RETROACTIVE REINSTATEMENT 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public

A F	or the	2022 calendar year, or tax year beginning	and	ending				
	heck if pplicable	C Name of organization			D Employe	r identific	cation number	
	Addres	S VANTAGE POINT INC						
	Name change				35-2	690181		
	Initial return Final return/	Number and street (or P.O. box if mail is not de 2011 PALOMAR AIRPORT RD	E Telephone number 619-550-6078					
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receip	ts\$	222,802.	
	Ameno	carlsbad, ca 92011	0 1		H(a) Is this a	group re	eturn	
X	Application		ELE JODOCK		for subo	ordinates	? Yes 🗓 No	
	pendin	SAME AS C ABOVE			H(b) Are all sub	ordinates in	cluded? Yes No	
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. See instructions	
	Vebsit				H(c) Group 6	exemptio	n number	
		organization: X Corporation Trust As Summary	esociation Other	L Year	of formation: 2	020 N	1 State of legal domicile; CA	
_	1	Briefly describe the organization's mission or most	significant activities: VANTAG	E POINT A	SSISTS PEO	PLE		
Governance		VITH DISABILITIES TO OBTAIN COMPETITI						
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of it	s net ass	sets.	
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	3	
<u>م</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	2	
es 8		Γotal number of individuals employed in calendar y					0	
Activities		Γotal number of volunteers (estimate if necessary)					2	
Act		Γotal unrelated business revenue from Part VIII, co					0.	
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····			0.	
		2			Prior Yea	1,200.	Current Year	
ne	l					9,816.	221,835.	
Revenue	I		a.a.d 7d\			0.	0.	
Be		nvestment income (Part VIII, column (A), lines 3, 4				0.	0.	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			14	1,016.	222,802.	
		<u>Fotal revenue - add lines 8 through 11 (must equal</u> Grants and similar amounts paid (Part IX, column (0.			
	l	Benefits paid to or for members (Part IX, column (A	\ P 4\			0.	0.	
	45	Salaries, other compensation, employee benefits (I			6	7,688.	15,588.	
ses	16a	Professional fundraising fees (Part IX, column (A), I				0.	0.	
Expenses	b	Fotal fundraising expenses (Part IX, column (D), lin		0.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d	•		11	5,263.	234,459.	
	I	Fotal expenses. Add lines 13-17 (must equal Part I			18	2,951.	250,047.	
	19	Revenue less expenses. Subtract line 18 from line			<41	,935.>	<27,245.>	
Net Assets or Fund Balances				Ве	ginning of Curre	ent Year	End of Year	
sets	20	Fotal assets (Part X, line 16)				1.	2,362.	
t As	21	Fotal liabilities (Part X, line 26)				4,439.	114,045.	
		Net assets or fund balances. Subtract line 21 from	line 20		<84	,438.>	<111,683.>	
	ırt II	Signature Block						
		ties of perjury, I declare that I have examined this return,				-	knowledge and belief, it is	
true,	correc	, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowle	dge.		
٠.		Signature of officer			I Date			
Sigi		4ICHELE JODOCK, CEO			Date			
Her	е	Type or print name and title						
			Preparer's signature	1	Date	Check	PTIN	
Paid		Print/Type preparer's name	8/14/24	if				
	arer	Firm's name CBIZ MHM, LLC		self-employ	34-1884125			
	Only	Firm's address 4722 N 24TH ST, STE 300			FIIIII	O LIIN		
230	J ,	PHOENIX, AZ 85016			Phon	e no 602	-264-6835	
Mav	the IF	S discuss this return with the preparer shown abo	ve? See instructions		[1 HOH		X Yes No	
y		no retain the property chewit abo						

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Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	VANTAGE POINT ASSISTS PEOPLE WITH DISABILITIES TO OBTAIN COMPETITIVE	
	EMPLOYMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes A No
2	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes A No
4	,	urad by aypapaa
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported.	total expenses, and
 4а	100 000	221,835.)
4a	AT VANTAGE POINT, WE BELIEVE IN EMPOWERING INDIVIDUALS TO TAKE CONTROL	
	OF THEIR CAREER PATHS, AND WE ARE DEDICATED TO PROVIDING PERSONALIZED	
	SUPPORT AND RESOURCES TO HELP SELF-DETERMINATION CONSUMERS ACHIEVE	
	THEIR EMPLOYMENT GOALS. OUR PROGRAM OFFERS A RANGE OF SERVICES,	
	INCLUDING CAREER EXPLORATION, SKILLS ASSESSMENT, JOB SEARCH STRATEGIES,	
	RESUME DEVELOPMENT, INTERVIEW PREPARATION, AND ONGOING JOB RETENTION	
	SUPPORT. WITH OUR EXPERTISE AND COMMITMENT TO INDIVIDUALIZED CARE, WE	
	ARE EXCITED TO PARTNER WITH SELF-DETERMINATION CONSUMERS ON THEIR	
	JOURNEY TO MEANINGFUL AND FULFILLING EMPLOYMENT OPPORTUNITIES.	
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 expenses 178,729.	
		Form 990 (2022)

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Form 990 (2022) VANTAGE POINT 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>^</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		_v
	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		Х
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		Х
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		х
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? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2	2022) VANTAGE POINT INC	35-2690181	P	age 4
Part IV	Checklist of Required Schedules (continued)			
			Voc	Na

			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		Х
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		Х
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Α .
D	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			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		.,	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	Х	<u> </u>
ral				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			

	Check it Schedule O contains a response or note to any line in this Part V						┚
					Yes	No)_
а	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			1c	Х		

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1c X Form 990 (2022)

	990 (2022) VANTAGE POINT INC 35-269018	, т	P	age ɔ
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		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		х
g 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	7		
Ū	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	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
D	· · · · · · · · · · · · · · · · · · ·			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
		13a		
а		13a		
L	Note: 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 Star the amount of receives an hand	1		
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed temping convices during the tay year?	44-		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	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			_v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
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	l		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form **990** (2022)

If "Yes," complete Form 6069.

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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			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	3		
	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	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		17
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
_	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		Α
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	Elot the states with which a sopy of the Form societisquired to be mod	ادامه ه	ove ilek	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection, Indicate how you made those available. Check all that apply	s urily)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
10	(**************************************	d finan	nia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	ıaı	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MICHELE JODOCK - 619-550-6078			
	2011 PALOMAR AIRPORT RD STE 101 CARLSBAD CA 92011			

Form 990 (2022) VANTAGE POINT INC 35-2690181 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated amount of			
	hours per week	offi	, unle: cer ar	ss pe id a d	rson i irecto	s both or/trus	tee)	compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99/	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	In stit utio nal tru stee	 	Key employee	Highest compensated employee	er	10001120)		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) MICHELE JODOCK	1.00									
CEO		Х		Х				9,700.	0.	0.
(2) STEFAN RIEDL	0.00									
BOARD MEMBER (3) STACY DAVIS	0.00	Х						0.	0.	0.
BOARD MEMBER	0.00	x						0.	0.	0.
BOARD MEMBER		Λ						0.	0.	· ·
		1								
-										
		-								
		-								
		1								
		-								
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		1								
						-				
		1								
		1								
	•	•	•		•	•	•	•		- 000 (2222)

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Section A. Officers, Directors, 1	rustees, Key Emp	ploye	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			C)			(D)	(E)		(F)		
Name and title	Average	Average Position						Reportable	Reportable		Estima	ted
	hours per	. Son, amood porcon to bour an						compensation	compensation		amoun	t of
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	ation
	hours for	r dire				ped		organization	(W-2/1099-MISC	/	from t	he
	related	tee o	nste			ensa		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	Individual trustee or director	Institutional trustee		key employee	Highest compensated employee		1099-NEC)			and rela	ated
	below	vidua	itutio	Officer	empl	hest (Former			organizations		
	line)	lp II	Inst	Offi	Key	훈흡	For					
]										
										\neg		
		1 /										
		\vdash								+		
		\vdash				_				_		
		. !										
		Ш	Ш									
]										
					L							
		1 /										
		\vdash								_		
di Odina		ш			<u> </u>			9 700		0.		
1b Subtotal								9,700.		- +		0.
c Total from continuation sheets to Par								0.		0.		0.
d Total (add lines 1b and 1c)								9,700.		0.		0.
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Yes	No.
3 Did the organization list any former off	icer, director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J	for such individual									. L	3	Х
4 For any individual listed on line 1a, is th												
and related organizations greater than S	•		•					•	•		4	х
5 Did any person listed on line 1a receive												
• •	•				•			•			5	x
rendered to the organization? If "Yes." Section B. Independent Contractors	complete Schedule	<u> </u>	or su	ich ŗ	oers	on .					5	
1 Complete this table for your five highes										nsatio	on from	
the organization. Report compensation	-	ear e	ndin	ig w	ith c	or wi	<u>thin</u>		ear.			
(A)								(B)		_	(C)	
Name and busir	ness address	NOI	NE					Description of s	ervices	Со	mpensati	on
							\dashv					
							J					
							\dashv					
2 Total number of independent contractor	ors (including but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the org	ganization				(0						

35-2690181

Form 990 (2022) VANTAGE PO Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
				•	•	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
ran		Membership dues							
⊋ ë		Fundraising events							
ifts ar A		Related organizations							
a,e		Government grants (contri							
Sig		All other contributions, gifts,							
ber		similar amounts not included	-		967.				
Ę Ż	g	Noncash contributions included in I							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				967.			
					Business Code				
ø	2 a	CA DEPT OF REHABILI	TAT		561300	221,255.	221,255.		
r Vic	b	PRIVATE PAY			561300	580.	580.		
Se	С								
am	d								
Program Service Revenue	е								
Ā	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				221,835.			
	3	Investment income (includ	ling divid	dends, intere	est, and				
		other similar amounts)							
	4	Income from investment o	f tax-exe	empt bond p	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)			(") OH				
	7 a	Gross amount from sales of	 ``	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis	l l						
nue		and sales expenses	7b						
Revenue		. ,	7c						
		Net gain or (loss)							
ther	8 а	Gross income from fundraising	-	·					
ð		including \$ contributions reported on							
		Part IV, line 18	,	I .					
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin							
		Part IV, line 19	•	I					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances		10a	1				
	b	Less: cost of goods sold							
		Net income or (loss) from							
,					Business Code				
ons e	11 a								
ane	b								
eve	С								
Miscellaneous Revenue	d	All other revenue							
	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			222,802.	221,835.	0.	0.

232009 12-13-22

35-2690181

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 9,700. 9,700. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,888 5,888. 9 Other employee benefits 10 Payroll taxes Fees for services (nonemployees): Management а 362 362 Legal 8,479. 8,479 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 123,747 98,833 24,914 column (A), amount, list line 11g expenses on Sch O.) 1,700 1,700. 12 Advertising and promotion 258 258 13 Office expenses 27,186 27,186 Information technology 14 Royalties 15 22,297 22,297. 16 Occupancy 9.881 9,881, 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 572. 572 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) CAR EXPENSE 8,554. 8,554. SUPPLIES 7,312. 7,312. UTILITIES 5,417. 5,417. С GRANT WRITER 5,227. 5,227. 13,467. 3,920 9,547 All other expenses е 250,047 178,729 71,318 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form **990** (2022)

10530814 143399 549010

rm 990 (2022) VANTAGE POINT INC 35-2690181 Page **11**

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1.	1	2,362.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		1.	16	2,362.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
w	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
liqe		controlled entity or family member of any of thes	e persons	84,439.	22	114,045.
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, par	[
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		84,439.	26	114,045.
		Organizations that follow FASB ASC 958, che	ck here X			
Ses		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		<84,438.>	27	<111,683.>
Ba	28	Net assets with donor restrictions			28	
п		Organizations that do not follow FASB ASC 9				
Ţ		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Æ	32	Total net assets or fund balances		<84,438.>	32	<111,683.>
	33	Total liabilities and net assets/fund balances		1.	33	2,362.

Form 990 (2022) VANTAGE POINT INC 35-2690181 Page **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			802.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		250,	047.	
3	Revenue less expenses. Subtract line 2 from line 1	3	•	<27,2	45.>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	•	<84,4	38.>	
5	Net unrealized gains (losses) on investments	5				
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	<:	L11,6	83.>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	1 Accounting method used to prepare the Form 990: X Cash Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	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:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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		Х	
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			
			Form	990	(2022)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Ope

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** VANTAGE POINT INC 35-2690181 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 VANTAGE POINT INC 35-2690181 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1,200.	997.	2,197.
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						
4	Total. Add lines 1 through 3				1,200.	997.	2,197.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2,197.
Se	ction B. Total Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				1,200.	997.	2,197.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,197.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	313,212.
13	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 50	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	100.00 %
	Public support percentage from 2021					15	100.00 %
16	a 33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			Х
ı	o 33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			Ш
17	a 10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	rganization		
ı	o 10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b	o, check this box ar		Form 990\ 2022

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) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 6	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	an did not check a	DUX UH III IC 14, 198	a, or 190, crieck th	no dua anu see ins		

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Schedule A (Form 990) 2022 VANTAGE POINT INC 35-2690181 Page 4

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.)

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

	capporting diganizations (continued)			
			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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
-	tion of Type in Supporting Organizations	I	V	NI-
	Were a majority of the erganization's directors or tructoes during the tay year also a majority of the directors		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		
Sec	tion 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		100	110
-	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. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
D	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	O.F.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

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Schedule A (Form 990) 2022 VANTAGE POINT INC 35-2690181 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)								
_4	Add lines 1 through 3.								
_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 Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
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							
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see					
	instructions).								

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions		•	ĺ	Current Year					
1	Amounts paid to supported organizations to accomplish exe		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	3							
4	Amounts paid to acquire exempt-use assets			4						
_5	Qualified set-aside amounts (prior IRS approval required - pro		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						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022					
	Distribute black and a second for 2000 from Oasting O. Franco									
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									
	From 2017									
	From 2018									
	From 2019									
	From 2020									
	From 2021									
	Total of lines 3a through 3e									
	Applied to underdistributions of prior years									
	Applied to 2022 distributable amount									
-	Carryover from 2017 not applied (see instructions)									
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2022 distributable amount									
	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:									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021 Excess from 2022									

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the	organization V.	ANTAGE POINT	INC					35-2	er iden 690181		on nu	mber
Part I	Excess Bene	fit Transacti	ons (section 5			ion 501(c)(4), and sec		nizations (only).			
	Complete if the c					art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, line	40b.			
1 (a) Name of disqualified person		person (b) F	(b) Relationship between disqualified person and organization			ified (c	e) Description of trans	saction		(d) Corre		
(,			person and o	rganiza	alion	,	,			<u> </u>	es	No
											\dashv	
											+	
											+	
											-	
											\neg	
2 Enter the section		•	•	•		qualified persons duri			\$			
	ne amount of tax,					 ganization			\$			
2 2	,,	,,,				Jan			Ť —			
Part II	Loans to and	d/or From Int	erested Per	sons.								
	Complete if the o	organization ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, line	e 26; or if	the orga	anizatio	n	
	reported an amo	unt on Form 990	, Part X, line 5, 6	_					I/1 > A			
	Name of sted person	(b) Relationship with organization	(c) Purpose of loan	fror	oan to or m the ization?	(e) Original principal amount	(f) Balance due	(g) In default?	、 ľbý bi	oproved pard or mittee?	1 (1) **	/ritten ement?
				То	From			Yes N	o Yes	No	Yes	No
MICHELE J	ODOCK	CEO	OPERATIO	Х		84,439.	114,045.	Х	Х			Х
				-					_	-		₩
				-					+	-	 	-
				+					+	+		\vdash
									+			\vdash
												\vdash
												<u> </u>
Total	<u></u>	<u></u>			·····	\$	114,045.					
Part III	Grants or As		•									
	Complete if the c		vered "Yes" on	Form 9	990, Pa				1			
(a) Na	me of interested p	person	(b) Relationship interested pers the organiz	son an		(c) Amount of assistance	(d) Type assistand		(6	e) Purp assist		f
			-									
									1			

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

(a) Name of interested person		3b, or 28c.	T	(c) Cha	ring
(,	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation ues?
				Yes	N
rt V Supplemental Information.					
Provide additional information for respon	nses to questions on Schedule L (see i	nstructions).			
		·			
EDULE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS:				
NAME OF PERSON: MICHELE JODOCK					
PURPOSE OF LOAN: OPERATIONS					
TORTOBE OF HOME. OF HATTIONS					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

VANTAGE POINT INC		35-2690181
FORM 990, PART VI, SECTION B, LINE 11B:		
A COPY OF THE FORM 990 IS REVIEWED BY THE GOVERNING BODY.		
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL FEES :		
PROGRAM SERVICE EXPENSES	98,833.	
MANAGEMENT AND GENERAL EXPENSES	24,914.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	123,747.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	123,747.	
		_

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