1,302.(7)RUSTY SMITH CHAIRPERSON3.00XX0.0.0.(8)SUSAN WALLY VICE-CHAIR3.00 <t< th=""></t<>
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(1)       KATHRYN MAHONEY       40.00       X       148,665.       0.       20,329.         (2)       ROBIN ROWLAND       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF POTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
(1)       KATHRYN MAHONEY       40.00       X       148,665.       0.       20,329.         (2)       ROBIN ROWLAND       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF POTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
(1)       KATHRYN MAHONEY       40.00       X       148,665.       0.       20,329.         (2)       ROBIN ROWLAND       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF POTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
(1)       KATHRYN MAHONEY       40.00       X       148,665.       0.       20,329.         (2)       ROBIN ROWLAND       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF POTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
(1)       KATHRYN MAHONEY       40.00       X       148,665.       0.       20,329.         (2)       ROBIN ROWLAND       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       142,549.       0.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF POTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
(1) KATHRYN MAHONEY       40.00       X       148,665.       0. 20,329.         (2) ROBIN ROWLAND       40.00       X       142,549.       0. 7,391.         (3) ALISON RELATIONS AND COMMUNICAT       X       142,549.       0. 7,391.         (3) ALISON REDER       40.00       X       129,589.       0. 6,930.         (4) ERIC KELLY, DVM       40.00       X       112,516.       0. 6,915.         (5) CHRIS POTTHAST       40.00       X       34,070.       0. 649.         (6) GEOFFREY HALL       40.00       X       32,950.       0. 1,302.         (7) RUSTY SMITH       3.00       X       0. 0.       0.         (8) SUSAN WALLY       3.00       X       X       0. 0.       0.
(2)       ROBIN ROWLAND       40.00       X       142,549.       7,391.         (3)       ALISON REDER       40.00       X       129,589.       0.       6,930.         (4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF OF VETERINARY MEDICINE       X       112,516.       0.       6,915.         (5)       CHRIS POTTHAST       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.
VP OF DONOR RELATIONS AND COMMUNICAT         X         142,549.         0.         7,391.           (3) ALISON REDER         40.00         X         129,589.         0.         6,930.           VP OF ANIMAL WELFARE/OPS         X         129,589.         0.         6,930.           (4) ERIC KELLY, DVM         40.00         X         112,516.         0.         6,915.           (5) CHRIS POTTHAST         40.00         X         34,070.         0.         649.           (6) GEOFFREY HALL         40.00         X         32,950.         0.         1,302.           (7) RUSTY SMITH         3.00         X         X         0.         0.         0.           (8) SUSAN WALLY         3.00         X         X         0.         0.         0.         0.
(3) ALISON REDER       40.00       X       129,589.       0.6,930.         VP OF ANIMAL WELFARE/OPS       40.00       X       112,516.       0.6,915.         (4) ERIC KELLY, DVM       40.00       X       112,516.       0.6,915.         (5) CHRIS POTTHAST       40.00       X       34,070.       0.649.         (6) GEOFFREY HALL       40.00       X       32,950.       0.1,302.         (7) RUSTY SMITH       3.00       X       X       0.0.       0.         (8) SUSAN WALLY       3.00       X       X       0.0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.
(3) ALISON REDER       40.00       X       129,589.       0.6,930.         VP OF ANIMAL WELFARE/OPS       40.00       X       112,516.       0.6,915.         (4) ERIC KELLY, DVM       40.00       X       112,516.       0.6,915.         (5) CHRIS POTTHAST       40.00       X       34,070.       0.649.         (6) GEOFFREY HALL       40.00       X       32,950.       0.1,302.         (7) RUSTY SMITH       3.00       X       X       0.0.       0.         (8) SUSAN WALLY       3.00       X       X       0.0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.
(4)       ERIC KELLY, DVM       40.00       X       112,516.       0.       6,915.         (5)       CHIEF OF VETERINARY MEDICINE       40.00       X       34,070.       0.       649.         (6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.       0.
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VP FINANCE AND ADMIN       X       34,070.       0.       649.         (6) GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         PRESIDENT (TERM 2/11/22)       X       32,950.       0.       1,302.         (7) RUSTY SMITH       3.00       X       0.       0.       0.         CHAIRPERSON       X       X       0.       0.       0.         (8) SUSAN WALLY       3.00       X       X       0.       0.       0.         VICE-CHAIR       X       X       0.       0.       0.       0.
(6)       GEOFFREY HALL       40.00       X       32,950.       0.       1,302.         PRESIDENT (TERM 2/11/22)       X       X       32,950.       0.       1,302.         (7)       RUSTY SMITH       3.00       X       X       0.       0.       0.         CHAIRPERSON       X       X       X       0.       0.       0.       0.         (8)       SUSAN WALLY       3.00       X       X       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.
PRESIDENT (TERM 2/11/22)     X     32,950.     0.     1,302.       (7) RUSTY SMITH     3.00     X     X     0.     0.       CHAIRPERSON     X     X     0.     0.     0.       (8) SUSAN WALLY     3.00     X     X     0.     0.       VICE-CHAIR     X     X     0.     0.     0.
(7) RUSTY SMITH       3.00       X       X       0.       0.       0.         CHAIRPERSON       X       X       X       0.       0.       0.       0.         (8) SUSAN WALLY       3.00       X       X       0.       0.       0.       0.         VICE-CHAIR       X       X       X       0.       0.       0.       0.
CHAIRPERSONXX0.0.0.(8) SUSAN WALLY3.00XX0.0.0.VICE-CHAIRXX0.0.0.0.
(8) SUSAN WALLY         3.00         X         X         0.
VICE-CHAIR X X 0. 0. 0.
(9) SANDY JOHNSON 3.00
SECRETARY X X 0. 0. 0.
(10) ANDY ELLEBRECHT 3.00
TREASURER X X 0. 0. 0.
(11) BECKY TURNER CHAPMAN 3.00
DIRECTOR X O. O. O.
(12) JILL EMBRY 3.00
DIRECTOR X O. O. O.
(13) SYDNEY GOODMAN 3.00
DIRECTOR X O. O. O.
(14) JENNIFER JANIS 3.00
DIRECTOR X O. O. O.
(15) JOHN LEIFER 3.00 T
DIRECTOR X O. O. O.
(16) MARILYN MELCHER 1.00 Y
HONORARY BOARD MEMBER X 0. 0. 0.
(17) JILL TURNER 3.00 V
DIRECTOR X 0. 0. 0.

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	990 (2022) WAYSIDE V									44-06	<u>505</u>	374	Pa	ige <b>8</b>
Par	Jection A. Onicers, Directors, Trus		oloy	ees,			ghes	st C		· /				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director igo of xo	, unle	Pos heck ss per nd a d	rson i lirecto	Highest compensated Light of the source of t	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	Esti amo c comp fro orga and	(F) imated ount co other eensat om the nization related nization	of ion e on ed
		line)	Individ	Institut	Officer	Key em	Highes employ	Former				orgai	IIZatio	113
	ANTHONY WEST	3.00												•
$\frac{\text{DIRE}}{(10)}$	CTOR NANCY YEAMANS	3.00	Х						0.		0.			0.
(I9) DIRE		5.00	x						0.		0.			Ο.
	DAVID YOST	3.00												
DIRE	CTOR		х						0.		0.			0.
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			-											
1b	Subtotal						1		600,339.		0.	43	,51	6.
с	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								600,339.		0.	43	,51	.6.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				5
	· · · ·										1	`	Yes	No
	Did the organization list any <b>former</b> officer,						,	0	, , ,	,				v
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
•	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	ıch i	oers	on .					5		Х
	tion B. Independent Contractors Complete this table for your five highest co	mnensated inc	lono	nde	nt co	ontra	acto	re th	nat received more than \$	100 000 of comp	ensat	tion from		
	the organization. Report compensation for	•	•							•	onout			
	(A) (B)							_	(C)	)				
	Name and business	address	N	ONE	5			_	Description of s	ervices		ompen	sation	1
								_						
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation				C	)					-	00	
												Form 9	<b>90</b> (2	2022)

232008 12-13-22

ar	t VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	onse	or note to any line	in this Part VIII			[
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	from tax und
ŝ	1 a	Federated campaigns		1a		31,346.				
and Other Similar Amounts		Membership dues								
mo		Fundraising events				2,304,070.				
ar A		Related organizations								
mil		Government grants (contr								
ŝ	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included	l abov	/e <b>1f</b>		6,715,370.				374 Page 9
0 p	g	Noncash contributions included in	lines 1	la-1f <b>1g</b>	\$	85,579.				
an	h	Total. Add lines 1a-1f					9,050,786.			
						Business Code				
	2 a	ADOPTION SERVICES				812910	501,649.	501,649.		
e	b	CREMATIONS AND BURI	ALS			812220	99,619.	99,619.		
(ent	c	CITY FEES				900099	70,000.	70,000.		
Revenue	d	ANIMAL RECEIVING				812910	57,670.	57,670.		
]	e					├				
		All other program service					728,938.			
	<u> </u>	Total. Add lines 2a-2f Investment income (include					720,550.			
	3		-				338,946.			338 9
	4	Income from investment of				roceeds	,			
	5	Royalties		•		F				
	•			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss								
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	461,	828.					
	b	Less: cost or other basis								
2010		and sales expenses	7b	110,	942.					
2	С	Gain or (loss)	7c	350,	886.					
		Net gain or (loss)					350,886.			350,8
	8 a	Gross income from fundraisi								
5		including \$ 2,								
		contributions reported on		-		64,000				
		Part IV, line 18			8a	64,800.				
		Less: direct expenses			8b	320,038.	-255,238.			_255_2
		Net income or (loss) from Gross income from gamin				I	233,230.			255,2
	9 a				9a					
	h	Part IV, line 19 Less: direct expenses			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory,			<u> </u>					
		and allowances			10a	155,224.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			ry		68,879.	68,879.		
Ţ						Business Code				
Revenue	11 a	OTHER REVENUE				900099	11,666.			11,6
Shue	b									
eve	с									
æ	d	All other revenue								
		Total. Add lines 11a-11d					11,666.			
	12	Total revenue. See instruction	one				10,294,863.	797,817.	0.	446 2

9

2022.04020 WAYSIDE WAIFS, INC.

490302\_1

70,	60, 90, and 100 of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	642.055	F 4 0 1 F 0	40 600	<b>CD DD</b>
	persons described in section 4958(c)(3)(B)	643,855.	540,178. 2,367,176.	40,638.	<u>63,039.</u> 287,621.
7	Other salaries and wages	2,829,015.	2,367,176.	174,218.	287,621.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				44.045
9	Other employee benefits	311,539.	270,938.	26,254.	<u>14,347.</u> 28,710.
10	Payroll taxes	275,985.	230,191.	17,084.	28,710.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,462.		5,462.	
С	Accounting	14,648.		14,648.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	476,808.			476,808.
f	Investment management fees	35,498.		35,498.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	191,146.	132,034.	59,112.	=4 464
12	Advertising and promotion	142,239.	70,743.		71,496.
13	Office expenses	112,911.	38,976.	39,889.	34,046.
14	Information technology	215,174.	95,475.	15,616.	104,083.
15	Royalties	000 070	010 105		
16	Occupancy	230,272.	219,197.	5,538.	5,537.
17	Travel	6,935.	5,746.	1,189.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.050	10 071	1 204	
19	Conferences, conventions, and meetings	23,250.	19,071.	1,304.	2,875.
20	Interest				
21	Payments to affiliates		<b>F</b> 4 0 1 0 0	10 488	10 400
22	Depreciation, depletion, and amortization	779,074.	740,120.	19,477.	19,477.
23	Insurance	105,524.	82,988.	13,120.	9,416.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	VETERINARY SUPPLIES	273,570.	273,570.		
b	ANIMAL CARE & FOOD	222,840.	222,840.		
c	MAINTENANCE AND REPAIR	97,715.	97,715.		
d	OTHER ADMINISTRATIVE CO	69,973.	-	69,973.	
е	All other expenses	59,201.	34,841.	4,717.	19,643.
25	Total functional expenses. Add lines 1 through 24e	7,122,634.	5,441,799.	543,737.	1,137,098.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	633,468.	71,119.	0.	562,349.
232010	) 12-13-22				Form <b>990</b> (2022)

## Form 990 (2022)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

WAYSIDE WAIFS, INC. Part IX Statement of Functional Expenses

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

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

(A) Total expenses

(B) Program service expenses

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(C) Management and general expenses

**(D)** Fundraising expenses

2022.04020 WAYSIDE WAIFS, INC.

<sup>490302</sup>\_1

15510914 143399 490302

Net

33

Form 990 (2022)

33,514,981. 32

33

33,809,848.

## 490302\_1

33,727,493.

34,130,686. Form **990** (2022)

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			601,738.	1	597,604.
	2	Savings and temporary cash investments		r	2,265,977.	2	2,895,526.
	3	Pledges and grants receivable, net			1,808,190.	3	1,096,535.
	4	Accounts receivable, net			27,872.	4	22,762.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,490.	8	16,854.
Ąŝ	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			79,115.	9	134,647.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>21,884,405</u> . 7,878,963.			
	b	Less: accumulated depreciation	14,617,888.	10c	14,005,442.		
	11	Investments - publicly traded securities	14,398,578.	11	15,277,108.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	84,208.
	16	Total assets. Add lines 1 through 15 (must equa			33,809,848.	16	34,130,686.
	17	Accounts payable and accrued expenses	294,867.	17	403,193.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		l l		21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				00	
Lial	23	controlled entity or family member of any of thes				22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		r		<u>23</u> 24	
	25	Other liabilities (including federal income tax, pay		ſ			
	20	parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		ſ	294,867.	26	403,193.
		Organizations that follow FASB ASC 958, chee					
es		and complete lines 27, 28, 32, and 33.					
anc	27				31,441,106.	27	31,541,511.
Bal	28	Net assets with donor restrictions			2,073,875.	28	2,185,982.
pu		Organizations that do not follow FASB ASC 95					
et Assets or Fund Balances		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	it fund		30	
: As	31	Retained earnings, endowment, accumulated inc	ome, c	or other funds		31	
6	20	Total wat apparts on fined balances			33 51/ 981	20	22 727 102

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WAYSIDE WAIFS, INC. Part X Balance Sheet

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

32 Total net assets or fund balances

Total liabilities and net assets/fund balances

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	1990 (2022) WAYSIDE WAIFS, INC.	<u>44-06</u>	505374	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,294		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,122	· ·	
3	Revenue less expenses. Subtract line 2 from line 1	3	3,172	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,514	· ·	
5	Net unrealized gains (losses) on investments	5	-2,959	,71	<u>17.</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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33,727	,49	<u>)3.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				4MII //	2000

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne or t	ne organization							Identification number			
			IDE WAIFS,						4-0605374			
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organi	ization is not a private found	ation is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6				nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in</li> </ul>										
		section 170(b)(1)(A)(vi). (C			5			5				
8	$\square$	A community trust describe		(1)(A)(vi), (Complete Par	t II.)							
9	$\square$	An agricultural research org			-	ed in coniu	unction with a	land-grant	college			
•		or university or a non-land-g										
		university:	jian conogo or agiro				, and clare er					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	in fees and	d aross receipts from			
		activities related to its exer										
		income and unrelated busir										
		See section 509(a)(2). (Con				oco doqui	ica by the org	amzation a				
11		An organization organized a	• •	vely to test for public sa	fetv See	section 50	)9(a)(4)					
12	$\square$	An organization organized a	•					rry out the	nurnoses of one or			
		more publicly supported or	•		•			•				
		lines 12a through 12d that										
а		<b>Type I.</b> A supporting orga	• •					-	aivina			
		the supported organization	-	-	• • • •	-						
		organization. You must o			i majonty c				ipporting			
b		<b>Type II.</b> A supporting org	-		tion with it	e cupporte	d organizatio	a(c) by bay	ina			
N			-				•		-			
		control or management o			ame perso	115 11121 001	ntroi or manaç	je ine supp	Jonted			
		organization(s). You mus	-		in connoci	ion with a		ly intograta	dwith			
C	·	J Type III functionally inte						ly integrate	u willi,			
		its supported organization <b>Type III non-functionally</b>		-				tad araani-	ration(a)			
C			• •					•				
		that is not functionally int			•		-	anallenin	1911955			
		requirement (see instructi	,	•	-							
e	,	Check this box if the orga					Type I, Type I	і, туре ш				
	Ento	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0							
1		er the number of supported of the supported of the following information	•	d arganization(a)								
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	( )	(described on lines 1-10	Yes	ng document? No	support (see in	-	support (see instructions)			
				above (see instructions))	103							
Tota	al											

WAYSIDE WAIFS, INC.

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.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5322206.	8216349.	6721506.	7921590.	9050786.	37232437.
2	Tax revenues levied for the organ-						
	ization'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	5322206.	8216349.	6721506.	7921590.	0050786	37232437.
	Total. Add lines 1 through 3	5522200.	0210349.	0721500.	7921590.	9050780.	57252457.
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)						7197122.
6	Public support. Subtract line 5 from line 4.						30035315.
	tion B. Total Support						50055515.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5322206.	8216349.	6721506.	7921590.	9050786.	37232437.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	246,015.	319,259.	213,453.	208,732.	338,946.	1326405.
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.)	19,395.	15,956.	14,538.	24,435.	11,666.	85,990.
11	Total support. Add lines 7 through 10						38644832.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,172,835.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					<u>г г</u>	
	Public support percentage for 2022 (I					14	77.72 %
	Public support percentage from 2021					15	72.37 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
4-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-			-	Ze and line 1E is	
0	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation. If the organization		•		• •		
10	The organization. In the organization			a, 100, 17a, 01 170	, oneon this box al		 (Form 990) 2022
						Joneulie A	

232022 12-09-22

Schedule A	(Form	990	) 202
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WAYSIDE WAIFS, INC.

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	1	-		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	anization,
_							
Sec	ction C. Computation of Publi	c Support Per	centage			<del> </del>	
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		<u></u>
23202	23 12-09-22		1 5			Sche	edule A (Form 990) 2022

2022.04020 WAYSIDE WAIFS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

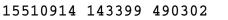
### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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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Schedule A (Form 990) 2022 WAYSI	DE WAIFS,	
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Part IV Supporting Organizations (continued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	Did the organization operate for the benefit of any supported organization other than the supported			

INC.

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D.	All Type III Supporting Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a 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 gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

### WAYSIDE WAIFS, INC. Schedule A (Form 990) 2022

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

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1 --- Nov. 00, 1070 ( lain in Part VI) See instructions

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

### WAYSIDE WAIFS, INC.

Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	;	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	(i) (ii Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2				(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WAYSI	DE WAIFS,	INC.		44-0605374 Page 8
Part VI	Supplemental In Part IV, Section A, Iir line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4 on D, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	9b, 9c, 11a, 11b, ar ı E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 17 nd 11c; Part IV, Section B, lin , 3a, and 3b; Part V, line 1; Pa complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
232028 12-09-2	2			20		Schedule A (Form 990) 2022

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## \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

44-0605374

•	
Department o	f the Treasury

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

Organization type (check one):

## WAYSIDE WAIFS, INC.

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2022)

### Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

44-0605374

## WAYSIDE WAIFS, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>		\$ <u>1,319,585.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$820,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$391,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$302,017.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$264,584.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (20

### Schedule B (Form 990) (2022)

WAYSIDE WAIFS, INC.

Name of organization

Employer identification number

44-0605374

### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 184,028. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

2022.04020 WAYSIDE WAIFS, INC.

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Schedule	B (Form	990)	(2022)
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Name of organization

Page **3** 

Employer identification number

44-0605374

WAYSIDE WAIFS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =			
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15-22		\$	Schedule B (Form 990) (;

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2022.04020 WAYSIDE WAIFS, INC.

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Name of or	rganization			Employer identification number		
WAYSTI	DE WAIFS, INC.			44-0605374		
Part III		a) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or les</b>	For organizations	hat total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
F	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of tra	Insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
F	(e) Transfer of gift					
F	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee		
223454 11-15-	-22	25		Schedule B (Form 990) (202		

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2022.04020 WAYSIDE WAIFS, INC. 490302\_1

SC	HEDULE D	Supplementa	al Financial Sta	atements		OMB No. 1545-0047
	n 990)		2022			
			, 11a, 11b, 11c, 11d, 11e, Attach to Form 990.	11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service	ہ Go to www.irs.gov/Form99		latest information.		Inspection
Nam	e of the organizati	on WAYSIDE WAIFS, INC	•		Employ	ver identification number 44-0605374
Par	t I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised	funds (	<b>b)</b> Funds a	and other accounts
1	Total number at er	nd of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held	l in donor advised fund	S	
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used or	ıly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferri	ng	
	impermissible priv					Yes No
Par		ation Easements. Complete if the org		on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (for example, recrea	·	Preservation of a histo		
		f natural habitat		Preservation of a certif	ied histor	ic structure
		n of open space				
2	•	through 2d if the organization held a qualit	fied conservation contribut	ion in the form of a cor		
	day of the tax year				He	ld at the End of the Tax Year
а					2a	
b	-	-			2b	
С		vation easements on a certified historic stru			2c	
d	Number of conser	vation easements included in (c) acquired a				
					2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or ter	minated by the organiz	ation dur	ing the tax
	year					
4		where property subject to conservation eas				
5		tion have a written policy regarding the per		on, handling of		
	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservation	n easeme	nts during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and enfo	orcing conservation eas	ements d	uring the year
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)(	i)	
	and section 170(h)	)(4)(B)(ii)?				Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenu	e and expense statem	ent and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's fi	nancial statements that	t describe	es the
		ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treas	sures, or Other Si	milar A	ssets.
	Complete it	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reven	ue statement and bala	nce sheet	tworks
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, c	or research in furtheran	ce of pub	lic
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that descr	ibes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and balance	sheet wo	rks of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	of public	service,
	-	ng amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				
	(ii) Assets include	ed in Form 990, Part X			\$_	
2	-	received or held works of art, historical tre			orovide	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these it	ems:		
а	Revenue included	on Form 990, Part VIII, line 1			\$ _	
b	Assets included in	Form 990, Part X			\$	
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Scl	hedule D (Form 990) 2022
232051	09-01-22					

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26 2022.04020 WAYSIDE WAIFS, INC. 490302\_1

Sche		WAIFS, INC					44-06			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	r Othe	r Simila	r Asset	s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that	make s	ignificant (	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o				er similar	assets	_	_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "	'Yes" or	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							<b>¬</b>		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					Amour	+	
	De sieuir a balance							Amour		
	Beginning balance									
	Additions during the year									
	Distributions during the year Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • •	L			]
Par										
	·	(a) Current year	(b) Prior year	(c) Two year		(d) Three	/ears back	(e) Fou	r years	back
1a	Beginning of year balance	98,000.	98,000.	98	3,000.		98,000.		98,	000.
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	98,000.	98,000.	98	3,000.		98,000.		98,	000.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administer	ed for th	ne			N.	N
	organization by:								Yes	No
	(i) Unrelated organizations									X X
	(ii) Related organizations									
D	If "Yes" on line 3a(ii), are the related organiza							. 3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment tunds.							
	Complete if the organization answered		Part IV, line 11a, S	ee Form 990	Part X	line 10.				
	Description of property	(a) Cost or ot		or other			-d	(d) Boc	k velu	<u>م</u>
	Description of property	basis (investm	• • •	(other)	. ,	preciation			n valu	0
19	Land		,	2,731.				2.7	2,7	31.
	Buildings			3,055.	5.	907,3	51. 1	3,20		
	Leasehold improvements		,	- ,	- /			-,		
	Equipment		2.48	8,068.	1.	971,6	12.	51	6,4	56.
	Other			0,551.	,	,			0,5	
	. Add lines 1a through 1e. (Column (d) must e						1	4,00		
							<u> </u>			

Schedule D (Form 990) 2022

) Description of security or category (including name of security) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or	
Closely held equity interests Other A) B) C) D) E) F) G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
Other			
A)       A)         B)       C)         C)       D)         D)       E         F)       G)         H)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)         art VIII       Investments - Program Related.         Complete if the organization answered "Yes" or			
B)         C)           C)         D)           D)         E           (F)         G)           H)         I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)           art VIII         Investments - Program Related.           Complete if the organization answered "Yes" or			
C) D) (E) (F) G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
D) (E) (F) (G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
E) (F) G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
F) G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
G) H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" or			
H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" o			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related. Complete if the organization answered "Yes" of			
	n Form 990. Part IV. line	1 11c. See Form 990. Part X. line 13.	
	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	.,		,
(2)		1	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 WAYSIDE WAIFS, INC.	44	1-0605	374 Page	e <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Retur	'n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		ı 7,	599,140	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	9,717.			
b	Donated services and use of facilities 2b	8,747.			
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d 25	5,247.			
е	Add lines 2a through 2d			<u>695,723</u>	
3	Subtract line 2e from line 1		<u>    10,</u>	294,863	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>	4		C	).
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			294,863	3.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
					_
1	Total expenses and losses per audited financial statements		17,	386,628	8.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		17,	386,628	8.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	8,747.	17,	386,628	8.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities		1 7,	386,628	3.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c	8,747.	1 7,	386,628	8.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c				
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         Donated services and use of facilities       2b         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d	<u>8,747.</u>	e	263,994	4.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	8,747.	e		4.
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d	8,747.	e	263,994	4.
2 b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       25         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a	8,747.	e	263,994	4.
2 b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         Donated services and use of facilities       2b         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	8,747.	e	263,994 122,634	<u>4.</u>
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       25         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1         Investment expenses not included on Form 990, Part VIII, line 7b       4a	<u>8,747.</u> 55,247.	е 37,	263,994 122,634	<u>4.</u> 4.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a         Other (Describe in Part XIII.)	8,747. 55,247. 3 3 4	е 37,	263,994 122,634	<u>4.</u> 4.

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

## PART X, LINE 2:

WAYSIDE WAIFS HAS BEEN GRANTED EXEMPTION FROM INCOME TAXES BY THE INTERNAL
REVENUE SERVICE UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE. ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME
TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR
THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND
TRANSITION. MANAGEMENT BELIEVES THAT NO MATERIAL UNCERTAIN TAX POSITIONS
EXIST FOR THE ORGANIZATION AS OF DECEMBER 31, 2022. THE ORGANIZATION IS NO
LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS
BEFORE 2019.
232054 09-01-22 Schedule D (Form 990) 2022 29

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	
INVESTMENT EXPENSES	25 409
TOTAL TO SCHEDULE D, PART XI, LINE 2D	055 045
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	290,745.
INVESTMENT EXPENSES	-35,498.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	255,247.
	Schedule D (Form 990) 20

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						or if the	2022
	organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection							
								entification number
WAYSIDE WAIFS, INC. 44-06							44-0605	5374
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> </ul>								
<ul> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>								
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization		
RKD GROUP - 9060 AN	NDERMATT		Yes	No				
#101, LINCOLN, NE	68526-9644	DIRECT MAIL		x	1,276,336.		476,808	. 799,528.
Total       1,276,336.       4         3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exem							476,808	. 799,528.
or licensing.	ch the organizatio	on is registered of licensed to solicit (	Contrib	utions	or has been notified	IL IS 6	exempt from n	egistration
MO,KS								

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

Schedule G (Form 990) 2022

232081 10-27-22

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

		(a) Event #1	(b) Event #2 STRUTT WITH	(c) Other events	(d) Total events (add col. (a) through
		FUR BALL	YOUR MUTT	(total number)	col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	2,111,189.	173,629.	84,052.	2,368,870
	2 Less: Contributions	2,046,389.	173,629.	84,052.	2,304,070
╞	<b>3</b> Gross income (line 1 minus line 2)				64,800
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	17,535.			17,535
	7 Food and beverages				69,117
	8 Entertainment				
	9 Other direct expenses		35,967.	17,372.	233,386
	10 Direct expense summary. Add lines 4 t				320,038 -255,238
_	II         Net income summary. Subtract line 10           rt III         Gaming. Complete if the organi.		990 Part IV line 19 or r		255,250
	\$15,000 on Form 990-EZ, line 6a.			sported more than	
5		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	% Yes%	└── Yes % │── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, column (d)			
-	outgaming moorne cammary. Outliad				
	Enter the state(s) in which the organization	conducts gaming activities:			
		ming activities in each of these			Yes N
	is the organization nothed to conduct gal				
a	If "No," explain:				
a   b		nses revoked, suspended, or te	erminated during the tax y	ear?	Yes N
a b a	If "No," explain:			ear?	Yes N
a   - -	If "No," explain: Were any of the organization's gaming lice			ear?	Yes N

Sch	edule G (Form 990) 2022	WAYSIDE WAIFS,	INC.		44-0605	374	Page 3
-						Yes	No
				of a partnership or other entity formed			
						Yes	No
13	Indicate the percentage of gamir						
					13a		%
							%
				s gaming/special events books and records			/0
17	Enter the hame and address of t	he person who prepares the of	ganization	s gaming/special events books and records	-		
	Name						
	Address						
	Address						
15	Does the organization have a co	ntract with a third party from w	hom the or	ganization receives gaming revenue?		Yes	No
150	Does the organization have a co	ndaot with a till o party holl w		gamzation receives gaming revenue?		100	
	If "Vac " optor the amount of gar	ning revenue received by the	rachization	\$ and the amo	unt		
L	If "Yes," enter the amount of gar of gaming revenue retained by the of gaming revenue retained by the			\$ and the amo	unt		
C	: If "Yes," enter name and address	s of the third party.					
	News						
	Name						
	A dela a a						
	Address						
	<b>.</b>						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	Indep	endent contractor			
17	Mandatory distributions:						
á	a Is the organization required unde	er state law to make charitable	distribution	s from the gaming proceeds to			
	retain the state gaming license?					Yes	No No
k	Enter the amount of distributions	s required under state law to b	e distribute	d to other exempt organizations or spent in	the		
	organization's own exempt activ	ities during the tax year \$					
Pa	rt IV Supplemental Info	rmation. Provide the explar	ations requ	ired by Part I, line 2b, columns (iii) and (v); a	and Part III, lin	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, a	is applicable. Also provide any	additional i	nformation. See instructions.			
		•••••••					
2320	83 10-27-22		~~		Schedule G (	Form 9	990) 2022
			33				

(continuea)	
	Schedule G (Form 990)

232084 04-01-22

15510914 143399 490302

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				20		
•					2022		
Dana	topont of the Tupper with	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection				
Nam	e of the organization	1	Employer identification num				
		WAYSIDE WAIFS, INC.	44-0	60537	4		
Pa	rt I   Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, chet)				
	If any of the later						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>	
2	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
2	Indicate which if or	v of the following the exception used to establish the companyation of the exception's					
3		y, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the second s					
		tion of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	committee     Written employment contract       ompensation consultant     Compensation survey or study					
		ther organizations $X$ Approval by the board or compensation c	ommittoo				
			Ommittee				
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 re						
а	-	e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
		eive payment from an equity-based compensation arrangement?				X	
	•	es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the re						
а	The organization?			5a		X	
b	Any related organiz	ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
b	Any related organiz	ation?		6b		X	
		r 6b, describe in Part III.					
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III					X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?		9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	) 2022	

15510914 143399 490302

#### 44-0605374

Page **2** 

### 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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHRYN MAHONEY	(i)	148,665.	0.	0.	15,789.	4,540.	168,994.	0.
VP FIN/PRESIDENT (EFF 5/10/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

44 - 0605374

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.

Internal Revenue Service

Department of the Treasury

## WAYSIDE WAIFS, INC.

Pa	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	<b>(d</b> Method of d noncash contrib	etermin	•	s
1	Art -	Works of art			, , <b>,</b>				
2		Historical treasures							
3		Fractional interests							
4									
-		ks and publications							
5		hing and household goods							
6		s and other vehicles							
7		ts and planes							
8		llectual property							
9		urities - Publicly traded							
10		urities - Closely held stock							
11		urities - Partnership, LLC, or t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15		l estate - Residential							
16	Rea	l estate - Commercial							
17		l estate - Other							
18		ectibles							
19		d inventory		1	83,989.	FMV/RETAIL	INV	DICI	3
20		gs and medical supplies							
21		idermy							
22		orical artifacts							
23		entific specimens							
24		neological artifacts							
25	Oth		X	200	1,590.	FMV			
26	Oth	· /							
20 27	Oth								
28	Oth	/							
<u>20</u> 29		nber of Forms 8283 received by the organ	l	l the tax year for e					
29		which the organization completed Form 8							
	IOF V	which the organization completed Form a	203, Part V, L	onee Acknowledg	ement 29			Vee	Na
20-	D	ing the year did the current stick was the	- :: مانىلەمم برا		outod in Dout I. lines of the	h 00 that "t		Yes	No
JUa		ing the year, did the organization receive	•	•••••					
		st hold for at least 3 years from the date o			·		00		v
		mpt purposes for the entire holding period	a?				30a		X
b		es," describe the arrangement in Part II.						v	
31	Doe	s the organization have a gift acceptance	e policy that re	equires the review (	of any nonstandard contribut	tions?	31	X	1

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

32a

232141 09-09-22

Х

44-0605374 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u> </u>	
232142 09-09-22	Schedule M (Form 990) 2022
	 ,, <b></b> -

490302\_1

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	WAYSIDE WAIFS, INC.		identification number 605374
FORM 990, PAR	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
WAYSIDE WAIFS	5, INC. (THE ORGANIZATION) IS A CHARITABLE ANI	MAL SH	ELTER
WHOSE MISSION	N IS: PREPARING PETS AND PEOPLE FOR THE BOND	OF THE	IR
LIVES.			
WAYSIDE WAIFS	S, INC. PROVIDES A WIDE RANGE OF SERVICES TO A	DOPTER	S AND
PET OWNERS.	THE ORGANIZATION HAS BEEN HELPING FAMILIES FOR	GENER	ATIONS
BY PROVIDING	PET MEMORIAL AFTERCARE, TRAINING AND HUMANE	EDUCAT	ION ,
ANIMAL SURREN	NDER , AND MUCH MORE.		
FORM 990, PAR	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:	
SEE MISSION A	ABOVE		
FORM 990, PAR	T VI, SECTION B, LINE 11B:		
A DRAFT COPY	OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOA	RD OF 1	DIRECTORS
FOR REVIEW PE	RIOR TO FILING WITH THE IRS.		
FORM 990, PAR	RT VI, SECTION B, LINE 12C:		
THE CONFLICT	OF INTEREST POLICY REQUIRES THAT OFFICERS AND	DIREC	FORS
ANNUALLY DISC	CLOSE ANY INTERESTS THAT COULD GIVE RISE TO CO	NFLICT	S. BOARD
MEMBERS ARE H	ELECTED TO THEIR POSITIONS AT LEAST ONCE EVERY	TWO YI	EARS. AT
THE TIME OF B	ELECTIONS, THERE IS A REVIEW OF ALL BOARD MEMB	ERS TH	AT INCLUDES
ANY POTENTIAI	CONFLICT OF INTEREST ISSUES.		

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 40

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization WAYSIDE WAIFS, INC.	Employer identification number $44-0605374$
AN ANNUAL PERFORMANCE REVIEW IS COMPLETED ON THE PRESIDENT	ON THE
EMPLOYMENT ANNIVERSARY DATE. THE REVIEW FORM IS DISTRIBUTE	D TO ALL MEMBERS
OF THE EXECUTIVE COMMITTEE FOR COMPLETION AND SUBMISSION.	THE RESPONSES ARE
COMPILED AND PRESENTED TO THE ENTIRE EXECUTIVE COMMITTEE.	AT THAT TIME, THE
PRESIDENT'S COMPENSATION IS ALSO REVIEWED AND A RECOMMENDA	TION IS MADE FOR
THE COMPENSATION TO BE PAID IN THE FOLLOWING YEAR. THE REC	OMMENDATION IS
BASED ON BOTH THE PERFORMANCE OF THE PRESIDENT IN ACHIEVIN	G ORGANIZATIONAL
OBJECTIVES AND A REVIEW OF THE COMPENSATION FOR COMPARABLE	POSITIONS IN THE

LOCAL AREA.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ORGANIZATION'S BYLAWS AND POLICIES ARE AVAILABLE TO THE

PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS AVAILABLE ONLINE AT A VARIETY

OF CHARITABLE WEBSITES INCLUDING THE GREATER KANSAS CITY COMMUNITY

FOUNDATION, GUIDESTAR, AND CHARITY NAVIGATOR.

FORM 990, PART XII, 2C

THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTION OF AN INDEPENDENT

ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22

Form 8879-TE		IRS e-file Signatur for a Tax Exe	re Authorization	$\vdash$	OMB No. 1545-0047
	For calendar ve	ear 2022, or fiscal year beginning		20	0000
	i or calendar ye	Do not send to the IRS.		_ , 20	2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879T			
Name of filer				EIN or SSN	
WAYSID	E WAIFS	, INC.		44-060	5374
Name and title of officer or pe	erson subject to	tax KATHRYN MAHONEY		•	
		PRESIDENT			
Part I Type of	Return and	Return Information			
Form 5330 filers may ente or <b>10a</b> below, and the amo	r dollars and c ount on that lii lank (do not er	ou are using this Form 8879-TE and er ents. For all other forms, enter whole one for the return being filed with this for hter -0-). But, if you entered -0- on the r	dollars only. If you check the box or rm was blank, then leave line <b>1b, 2</b>	n line <b>1a, 2a, 3a</b> 2 <b>b, 3b, 4b, 5b, 6l</b> ble line below. <b>D</b>	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, Do not complete more
2a Form 990-EZ che			1 990-EZ, line 9)		
3a Form 1120-POL			line 22)		b
4a Form 990-PF che			income (Form 990-PF, Part V, line \$		b
5a Form 8868 check			ine 3c)		
6a Form 990-T chec			: III, line 4)	6	b0.
7a Form 4720 check			III, line 1)		b
8a Form 5227 check		b FMV of assets at end of ta		8	
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part I		91	
10a Form 8038-CP ct			t requested (Form 8038-CP, Part III		0b
Part II Declarat	tion and Sig	gnature Authorization of Offic	er or Person Subject to Ta	ax	
later than 2 business days payment of taxes to receiv	prior to the p confidential	this account. To revoke a payment, I n ayment (settlement) date. I also author information necessary to answer inqu ny signature for the electronic return a	ize the financial institutions involved iries and resolve issues related to the	d in the processi ne payment. I hav	ng of the electronic ve selected a
X I authorize CB	IZ MHM.	LLC		to enter my PIN	12345
	,	ERO firm name		-	Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ncy(ies) regula disclosure con person subjec indicated with	t to tax with respect to the entity, I will in this return that a copy of the return i	tate program, I also authorize the at l enter my PIN as my signature on th is being filed with a state agency(ies	forementioned E he tax year 2022	RO to enter my PIN electronically filed
	0	enter my PIN on the return's disclosure	consent screen.	Data	
Signature of officer or person subje		uthentication		Date	
ERO's EFIN/PIN. Enter yo	our six-diait ele	ectronic filing identification			
number (EFIN) followed by	-	-	4837353418 Do not enter all zero		
		my PIN, which is my signature on the 2 h the requirements of <b>Pub. 4163,</b> Moo	2022 electronically filed return indication	ated above. I cor	
ERO's signature			Date09	/14/23	
		ERO Must Retain This Fo			
		ot Submit This Form to the IR Reduction Act Notice, see instructio			orm 8879-TE (2022)
	а гарег work	neadelion Act Notice, see Instructio	113.	ſ	(2022)
202521 12-16-22		42	2		

2022.04020 WAYSIDE WAIFS, INC. 490302\_1

Form <b>990-T</b>		E	n ∣	OMB No. 1545-0047			
	(and proxy tax under section 6033(e))				0000		
	For calendar year 2022 or other tax year beginning, and ending				2022		
Department Internal Rev	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).			1	Open to Public Inspection for 501(c)(3) Organizations Only		
	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	oyer identification number		
B Exemp	xempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529A	Print	WAYSIDE WAIFS, INC.	44-0605374			
		501( <b>c</b> )( <b>3</b> ) 408(e) 220(e) 408A 530(a)	or Number, street, and room or suite no. If a P.O. box, see instructions.		EGroup exemption number (see instructions)		
				City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64137	F	Check box if	
		С Во	ok value of all assets at end of year		an amended return.		
G Cheo	ck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	] State	college/university		
H Cheo	ck if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439				
I Cheo	ck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation				
J Ente	r the number of	attache	ed Schedules A (Form 990-T)				
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes No		
	books are in car			8167	618151		
Part I	Total Unr	elate	d Business Taxable Income				
1 To	tal of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see				
ins	structions)			1	0.		
<b>2</b> Re				2			
3 Ad	d lines 1 and 2			3			
4 Ch	Charitable contributions (see instructions for limitation rules)			4	0.		
<b>5</b> To	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3			5			
	Deduction for net operating loss. See instructions						
<b>7</b> To							
	Subtract line 6 from line 5						
<b>8</b> Sp	ecific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.		
			Juction. See instructions	9			
	tal deductions.			10	1,000.		
11 Ur	nrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
en	ter zero		-	11	Ο.		
Part I	Tax Com	putati					
1 Or	ganizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.		
2 Tr	usts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on				
Pa	art I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2			
3 Pr	oxy tax. See ins	structio		3			
4 Ot	Other tax amounts. See instructions						
5 Alt							
6 Ta	6 Tax on noncompliant facility income. See instructions						
<u>7 To</u>	tal. Add lines 3	throug	n 6 to line 1 or 2, whichever applies	7	0.		
LHA F	or Paperwork F	Reducti	on Act Notice, see instructions.		Form 990-T (2022)		

223701 01-16-23

Part III       Tax and Payments         1a       Foreign tax cradit (corporations attach Form 1118) trusts attach Form 1116)       1a         1a       Foreign tax cradit (corporations attach Form 3800 (see instructions)       1a         1a       1a       1a         1b       1a       1a         1c       1a       1a         1d       1a       1a         1d       1a       1a         2       Subtract line 1e form 7811 line 7       2         3       Other amounts due. Check if from 425       Form 8691         20. the full line 1 form 425       Form 8691       Form 8697         3       Other amounts due. Check if form 425       Form 8691       Gome         4       Total tax. Add lines 2 and 3 (see instructions)       Check if includes tax previously deferred under       3         5       Current net 965 tax liability gaid from Form 956.A, Part II, column (6)       6a       6a         6       6a       6a       6a       6a         6       Credit for small employer health insurance premiums (attach Form 8941)       6d       6d         7       Total payments. Add lines 6a through 6g       5, and 8, enter amount overail       6d         7       Total payment. Hine 7 is analiter than the total ol l	Form 9	90-7 (2022)			Page 2			
b       Other credits (see instructions)       1b       1c         c       General business credit. Attach Form 3800 (see instructions)       1d       1e         c       Total credits. Add lines 1a through 1d       2       0.         3       Other amounts due. Check if from       Form 8807       Form 8897       Form 8896         3       Other amounts due. Check if from       Form 4255       Form 8611       Form 8897       General business credits. Add lines 2 and 3 (see instructions).       Check if includes tax previously deterred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability goal from Form 965A, Part II, column (6)       Ge       Ge       6         6       Credit for small employer health insurance premiums (attach Form 8941)       Ge       Ge       6         6       Credit for small employer health insurance premiums (attach Form 8941)       Ge       Ge       5       16         7       Total payments. Add lines 6a through 6g       8       7       5       16       1       5       16       1       5       1.6       1       5       1.6       1       5       1.6       1       5       1.6       1       5       1.6       1       5       1.6       1       5       1.6	Part	III Tax and Payments						
c       General business credit. Attach Form 3800 (see instructions)       1c       1d         d       Credit for prior year minimum tax (attach Form 8801 or 8827)       1d       1d         2       Subbract line 16 from Part II, line 7       2       0.         3       Other amounts due. Check if from: Form 4255       Form 8697       Form 8866       3         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Ernet tax amount here       4       0.         5       Current net 985 tax liability paid from Form 985A. Part II, column (b)       5       0.         6a       bb       6c       6c       6c         6       Foreign organizations: Tax paid or withheid at source (see instructions)       6d       5       0.         6a       Total tay payments. Check if section 643(g) election applies       6d       6d       5       1.         7       Total apprents. Add lines 6a through 6g       7       5,161.       6f       7       5,161.         9       Other credits, adjustments, and payments:       Form 2439       6f       10       5,151.         10       Credit for 3 singer than the total of lines 4, 5, and 8, enter amount overpaid       10       5,151.       1.         11       To	1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)						
d       Credit or prior year minimum tax (attach Form 8801 or 8827)       1d       1e         e       Total credits. Add lines 1 a through 1d       1e       2       0.         3       Other amounts due. Check if form: Form 4255 Form 8611 Form 8897 Form 8896	b	Other credits (see instructions) 1b						
e Total credits. Add lines 1a through 1d   2 Subtract line 1e from Part II, line 7   3 Other anounts due. Check if nom:   0 Other anounts due. Check if nom:   4 Total tax. Add lines 2 and 3 (see instructions)   6 Check if nom:   6 Current net 965 tax liability paid from Form 965A, Part II, column (k)   6 Ba   7 Cotal axy payments: Check if section 643(g) election applies   6 Ba   8 Corrent net 965 tax liability paid from Form 965A, Part II, column (k)   6 Ba   9 Corrent net 965 tax liability paid from Form 965A, Part II, column (k)   6 Ba   9 Corrent for small employer health insurance premiums (attach Form 891)   6 Ge   7 Total apayments: Add lines 6 a through 6g   8 Estimated tax panalty (see instructions)   9 Corrent for small employer health insurance premiums (attach Form 8941)   9 Total apayments: Add lines 6 a through 6g   10 Soc.161.   8 Estimated tax panalty (see instructions). Check if Form 2220 is attached   9 Total apayments: Add lines 4, 5, and 8, enter amount overpaid   10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid   10 Soc.161.   11 Enter the amount of acay, exit and AC enter amount overpaid   12 During the tax year, did the organization have an interest in or a signature or other authority over a finacial acocount (an Activities and Other	с	General business credit. Attach Form 3800 (see instructions)						
2       Subtract line 16 from Part II, line 7       2       Q.         3       Other amounts due. Check if from:       Form 425       Form 8691       Form 8697       Form 8697       Form 8697         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965.A, Part II, column (k)       5       0.         6       Payments: A 201 overpayments. Check if section 643(g) election applies       66       66         0       2022 estimated tax panyments. Check if section 643(g) election applies       66       6         0       2022 estimated tax panyments. Check if section 643(g) election applies       66       6         6       Development insurance premiums (attach Form 8941)       6f       6       7         9       Other credits, adjustments, and payments:       Form 2230 is attached       8       8         9       Tax due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         11       Enter the amount of line 10 you wart: Credited to 2023 estimated tax       Refunded       11	d	Credit for prior year minimum tax (attach Form 8801 or 8827)						
2       Subtract line 16 from Part II, line 7       2       Q.         3       Other amounts due. Check if from:       Form 425       Form 8691       Form 8697       Form 8697       Form 8697         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965.A, Part II, column (k)       5       0.         6       Payments: A 201 overpayments. Check if section 643(g) election applies       66       66         0       2022 estimated tax panyments. Check if section 643(g) election applies       66       6         0       2022 estimated tax panyments. Check if section 643(g) election applies       66       6         6       Development insurance premiums (attach Form 8941)       6f       6       7         9       Other credits, adjustments, and payments:       Form 2230 is attached       8       8         9       Tax due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         11       Enter the amount of line 10 you wart: Credited to 2023 estimated tax       Refunded       11	е	Total credits. Add lines 1a through 1d	1e					
Other (attach statement)       3         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 985A, Part II, column (k)       5       0.         6       Payments: A 201 overpayment credited to 2022       6a       6b       5       0.         6       Payments: A 201 overpayments: Check if section 643(g) election applies       6c       7c       5c, 161.       6c       7c       5c, 161.       6c       7c       5c, 161.       7c       7c <th>2</th> <th></th> <th>2</th> <th></th> <th>0.</th>	2		2		0.			
4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965.A, Part II, column (k)       6a       0.         6a       Payments: A2021 overpayment credited to 2022       6a       6b       6c         b       2022 estimated tax payments. Check if section 643(g) election applies       6c       6c       6c         c       Tax deposited with Form 8668       6c       6c       6c       6c         6       Ge       5       161.       6c	3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866						
section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         6a       Payments: A 2021 overgayment credited to 2022       5a       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5a       0.         6a       b       5a       0.         6a       b       5a       0.         6a       5a       0.       5a       0.         7       Tax deposited with Form 8868       6a       5.       5.       161.         6       Credit for small employer health insurance premiums (attach Form 8941)       6a       5.       161.         9       Credit tax panalty (see instructions). Check if Form 2220 is attached       9       7       5.,161.         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       9       10       5.,161.         9       Tax due. If line 7 is smaller than the total of lines 4. 5, and 8, enter amount overpaid       10       5.,161.		Other (attach statement)	3					
5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       6a         6       Payments: A 2021 overpayment credited to 2022       6a         b       2022 estimated tax payments. Check if section 643(g) election applies       6b         c       Tax deposited with Form 8868       6c         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d         Backup withholding (see instructions)       6d       5,161.         G       Ge       5,161.         G       Other credits, adjustments, and payments:       Form 2439         G       Form 4136       7       5,161.         8       Backup withholding (see instructions). Check if Form 2220 is attached       8         9       Total payments. Add lines 6a through 6g       7       5,161.         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       9       9         10       Overpayment. If line 7 is smaller than the total of lines 4,5, and 8, enter amount overpaid       10       5,161.         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         12       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did t	4	Total tax. Add lines 2 and 3 (see instructions).						
6a       Payments: A 2021 overpayment credited to 2022       6a       6a         b       2022 estimated tax payments: Check if section 643(g) election applies       6c       6c         c       Tax deposited with Form 8868       6c       6c       6c         Foreign organizations: Tax paid or withheid at source (see instructions)       6c       5,161.       6c         g       Credit for small employer health insurance premiums (attach Form 8941)       6d       5,161.       6d         g       Other       Total payments. Add lines 6a through 6g       7       5,161.       6g       7         Total payments. Add lines 6a through 6g       7       5,161.       6g       7       5,161.         g       Tax due, If line 7 is singler than the total of lines 4, 5, and 8, enter amount overpaid       10       5,161.         g       Tax due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5,161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       11       5,161.         Part IV       Statements Regarding Certain Activities and Other Information or other authority over a financial account (back, securities, or other) in a foreign country? If "Set, the organization may have to file       11       5,161.         g       During the tax year, did the organizat		section 1294. Enter tax amount here	4		0.			
b       2022 estimated tax payments. Check if section 643(g) election applies       6b       6c         c       Tax deposited with Form 8868       6c       6c         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d       6c         Backup withholding (see instructions)       6d       6c       5, 161.         g       Other credits, adjustments, and payments:       Form 2439       6g       7       5, 161.         g       Gg       7       5, 161.       6g       7       5, 161.         g       Estimated tax penalty (see instructions).       Other rotal age       7       5, 161.         g       Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9       9       10       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       11       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If *Yes," the organization may have to file       X       X         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If *Yes," enter the name of the foreign country here       X       X         2       Duri	5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.			
c       Tax deposited with Form 8868       6c       6d         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6c       6d         e       Backup withholding (see instructions)       6c       5, 161.         f       Credit for small employer health insurance premiums (attach Form 8941)       6d       6d         g       Other credits, adjustments, and payments:       Form 2439       6g       7         7       Total payments. Add lines 6a through 6g       8       9       7       5, 161.         8       9       Tax due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Yes       No         FincEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here       X       X         2       During the tax year, did the organization may have to file.       S       X	6a	Payments: A 2021 overpayment credited to 2022						
d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d         e       Backup withholding (see instructions)       6d         f       Credit for small employer health insurance premiums (attach Form 8941)       6d         g       Other credits, adjustments, and payments:       Form 2439       6g         g       Other credits, adjustments, and payments:       Other       Total       7       5,161.         g       Total payments. Add lines 6a through 6g       7       5,161.       6g       9         g       Total payments. Add lines 6a through 6g       7       5,161.       10       5,161.         g       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid       10       5,161.       11       5,161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       11       5,161.       11       5,161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       Yes       No         voer a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       X         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here       X         2       During the t	b	2022 estimated tax payments. Check if section 643(g) election applies 6b						
e       Backup withholding (see instructions)       6e       5,161.         f       Credit for small employer health insurance premiums (attach Form 8941)       6g       6g         g       Other credits, adjustments, and payments:       Form 4139       6g       7         Total payments. Add lines 6a through 6g       7       5,161.       8         Estimated tax penalty (see instructions). Check if Form 2220 is attached       9       9         10       Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5,161.         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         12       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes," enter the name of the foreign country here       X         2       During the tax year, did the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	с	Tax deposited with Form 8868						
f       Credit for small employer health insurance premiums (attach Form 8941)       6f         g       Other credits, adjustments, and payments:       Form 2439       6g       7         Total payments. Add lines 6a through 6g       7       Total payments. Add lines 6a through 6g       7       5, 161.         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       9       9         10       Overpayment. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9       9         10       Overpayment. If line 7 to surger than the total of lines 4, 5, and 8, enter amount owed       9       9         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign country       Yes       No         here	d							
g       Other credits, adjustments, and payments:       Form 2439	е	Backup withholding (see instructions) 6e 5,161.						
Form 4136       Other       Total 6g       7       7       5,161.         8       8       9       7       5,161.       8         9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9       9       10       5,161.         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5,161.       8         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         12       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         13       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         14       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         3       Enter available pre-2018 NOL carryovers here \$       Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.       5 </th <th>f</th> <th>Credit for small employer health insurance premiums (attach Form 8941) 6f</th> <th></th> <th></th> <th></th>	f	Credit for small employer health insurance premiums (attach Form 8941) 6f						
7       Total payments. Add lines 6a through 6g       7       5, 161.         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8       9         9       Tax due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid       9       9         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       9       9         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file.       Yes       No         2       During the tax year, did the organization neceive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X       X         1       "Yes," see instructions for other forms the organization may have to file.       X       X         2       During the tax year, did the organization may have to file.       S       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$       X         4       Enter available pre-2018 NOL carryover	g	Other credits, adjustments, and payments: Form 2439						
8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8         9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid       9         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         1       Fires," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$         4       Enter available pre-2018 NOL carryovers here       \$       Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.       5         5 </th <th></th> <th>Form 4136 Other Total 6g</th> <th></th> <th></th> <th></th>		Form 4136 Other Total 6g						
9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5, 161.         12       Statements Regarding Certain Activities and Other Information (see instructions)       11       5, 161.         13       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	7	Total payments. Add lines 6a through 6g	7	5,2	161.			
10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       5, 161.         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5, 161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       Image: the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8					
I1       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       5,161.         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       Yes       No         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         1       "Yes," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	9		9					
Part IV       Statements Regarding Certain Activities and Other Information (see instructions)         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$         4       Enter available pre-2018 NOL carryovers here       Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.       5         5       Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryover       \$         4       Business Activity Code       Available post-2017 NOL carryover       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X	10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10					
1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	-		11	5,	161.			
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country         here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)						
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country       X         Puring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a       X         foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         Enter the amount of tax-exempt interest received or accrued during the tax year       \$	1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	s No			
here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$								
2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       3         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       \$         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$		here			<u> </u>			
If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year\$	2							
<ul> <li>3 Enter the amount of tax-exempt interest received or accrued during the tax year\$</li></ul>					<u> </u>			
<ul> <li>4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.</li> <li>5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.</li> <li>Business Activity Code</li> <li>Available post-2017 NOL carryover</li> <li>§</li> <li>6a Did the organization change its method of accounting? (see instructions)</li> <li>b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"</li> </ul>		If "Yes," see instructions for other forms the organization may have to file.						
<ul> <li>shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.</li> <li>5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.</li> <li>Business Activity Code</li> <li>Available post-2017 NOL carryover</li> <li>\$</li> <li>6a Did the organization change its method of accounting? (see instructions)</li> <li>b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"</li> </ul>	3							
5       Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.         Business Activity Code       Available post-2017 NOL carryover         \$       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X	4				_			
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover \$ 6 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1		shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.						
Business Activity Code       Available post-2017 NOL carryover         \$       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X	5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce						
\$       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X         explain in Part V       V		the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.						
6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X         explain in Part V       X			arryove	r				
6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X         explain in Part V       X								
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V								
explain in Part V	6a				<u> </u>			
explain in Part V	b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"						
		explain in Part V						

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	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 taxpayer) is based on all information of which preparer has any knowledge.								
Here			PRESIDENT				May the IRS discuss this return with the preparer shown below (see		
	Signature of officer		Date Title			instructions)? X Yes No			
	Print/Type prepa	Print/Type preparer's name			Date	Check	if	PTIN	
Paid						self- employed			
Preparer	. LISA BUF	RKE	LISA BURKE		09/14/23	/23		P00220718	
Use Only		CBIZ MHM, LI	ΓC			Firm's EIN		34-1874260	
eee enig	700 WEST 47TH STREET, SUITE 1100								
	Firm's address KANSAS CITY, MO 64112					Phone no. 816-945-5500			
223711 01-16-2	23							Form <b>990-T</b> (2022)	
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2022.04020 WAYSIDE WAIFS, INC.