

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

er social security numbers on this form as it may be made public

Depart Interna

| Department of the Treasury Internal Revenue Service | | Go to www.irs.gov/Form990 for in | | - | <u>-</u> | Inspection |
|--|----------------|--|----------------------------|--|--|---------------------------|
| For the 2 | 017 calend | ar year, or tax year beginning | and | ending | | |
| Check if applicable Address change | L. | organization RSTONE SUPPORTING ORGANIZA T 1 | TION | | D Employer identificat | tion number |
| Name change | Doing bi | usiness as | 45-429 | 95864 | | |
| Initial return Final return/ | Number 1080 | and street (or P.O. box if mail is not delivered to street ad 7 NEW ALLEGIANCE DRIVE | Room/suite 2 4 0 | E Telephone number 719-44 | 47-4620 | |
| termin- ated Amended | | own, state or province, country, and ZIP or foreign p | | G Gross receipts \$ H(a) Is this a group retui | 16,858,941 m | |
| Applica- tion pending | | nd address of principal officer JOHN MULDER AS C ABOVE | _ | α | for subordinates? H(b) Are all subordinates inclu | Yes X No |
| Tax-exem | npt status | 501(c)(3) 501(c) () ◀ (insert no.) | X 4947(a)(1) c | or527 | If "No," attach a list | t (see instructions) |
| J Website: | ► N/A | | 0 | - 1 | H(c) Group exemption n | number 🕨 |
| Corm of or | 1 | Cornoration X Trust Association | Other > | I Vear | of formation: 2012 NAS | tate of lenal domicile. T |

| | Appli | F Name and address of principal officer JOHN MULDER | for subordinates | o? ∐Yes X No |
|---------------------------------|--------|--|------------------------------|--|
| | pend | SAME AS C ABOVE | H(b) Are all subordinates ii | ncluded? Yes No |
| 1 T | ax-ex | rempt status 501(c)(3) 501(c)() ◀ (insert no.) X 4947(a)(1) or | 527 If "No," attach a | list (see instructions) |
| J۷ | Vebsi | ite: ▶ N/A | H(c) Group exemptio | |
| ∢ F | orm o | forganization: Corporation X Trust Association Other A L Y | ear of formation: 2012 N | $m{A}$ State of legal domicile: ${f T}{f X}$ |
| Pa | rt I | Summary | | |
| 9 | 1 | Briefly describe the organization's mission or most significant activities SUPPORT | OF | |
| ŭ | | CHRISTIAN COMMUNITY FOUNDATION DBA WATERSTON | E | |
| rna | 2 | Check this box If the organization discontinued its operations or disposed of n | sets | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 3 |
| 2 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| es (| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0 |
| viti | 6 | Total number of volunteers (estimate if necessary) | 6 | 1 |
| Activities & Governance | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 108,368. |
| 1 | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | | | Prior Year | Current Year |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | 989,181. | 13,780,033. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,176,515. | 2,452,659. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 49,334. | 625,379. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,215,030. | 16,858,071. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,628,389. | 2,342,943. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| х | b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-126 (17249) \/ CD | 147,475. | 225,102. |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,775,864. | 2,568,045. |
| | 19 | Revenue less expenses Subtract line 18 trom line 12 | <3,560,834. | > 14,290,026. |
| Ivet Assets or Fund Balances | | B NUV 1 3 2018 역 | Beginning of Current Year | End of Year |
| alar | 20 | Total assets (Part X, line 16) | 8,586,341. | 20,977,191. |
| 2.E | 21 | Total liabilities (Part X, line 26) OGDEN. UT | 0. | 0. |
| | | Net assets or fund balances Subtract line 21 from line 20 | 8,586,341. | 20,977,191. |
| Pa | ırt II | Signature Block | | |

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

| uuc, come | L' and complete. Declaration of property (outer than onle | oci / 15 basca on an information of whom pre | parer nas any knowledge. |
|------------------|--|--|--|
| Sign Here | Signature of others CHRIS START, TRUSTEE Type or print name and title | | 11/8/18 Date |
| Paid Preparer | Print/Type preparer's name KYLE FRITCH, CPA Firm's name EIDE BAILLY, LLE | Preparer's signature KYLE FRITCH, CPA | Date Check PTIN 11/05/18 self-employed P01313374 Firm's EIN 45-0250958 |
| Use Only | Firm's address 440 INDIANA ST., GOLDEN, CO 80401 | , STE 200 | Phone no. 3 0 3 - 77 0 - 57 0 0 |
| May the I | RS discuss this return with the preparer shown ab | ove? (see instructions) | X Yes No |

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

Form 990 (2017)

| Form | 1 990 (2017) TRUST 1 | 45-4295864 | Page 2 |
|------|--|---------------------------------------|-------------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission | | |
| | SUPPORT THE PURPOSES OF CHRISTIAN COMMUNITY FOUNDATION, | INC. DBA | |
| | WATERSTONE. | | |
| | | - | _ |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | □Yes | X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| • | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expense | s |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | | |
| | revenue, if any, for each program service reported | ,, | |
| 4a | (Code) (Expenses \$ 2,342,943. including grants of \$ 2,342,943.) (Revenue | ue \$ |) |
| | THE TRUST IS ORGANIZED AND OPERATED TO SUPPORT CHRISTIAN | N COMMUNITY | ′ |
| | FOUNDATION DBA WATERSTONE AND OTHER PUBLIC CHARITIES WHO | | |
| | FURTHERS WATERSTONE'S PURPOSES BY RECEIVING AND MANAGING | | 3 |
| | CONTRIBUTIONS TO SUPPORT THOSE MINISTRIES. | | |
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| 4h | (Code) (Expenses \$ | ue \$ |) |
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| 4d | Other program services (Describe in Schedule O) | | ·· <u>·</u> |
| -74 | (Expenses \$ including grants of \$) (Revenue \$ | ì | |
| 4e | Total program service expenses 2,342,943. | | |
| | | | |

Form **990** (2017)

Form 990 (2017) TRUST 1
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 | 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 | | | |
| | similar amounts as defined in Revenue Procedure 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 | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ., |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 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 | | х |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, VIII, 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 | | Х |
| 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 |
| С | 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 |
| 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 | - |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Α_ | |
| | 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 | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | | Х |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | |
| 19 | complete Schedule G, Part III | 19 | | X |
| | complete constant of the m | | <u> </u> | <u> </u> |

45-4295864

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WATERSTONE SUPPORTING ORGANIZATION

Form 990 (2017) TRUST 1
Part, IV: Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|-------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 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 | 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 | | 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 | | | . |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | | х |
| | Schedule L, Part I | 25b | | ^ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | , | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | l |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 | |
| 35a | 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 | | х |
| 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 in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | x | |

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| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | | | | |
|-----|--|-----------------|--------------|--|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | X | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 | | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b | 이 | 1 | | | | | | | | |
| С | Partition of the state of the s | | | | | | | | | | |
| | (gambling) winnings to prize winners? | | | | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | | | | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | X | | | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | X | | | | | | | |
| | 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 | | | | | | | |
| ь | If "Yes," enter the name of the foreign country | | 1 | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | l | . | l | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | | | |
| 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 | ⁷ 7a | ļ | Х | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ļ | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | i | | | | | | | |
| | to file Form 8282? | 7c | X | <u> </u> | | | | | | | |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year 2 | _ | | <u> </u> | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ļ | X | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | ļ | X | | | | | | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Ь— | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C' | 7 <u>h</u> | ļ | Ь— | | | | | | | |
| 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 | 1 | | | | | | | | |
| ь | 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 | - | | | | | | | | | |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | | | | | | |
| а | Gross income from members or shareholders 11a | - | | | | | | | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them) | | · | X | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b 0 | 12a | - | ^ | | | | | | | |
| | . , , , , , , , , , , , , , , , , , , , | - | |] | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10 | +- | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | ├ | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | | | | | | |
| Ь | 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 Enter the amount of reserves on hand 13b | 4 | | | | | | | | | |
| 140 | | 144 | ┼ | X | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14a | + | <u> </u> | | | | | | | |
| T, | | | | | | | | | | | |

Form 990 (2017) TRUST 1

45-4295864

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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 in 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 | | | | | | | | | | | |
| | 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 in Schedule O. | | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 1 | | | | | | | | | | | |
| 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? | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 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 | | X | | | | | | | | |
| 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 in Schedule O | 9 | | Х | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | | | | | | | |
| | | | Yes | No | | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | | | | |
| | 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 | | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | | | |
| b | Describe in 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 | | | - | | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | | | | |
| 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? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | | |
| | Other officers or key employees of the organization | 15b | | X | | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | | | | | |
| b | 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 | | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | vailab | le | | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cıal | | | | | | | | | |
| - | statements available to the public during the tax year | | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | | | |
| - | CHRISTIAN COMMUNITY FOUNDATION DBA WATERSTONE - 719-447-4620 | | | | | | | | | | | |
| | 10007 NEW ALLECTANCE DETUE COE 240 COLORADO SERINGS CO 809 | 21 | | | | | | | | | | |

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| (2017) | TRUST 1 | |
| | | |

45-4295864

Page 7

Form 990 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

| • • • | | | |
|---|---------|--|--|
| | 4 1 711 | | |
| Check if Schedule O contains a response or note to any line in this Par | τVII | | |
| Citothii Contodale o containe a respense or mete in any mis mis me | | | |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization r | (B) | | | (0 | >) | | | (D) | (E) | (F) |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|--------------------------------------|--|
| Name and Title | Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) RICHARD LAVINSKI TRUSTEE | 3.00 | x | | | | | | 0. | 0. | 0 |
| (2) JOHN MULDER TRUSTEE | 1.00 | - | | | | | | 0. | 200,386. | 33,346 |
| (3) CHRIS START | 1.00 | ^ | <u> </u> | | | | | | 200,300. | 33,340 |
| TRUSTEE | 51.00 | X | | | | _ | | 0. | 121,522. | 36,742 |
| | | | | | | | | | | |
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| | | 厂 | 厂 | | | | T | - | | |

| Section A. Officers, Directors, | Trustees, Key Em | ploye | ees, | and | <u> </u> | gne | st C | compensated Employe | es (continuea) | | | | |
|--|--|--|-----------------|----------------------|--------------------------------|----------|----------------------|--|---|--------------|---|-----------------------------|-----------------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | do d | not cl unles | (C Posi neck i | tion more rson irecto | | one h an itee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organization (W-2/1099-MI | no t s | Estil amo o compo froi orgai | m the nization relate | of ion on |
| • | 7 | | | | | | | | | | | | |
| | | H | | | - | _ | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | ┢ | ╁ | | | | | | |
| | | | | | <u></u> | <u> </u> | L | 0. | 321,9 | U8 | 70 | , 08 | <u> </u> |
| 1b Sub-total c Total from continuation sheets to Pa | art VII, Section A | | | | | | | 0. | 321,5 | 0. | | | 0. |
| d Total (add lines 1b and 1c) | · | | | | | | > | 0. | 321,9 | | 70 | ,08 | 8. |
| 2 Total number of individuals (including l compensation from the organization | | ose | liste | ed al | bov | e) w | ho r | eceived more than \$100 | 0,000 of reportab | le | | | C |
| compensation from the organization | ·· - | | | | | | | | | | | | No |
| 3 Did the organization list any former of line 1a? If "Yes," complete Schedule J | | | e, ke | y er | nplo | oyee | , or | highest compensated e | mployee on | | 3 | - | X |
| 4 For any individual listed on line 1a, is the | | | mp | ensa | atioi | n an | d ot | her compensation from | the organization | | , | | <u> </u> |
| and related organizations greater than | | | | | | | | | udu al fau annua | | 4 | X | |
| 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," | | | | | | | relat | ted organization or indiv | idual for services | 3 | | <u>-</u> | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five higher the organization. Report compensation. | | | | | | | | | | npens | ation fro | om | |
| (A) |) | care | , III | <u> </u> | *10.1 | 0 | | (B) | | | (C) | | |
| Name and busi CHRISTIAN COMMUNITY FO | | 1 (| 18(| 17 | N. | EW. | | Description of s | services | C | ompens | sation | |
| ALLEGIANCE DR., STE. 2 | | | | | | | | MANAGEMENT S | ERVICES | | 182 | ,16 | <u>.</u> 8 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | <u></u> . | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contract | ors (including but r | ot lir | nıte | d to | tho | se li | stec | d above) who received r | nore than | | | | |
| \$100,000 of compensation from the or | · · · · · · | | | | | 1 | | | | | | | |

Form 990 (2017) TRUST 1
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response i | or note to any lin | e in this Part VIII | | | |
|--|------|---|----------------------|---------------------|----------------------|--|---|---|
| | | Shown Goredaic O cont | ama a responde | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | - |
| | E | Membership dues | 1b | | | | | |
| | | : Fundraising events | 1c | | | | | |
| | | Related organizations | 1d | | | | | |
| | | Government grants (contribut | | | | | | |
| | | All other contributions, gifts, gran | | | | | | |
| | | | l I | 13,780,033. | | | | |
| 문항 | | similar amounts not included abo | | | | | | |
| ago | | Noncash contributions included in lines | 1a-1f \$ | 13,765,033. | 12 700 023 | | | 1 |
| <u>9 6</u> | r | Total. Add lines 1a-1f | | | 13,780,033. | | · | |
| | | | | Business Code | | | | |
| iğ | 2 a | · | | | | | | |
| - e | t | · | | | | | - | |
| Sel | c | · | | | | | | |
| E a | C | 1 | | L | | | <u></u> | |
| Program Service Revenue | • | • | | | | | | |
| <u>. </u> | f | All other program service reve | enue | | | | | ~ |
| | ç | Total. Add lines 2a-2f | | > | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | ▶ | 1,263,003. | | 100,180. | 1,162,823. |
| | 4 | Income from investment of ta | x-exempt bond p | roceeds > | | | | |
| | 5 | Royalties | | • | 625,379. | | | 625,379. |
| | | | (i) Real | (ii) Personal | | | | , |
| | 6 : | Gross rents | - (y rica) | (1) 1 0.001141 | | | | } |
| | | | | | | | | |
| | | Less rental expenses | | - | 1 | | | 1 |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | ▶ | | | | |
| } | 7 a | a Gross amount from sales of | (i) Securities | (ii) Other | | | | 1 |
| ì | | assets other than inventory | | 1,190,526. | | | ١ | |
| | t | Less cost or other basis | | | | | | l |
| | | and sales expenses | | 870. | | | | i |
| | • | Gain or (loss) | | 1,189,656. | | | | |
| | • | Net gain or (loss) | | | 1,189,656. | | 8,188. | 1,181,468. |
| evenue | 8 8 | Gross income from fundraisin including \$ | ng events (not of | | | | | |
| Š | | contributions reported on line | | | | | | , |
| | | Part IV, line 18 | a a | | | } | | |
| Other R | | Less direct expenses | a b | | | | | |
| ŏ | | • | | | | | | |
| | | Net income or (loss) from fund | | _ | | | | 1 |
| | 9 8 | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | | Less direct expenses | b | L | | | | |
| | • | Net income or (loss) from gan | ning activities | | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | t | Less cost of goods sold | b | | | | | |
| | | Net income or (loss) from sale | es of inventory | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | 3 | | | | | | • |
| | t | | | | | | | |
| | | - | | | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | • | <u> </u> | | | | |
| | 12 | Total revenue See instructions | | | 16 858 071, | 0. | 108 368, | 2,969,670. |

| For | m 990 (2017) TRUST 1 | | | 45-4 | 295864 Pa | <u>ige 10</u> |
|-----|--|---------------------------|------------------------------|---|--|---------------|
| Pa | art IX Statement of Functional Expense | es | | | | |
| Sec | tion 501(c)(3) and 501(c)(4) organizations must comp | plete all columns All oth | er organizations must co | omplete column (A) | | |
| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | | |
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |) |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,342,943. | 2,342,943. | | | |
| | | | | | | |

| Do r | not include amounts reported on lines 6b, | (A) | (B) | (C) Management and | (D) |
|-------|---|----------------|--------------------------|-----------------------|----------------------|
| 7b, i | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | 1 |
| | and domestic governments. See Part IV, line 21 | 2,342,943. | 2,342,943. | | |
| 2 | Grants and other assistance to domestic | | | | 1 |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | - |
| | organizations, foreign governments, and foreign | | | | 1 |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | • |
| 5 | Compensation of current officers, directors, | | i | | |
| | trustees, and key employees | | | | |
| . 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | , | | | |
| а | Management | 182,168. | | 182,168. | |
| ь | Legal | | | | |
| С | Accounting | 3,800. | | 3,800. | |
| d | Lobbying | | | - | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 36,248. | | 36,248. | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 9. | | 9. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | · | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | , | | |
| 23 | Insurance | | | | 3 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule O.) | 2 077 | | 2,877. | <u> </u> |
| а | LICENSES & TAXES | 2,877. | | 2,011. | |
| b | | - | | | · - |
| C | | | | | |
| d | | | <u>-</u> | | |
| _ | All other expenses | 2 560 045 | 2 242 042 | 225,102. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,568,045. | 2,342,943. | 445,104. | |
| 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 if following SOP 98-2 (ASC 958-720) | <u> </u> | | | |

Form 990 (2017)
Part X Balance Sheet

TRUST 1

| Part X | Balance Sneet | | | |
|--|---|--------------------------|------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 1 | |
| 2 | Savings and temporary cash investments | 377,533. | 2 | 702,879 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | 2,500 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. Complete | : | | |
| | Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ; | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | 158,124 |
| : 8 | Inventories for sale or use | | 8 | <u></u> |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10: | a Land, buildings, and equipment cost or other | | | |
| | basis Complete Part VI of Schedule D 10a | | | ····- |
| | b Less accumulated depreciation 10b | | 10c | |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| 13 | Investments · program-related See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 | 8,208,808. | 15 | 20,113,68 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 8,586,341. | 16 | 20,977,193 |
| 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 Part IV of Schedule D | | 21 | |
| 3 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| 22 | key employees, highest compensated employees, and disqualified persons | | | |
| } | Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24) Complete Part X of | | | |
| | Schedule D | | _25_ | |
| 26 | | 0. | 26 | |
| | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| <u>و</u> ا | complete lines 27 through 29, and lines 33 and 34. | 8,586,341. | | 20,977,19 |
| 27 | Unrestricted net assets | 0,300,341. | 27 | 20,311,13. |
| 28 | Temporarily restricted net assets | | 28 | |
| 29 | · · · · · · · · · · · · · · · · · · · | | 29 | |
| 2 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ | | | |
| 27 28 29 30 31 32 32 | and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| ို့ 31 | Paid-in or capital surplus, or land, building, or equipment fund | · · · · · · · · | 31 | |
| 32 | _ · | 0 506 241 | 32 | 20 077 10 |
| ^z 33 | Total net assets or fund balances | 8,586,341. | 33 | 20,977,193 |
| 34 | Total liabilities and net assets/fund balances | 8,586,341. | 34 | 20,977,193 |

45-4295864 Page 12 TRUST 1 Form 990 (2017) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 16,858,071. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,568,045. 2 Total expenses (must equal Part IX, column (A), line 25) 2 14,290,026. 3 Revenue less expenses Subtract line 2 from line 1 3 8,586,341. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\overline{<1,899,176.}>$ 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 20,977,191. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Both consolidated and separate basis Separate basis Consolidated basis X b Were the organization's financial statements audited by an independent accountant? 2b 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 Consolidated basis ___ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 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 in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Employer identification number 45-4295864

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 university 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 X 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 in 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (ı) Name of supported (ii) EIN (III) Type of organization in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) CHRISTIAN COMMUNITY FOUNDATION D/B/A W |75-1750059 X 2,342,943. 2,342,943. 0.

Schedule A (Form 990 or 990-EZ) 2017 TRUST 1

45-4295864 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support **(b)**/2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box, and stop here Section C. Computation/of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the ofganization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more/and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 P/ivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

| Part III Support Schedule for C (Complete only if you checked | - | | | | Part II If the organiz | ation/fails to |
|--|-------------------|----------------------|------------------------|--------------------|--|---------------------------------------|
| qualify under the tests listed be | | | organization falled | to quality under t | -art ii ii tile organiz | allor rails to |
| Section A. Public Support | slow, please com | Jiete Fart II j | | | | |
| alendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017/ | (f) Total |
| 1 Gifts, grants, contributions, and | (4) = 1 | ,,,, | | | | |
| membership fees received (Do not | | Į. | | | | |
| include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | 1 | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | ļ <i>/</i> | 1 | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | 1 | | | | |
| or expended on its behalf | | - | | | -1 | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | <u> </u> | | |
| the organization without charge | | | | 1 | | |
| 6 Total. Add lines 1 through 5 | | | | | | · · · · · · · · · · · · · · · · · · · |
| 7a Amounts included on lines 1, 2, and | | / | | | 1- | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | / | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | <u> </u> | | | | |
| ection B. Total Support | | | | | · | |
| alendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | | | | - | | |
| Oa 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in/Part VI) | | | | | | <u> </u> |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | L | 1 | | | |
| 14 First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | ation, |
| check this box and stop here | :- C | | | | | ▶∟_ |
| ection C. Computation of Publ | | | | | Tarl | |
| 5 Public support percentage for 2017 (I | | | column (f)) | | 15 | |
| 6 Public/support percentage from 2016 ection D. Computation of Investigation | | | <u> </u> | | 16 | |
| | | | | | 17 | |
| 7 Investment income percentage for 20 | | | ine 13, column (r)) | • | 18 | . |
| 8 Investment income percentage from a 9a/33 1/3% support tests - 2017. If the | | | on line 14 and lin | e 15 is more than | | |
| more than 33 1/3%, check this box a | | | | | | , 13 1101 |
| b 33 1/3% support tests - 2016. If the | | - | | | | and |
| line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 Private foundation. If the organization | | | | | | • |

Part IV | Supporting Organizations

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

| Section A. All Supporting Organization |
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- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | Yes | No |
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Schedule A (Form 990 or 990-EZ) 2017 $\, {
m TRUST} \, \, \, 1 \,$ 45-4295864 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) X below, the governing body of a supported organization? 11a X 11b b A family member of a person described in (a) above? X c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations No Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported X 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, X 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No 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 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 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 By reason of the relationship described in (2), 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 3 supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) Yes No Activities Test Answer (a) and (b) below. 2 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 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or За trustees of each of the supported organizations? 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 3b

Schedule A (Form 990 or 990-EZ) 2017 TRUST 1 45-4295864 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b **b** Average monthly cash balances 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 TRUST 1 45-4295864 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (ii) (mi) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 аĺ **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

| Schedule A | (Form 990 or 990-EZ) 2017 TRUST 1 | 45-4295864 Page 8 |
|------------|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions) | or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V. |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

WATERSTONE SUPPORTING ORGANIZATION

Open to Public Inspection

OMB No 1545-0047

Name of the organization

TRUST 1

Employer identification number 45-4295864

| Pai | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, In- | | or Accounts. Complete if the |
|-----|--|---|---|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | └─ Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | Yes |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | |
| | Preservation of land for public use (e g , recreation or e | ducation) Preservation of a hist | orically important land area |
| | Protection of natural habitat | Preservation of a cert | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | |
| | day of the tax year | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic struct | l i |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | e organization during the tax |
| | year - | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | • • | |
| | violations, and enforcement of the conservation easements if | | └ Yes └ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation easements during the year |
| - | | Una of welstage and enforcing concerns | then comments divine the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ation easements during the year |
| | Data and consequence assumed an line 2(d) above | re action, the requirements of section 170 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 8 | Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? | re satisfy the requirements of section 170 | Yes No |
| 0 | In Part XIII, describe how the organization reports conservati | on accomants in its revenue and expense | |
| 9 | include, if applicable, the text of the footnote to the organization | | |
| | | HOLLS IIII aricial statements that describes | the organization's accounting for |
| Pai | conservation easements III Organizations Maintaining Collections or | f Art Historical Treasures, or C | ther Similar Assets |
| | Complete if the organization answered "Yes" on Form | | |
| 12 | If the organization elected, as permitted under SFAS 116 (AS | <u></u> | ment and balance sheet works of art |
| Ia | historical treasures, or other similar assets held for public exh | · | |
| | the text of the footnote to its financial statements that descri | | and or public sorvice, provide, arr arram, |
| h | If the organization elected, as permitted under SFAS 116 (AS | | t and balance sheet works of art, historica |
| b | treasures, or other similar assets held for public exhibition, ed | • • | |
| | | ducation, or research in farther affect of pu | blic service, provide the following amount |
| | relating to these items (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | | | ► \$ ► \$ |
| ^ | (ii) Assets included in Form 990, Part X | acurae, or other cimilar assets for francis | |
| 2 | If the organization received or held works of art, historical tree | | a gain, provide |
| _ | the following amounts required to be reported under SFAS 1 | TO (AGO 300) relating to triese items | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | • |
| D | Assets included in Form 990, Part X | | ~ • |

TRUST 1 45-4295864 Page 2 Schedule D (Form 990) 2017 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) ☐ Public exhibition þ Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included ☐ No ☐ Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c c Beginning balance 1d Additions during the year 1e Distributions during the year 1f Ending balance Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Nο b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (e) Four years back (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment **b** Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other basis (other) depreciation basis (investment) 1a Land **b** Buildings c Leasehold improvements d Equipment e Other

Schedule D (Form 990) 2017

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

| WATERSTONE | SUPPORTING OR | GANIZATION | |
|--|----------------------------|--------------------------------------|-----------------------|
| Schedule D (Form 990) 2017 TRUST 1 | | | -4295864 Page 3 |
| Part VII Investments - Other Securities. | | | |
| . Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | - |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) ' | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation. Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | , <u></u> |
| (3) | | <u> </u> | |
| | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form COO Bort IV June | 11d See Form 000 Best V line 15 | |
| | Description | Tru See Form 930, Part X, line 13 | (b) Book value |
| TITLE CONTINUE THE EXTENDED DA | • | ID S-CORPS | 20,061,447 |
| (1) INVESTMENTS IN LIMITED PA (2) DEPOSITS HELD BY OTHERS | KIIVERDIIII D 111 | D COM D | 52,241 |
| | | | 32,212 |
| (3) (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | e 15) | > | 20,113,688. |
| | | <u> </u> | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | > |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 TRUST 1

45-4295864 Page 4

| $\overline{}$ | t XI Reconciliation of Revenue per Audited Financial Stateme | nte With Pevenue per B | eturn | O i rage i |
|---------------|--|-----------------------------------|--------------------|------------|
| Pal | TXI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ilita witti nevellue pei n | eturii. | |
| - | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 1 | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 2a | | |
| a | Net unrealized gains (losses) on investments | 2b | 1 | |
| b | Donated services and use of facilities | | 1 | |
| C | Recoveries of prior year grants | 2c 2d | 1 | |
| d | Other (Describe in Part XIII) | 20 | | |
| | Add lines 2a through 2d | | 2e 3 | · . |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 4.1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | onts With Exponent por | 5 Poturn | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents with Expenses per | neturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 - 1 | | |
| а | Donated services and use of facilities | 2a | - | |
| Ь | Prior year adjustments | 2b | 4 | |
| С | Other losses | 2c | <u> </u> | |
| đ | · | 2d | - <u>-</u> | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 4 | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| _5_ | | | 5 | |
| | rt XIII Supplemental Information. | | | |
| Prov | ide 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 add | litional information | | |
| | | | | |
| | | | | |
| PA | RT X, LINE 2: | | | |
| | | | | |
| WA' | TERSTONE SUPPORTING ORGANIZATION TRUST 1 (| TRUST 1) IS ORGA | MIZED AS | A |
| | | 7/3\/4\ AH M*** | | |
| NO | NEXEMPT CHARITABLE TRUST UNDER SECTION 494 | 7(A)(1) OF THE I | NTERNAL | |
| | | un duantmante co | NAMED T DOLLAR | ONT |
| RE | VENUE CODE (IRC). TRUST 1 QUALIFIES FOR T | HE CHARITABLE CO | MIKIBUTI | ON |

WATERSTONE SUPPORTING ORGANIZATION TRUST 1 (TRUST 1) IS ORGANIZED AS A
NONEXEMPT CHARITABLE TRUST UNDER SECTION 4947(A)(1) OF THE INTERNAL
REVENUE CODE (IRC). TRUST 1 QUALIFIES FOR THE CHARITABLE CONTRIBUTION
DEDUCTION UNDER SECTION 170 AND HAS REQUESTED NONPRIVATE FOUNDATION STATUS
UNDER SECTION 509(A)(3). TRUST 1 IS NOT TREATED AS EXEMPT FROM INCOME TAX
UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND, THEREFORE MUST ALSO
FILE A U.S. INCOME TAX RETURN FOR ESTATES AND TRUSTS (FORM 1041) FOR ANY
TAX YEAR IN WHICH IT HAS TAXABLE INCOME. TRUST 1 DID NOT INCUR
SIGNIFICANT INCOME TAX EXPENSE DURING THE YEAR ENDED DECEMBER 31, 2017.

45-4295864 Page 5 Schedule D (Form 990) 2017 TRUST 1 Part XIII Supplemental Information (continued) POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE ORGANIZATION'S FORM 1041 AND OTHER INCOME TAX FILINGS BY STATE, LOCAL, OR NON-U.S. TAX AUTHORITIES ARE NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS BEFORE 2014.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

TRUST

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

| | est information. |
|---|------------------|
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| , | ww.irs.ga |
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Employer identification number 45-4295864

WATERSTONE SUPPORTING ORGANIZATION **▼** Go t

Schedule I (Form 990) (2017) ů (h) Purpose of grant or assistance X Yes GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 2,342,943 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 75-1750059 General Information on Grants and Assistance (**b**) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization INC. D/B/A WATERSTONE - 10807 NEW CHRISTIAN COMMUNITY FOUNDATION COLORADO SPRINGS, CO 80921 ALLEGIANCE DR., STE. 240 or government Part Part II

Page 2

45-4295864

Schedule I (Form 990) (2017)

Part III

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ON N Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information SUPPORTED ORGANIZATION AND DUE TO THE RELATIONSHIP OF THE ORGANIZATIONS, FUNDS ARE DISTRIBUTED DIRECTLY FROM THE SUPPORTING ORGANIZATION TO THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients FURTHER MONITORING IS NECESSARY. (a) Type of grant or assistance 7 PART I, LINE Part IV

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Employer identification number 45-4295864

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

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

Schedule J (Form 990) 2017

45-4295864

TRUST

Schedule J (Form 990) 2017

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

Page 2

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-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | | (a)·(l)(B) | in column (B) reported as deferred on prior Form 990 |
| (1) TOHN MILTER | (1) | c | c | C | c | O | O | 0 |
| TRUSTEE | 3 3 | 169,371. | 31,015. | | 8,850 | 25,991. | 235,227. | 0 |
| (2) CHRIS START | ε | | 0 | | | | | 0 |
| TRUSTEE |) (E) | 114, | 7,083. | | 3,75 | 34,230. | 159,511. | 0 |
| | (E) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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Schedule J (Form 990) 2017

Page 3

45-4295864

Part III Supplemental Information Schedule J (Form 990) 2017

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

| 3 OR MORE | | | | Schedule J (Form 990) 2017 |
|--|--|--|--|----------------------------|
| PART I, LINE 3: THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THESE METHODS TO ESTABLISH THE COMPENSATION OF OFFICERS. | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Attach to Form 990. Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. WATERSTONE SUPPORTING ORGANIZATION Inspection

Employer identification number

45-4295864

TRUST 1 Part | Types of Property

| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · · · y | | | | | | | | |
|-----|---------------------------------------|----------------------------|----------------------------|---|---------------------------------|--------------|--------------------------|----------|------------------------|-----|
| | | Ch | (a) neck if olicable | (b) Number of contributions or Items contributed | (c) Noncash contr amounts repor | ted on | Method of noncash contri | | - | is |
| 1 | Art - Works of art | | | | | ., 3 | | | | |
| 2 | Art · Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | - | | | | | | |
| 4 | Books and publications | | | | | · | | | | |
| 5 | Clothing and household go | ods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | , | | | | | | |
| 8 | Intellectual property | | _ | | | | | | | |
| 9 | Securities · Publicly traded | | | | | | ! | | | |
| 10 | Securities - Closely held sto | ock | | | | | | | | |
| 11 | Securities - Partnership, LL | | | | | | | | | |
| | trust interests | | X | 7 | 12,797 | ,033. | APPRAISED | VALU | E | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation conf | tribution - | | | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation conf | tribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate · Commercial | | | | | | | | | |
| 17 | Real estate · Other | | X | 1 | 968 | ,000. | APPRAISED | VALU | E | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies | s | | | | | | | | |
| 21 | Taxidermy | | | | | | ı | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other (|) | | | | | | | | |
| 26 | Other (|) | | | | | | | | |
| 27 | Other (|) | | | | | | | | |
| 28 | Other (|) | | L | | | | | | |
| 29 | Number of Forms 8283 rec | • | | - • | | | | | _ | |
| | for which the organization of | completed Form 8283, F | Part IV, I | Donee Acknowled | gement | 29 | · | | 8 | |
| | | | | | _ | | | | Yes | No |
| 30a | During the year, did the org | • | | | | | - | | | |
| | must hold for at least three | · | the initia | al contribution, and | l which isn't requir | ed to be u | sed for | <u> </u> | | |
| | exempt purposes for the er | | | | | | | 30a | | X |
| | If "Yes," describe the arran | • | | | | | | | | |
| 31 | Does the organization have | • | • | • | - | | itions" | 31 | $\vdash \vdash \vdash$ | Х |
| 32a | Does the organization hire | or use third parties or re | elated or | rganizations to soli | cit, process, or sel | I noncash | | | | v |
| | contributions? | | | | | | | 32a | | X |
| | If "Yes," describe in Part II | | , | _ | | | | | | ' |
| 33 | If the organization didn't re | port an amount in colun | nn (c) fo | r a type of propert | y tor which columr | n (a) is che | cked, | | | |
| | describe in Part II | | | | | | | _ i l | . 1 | 1 1 |

| Schedule M | M (Form 990) 2017 TRUST 1 | 45-4295864 | Page 2 |
|------------|--|------------|---------------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information | | tion plete |
| | this part for any additional information | <u> </u> | |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.
WATERSTONE SUPPORTING ORGANIZATION TRUST 1

OMB No 1545-0047 Open to Public Inspection

Employer identification number 45-4295864

| FORM 990, PART IV, LINE 12B AND FORM 990, PART XII, LINE 2B & 2C: |
|---|
| THE ORGANIZATION IS INCLUDED IN THE FISCAL YEAR ENDING MARCH 31, 2018 |
| CONSOLIDATED FINANCIAL STATEMENTS OF CHRISTIAN COMMUNITY FOUNDATION. |
| |
| , |
| FORM 990, PART V, LINE 3B: |
| THE ORGANIZATION IS CLASSIFIED AS A SECTION 4947(A)(1) NONEXEMPT CHARITABLE |
| TRUST AND IS TREATED AS A PUBLIC CHARITY UNDER THE INTERNAL REVENUE CODE. |
| THEREFORE, THE TRUST IS FILING FORM 1041 INSTEAD OF FORM 990-T FOR TAXABLE |
| INCOME. |
| |
| FORM 990, PART VI, SECTION A, LINE 2: |
| JOHN MULDER, CHRIS START, AND RICHARD LAVINSKI HAVE A BUSINESS |
| RELATIONSHIP. |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: |
| THE BOARD OF TRUSTEES SHALL CONSIST OF NOT LESS THAN THREE NOR MORE THAN |
| FIVE PERSONS, PROVIDED HOWEVER, THAT AT ALL TIMES AT LEAST 51% OF THE |
| TRUSTEES SHALL BE APPOINTED BY THE BOARD OF DIRECTORS OF CHRISTIAN |
| COMMUNITY FOUNDATION (A RELATED EXEMPT ORGANIZATION). |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: |
| THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE |
| GOVERNING BODY. |
| |

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization WATERSTONE SUPPORTING ORGANIZATION | Page 2 Employer identification number |
|---|---------------------------------------|
| TRUST 1 | 45-4295864 |
| A COPY OF THE FORM 990 IS PROVIDED TO EACH TRUSTEE BEFORE | IT IS FILED AND |
| IS REVIEWED AT THE NEXT BOARD MEETING. IN ADDITION, THE | BOARD AUDIT |
| COMMITTEE OF CHRISTIAN COMMUNITY FOUNDATION, A RELATED EX | EMPT ORGANIZATION, |
| REVIEWS THE FORM BEFORE IT IS FILED WITH THE IRS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EACH TRUSTEE OF THE BOARD IS REQUIRED TO ANNUALLY REVIEW | AND FILE SIGNED |
| DECLARATIONS OF COMPLIANCE WITH THE POLICY, OR STATE POSS | IBLE EXCEPTIONS, |
| WHICH ARE REVIEWED AND APPROVED OR DISALLOWED BY THE BOAR | D. THE CONFLICT |
| OF INTEREST POLICY PROHIBITS A PERSON WITH A CONFLICT FRO | M PARTICIPATING IN |
| DISCUSSION ON A RELATED ISSUE, AND MUST BE EXCUSED FROM T | HE MEETING WHEN |
| VOTING TAKES PLACE. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON REQUEST. |
| | |
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SCHEDULE R

2017

OMB No 1545-0047

Employer identification number 45-4295864

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. WATERSTONE SUPPORTING ORGANIZATION

TRUST

1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part

| (a) | (q) | (0) | (p) | (e) | E |
|---|--|--|------------------------|-----------------------|--------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling |
| of disregarded entity | | foreign country) | | | entity |
| | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations. Compl | tions. Complete if the organization an | lete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt | rt IV, line 34, becaus | se it had one or more | related tax-exempt |

organizations during the tax year

| (a) | (q) | (0) | (p) | (e) | (t) | (6) | 000 |
|--|---------------------------|--------------------------|-------------|--------------------|-------------------------------|------------------|--------------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | Section 3 (2(b)) | z(b)(i.s) lled |
| of related organization | | foreign country) | section | status (if section | entity | entity? | 1.5 |
| | | | | 501(c)(3)) | | Yes | No |
| CHRISTIAN COMMUNITY FOUNDATION, INC. DBA | | | | | | | |
| WATERSTONE - 75-1750059, 10807 NEW | PROVIDE CHARITABLE GIVING | | | | | | |
| ALLEGIANCE DR., STE. 240, COLORADO SPRINGS, | SERVICES | TEXAS | 501(C)(3) | LINE 7 | N/A | | × |
| WATERSTONE SUPPORT POUNDATION, INC | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 84-1430063, 10807 NEW ALLEGIANCE DR., STE. | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| 240, COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | LINE 12B, II FOUNDATION D/B/A | | × |
| NATIONAL FOUNDATION, INC 54-1230512 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | MARYLAND | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | | × |
| CARY BROWN FAMILY FOUNDATION - 30-0298993 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | LINE 12C, | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | TEXAS | 501(C)(3) | III-FI | FOUNDATION D/B/A | | × |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ns for Form 990. | | | | Schedule R (Form 990) 2017 | (Form 990 |) 2017 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

732161 09-11-17 LHA

45-4295864

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) | (q) | (0) | (P) | (e) | (.) | (g) Section 512(b)(13) | h¥13) |
|--|-----------------------|--------------------------|-------------|--------------------|--------------------|---------------------------|----------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | controlled |) (1) |
| of related organization | | foreign country) | section | status (if section | entity | organization? | 2m2 |
| | | | | 501(c)(3)) | | Yes | ş |
| THE GENESIS FOUNDATION - 20-3076391 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | _ | × |
| JONNA AND JILL FOUNDATION, INC 26-2934739 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | TEXAS | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | ^ | × |
| MATTHEW 6:20 FOUNDATION - 20-4258300 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | TEXAS | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | _ | × |
| MORIAH FOUNDATION - 84-1547618 | SUPPORT ACTIVITIES OF | | | _ | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | POUNDATION D/B/A | _ | × |
| 24246 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | | × |
| OC INTERNATIONAL SUPPORT FOUNDATION - | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 26-4001813, 10807 NEW ALLEGIANCE DR., STE. | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| 240, COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | | × |
| PAPUA NEW GUINEA TRIBAL FOUNDATION - | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | - | |
| 27-1334147, 10807 NEW ALLEGIANCE DR., STE. | CHRISTIAN COMMUNITY | | | | COMMUNITY | _ | |
| 240, COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | | × |
| WATERSTONE SUPPORTING ORGANIZATION TRUST #2 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| - 45-4295983, 10807 NEW ALLEGIANCE DR., STE. | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| 240, COLORADO SPRINGS, CO 80921 | FOUNDATION | TEXAS | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | | × |
| 778 | SUPPORT ACTIVITIES OF | | | | CHRISTIAN | | |
| 10807 NEW ALLEGIANCE DR., STE. 240 | CHRISTIAN COMMUNITY | | | | COMMUNITY | | |
| COLORADO SPRINGS, CO 80921 | FOUNDATION | COLORADO | 501(C)(3) | LINE 12B, II | FOUNDATION D/B/A | _ | × |
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45-4295864 · Page 2

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Schedule R (Form 990) 2017 TRUST 1

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

| (k) Percentage ownership | | | related | Section 512(b)(13) controlled entity? | | | _ | | 90) 2017 |
|---|---|-----|--|--|---|---|-------------|------|----------------------------|
| (j) General or managing partner? Yes No | | - | d one or more | (h) Percentage | | | | | Schedule R (Form 990) 2017 |
| (i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065) | | | l, because it had | Share of Pend-of-year cassets | | | | | Sched |
| (h) Disproportionale allocations? Yes No | | | Part IV, line 34 | Share of total rincome | | | | | |
| (g) Share of end-of-year assets | | , ; | n Form 990, | | | | | | |
| (f) Share of total income | | | vered "Yes" o | (e) Type of entity (C corp, S corp, or trust) | : | | | | |
| 1 | - | | nization ansv | (d) Direct controlling entity | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | ete if the orga | (c) Legal domicile Direct (state or foreign country) | | | | | |
| | | | rust. Comple | Legal c (stal of cov | | | | | _ |
| (d) Direct controlling entity | | | oration or T | (b) Primary activity | i | | | | |
| (c) Legal domicile (state or foreign country) | | | le as a Corp uring the tax | Prin | | · | | | |
| (b) Primary activity | | | anizations Taxabl | Z c | | | | | |
| (a) Name, address, and EIN of related organization | | | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year | (a) Name, address, and EIN of related organization | | | | | 9-11-17 |
| | | | Part IV | | | | | | 732162 09-11-17 |

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Schedule R (Form 990) 2017

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

| | | 1 | | | | H |
|--|------------------------|----------------------------|---|----------|-------|--------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | Ŷ |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more rel | ated organizations listed | in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity | | | | 4 | | × |
| Otherwise or control control of the velocity o | | | | ş | × | |
| | | | | 2 | | þ |
| Giff, grant, or capital contribution from related organization(s) | | | | ပု | | 4 |
| d Loans or loan guarantees to or for related organization(s) | | | | 7 | | × |
| | | | | Ş | | × |
| Loans or loan guarantees by related organization(s) | | | | D. | | |
| | | | | | | |
| f Dividends from related organization(s) | | | | = | | × |
| | | | | 5 | | × |
| | | | | 2 | | : ; |
| h Purchase of assets from related organization(s) | | | | = | | × |
| i Exchange of assets with related organization(s) | | | | F | | × |
| i lease of facilities equiniment or other assets to related organization(s) | | | | 7 | | × |
| ן במספר כן ומכווונים, כלייושונין, כן כניופן מספרט כל ופומנים כן שנייבמוסין, כן | | | | | | |
| | | | | | | þ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | | 4 |
| I Performance of services or membership or fundraising solicitations for related organization(s) | nization(s) | | | = | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | £ | × | |
| n Sharing of facilities equipment mailing lists or other assets with related organization(s) | (s)uc | | | = | | × |
| | (2)10 | | | | > | |
| Sharing of paid employees with related organization(s) | | | | 은 | ↿ | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 5 | | × |
| | | | | 5 | | × |
| | | | | 2 | | |
| | | | | | | þ |
| Other transfer of cash or property to related organization(s) | | | | = | | 4 |
| s Other transfer of cash or property from related organization(s) | | | | 18 | j | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | is line, including covered | information on who must complete this line, including covered relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amount involved | wolved | | |
| | type (a·s) | | | | | |
| (1) | | | | | | |
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| (2) | | | | | | |
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| (3) | | | | | | |
| (4) | | | | | | |
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| (5) | | | | | | |
| (9) | | | | | | |
| χ ² 22163 09-11-17 | | | Schedule R (Form 990) 2017 | R (For | 1 990 |) 2017 |
| | | | | • | : | |

45-4295864 Page 4

WATERSTONE SUPPORTING ORGANIZATION

Schedule R (Form 990) 2017 TRUST 1

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

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

| æ | ercentage ownership | | | | | | | | | | | | | | | | | | | | | | | | 990) 2017 |
|-----------------|---|-------------------|------|---|---|---|----------|---|---|---|------|--|---|----|---|---|---|--|--|---|------|---|---|---|----------------------------|
| 3 | anaging artner? | Yes No | | | 1 | | | _ | _ | | | | | | _ | _ | L | | | | | _ | | | (Form |
| 8 | amount in box 20 managing ownership of Schedule K-1 | (Form 1065) Ye | | | | | <u>-</u> | | | , | | | , | | | | i | | | | | | _ | | Schedule R (Form 990) 2017 |
| Ξ | Dispropor- tionate allocations? | Yes No | | _ | | | | | | | | | | ļ_ | | | | | | | | | | | |
| (6) | ~ <u>~</u> | assets Y | - | | | - | | | | | | | | | | | | | | | | | | | |
| € | Share of total | income | | | | | | | | | | | | | | | | | | | | | | | |
| (e) | Are all partners sec 501(c)(3) orgs? | Yes No | | - | 1 | | | | 4 | | | | | F | | | | | | _ | | | | _ | |
| (g) | Predominant income (related, unrelated, excluded from tax under | sections 512-514) | | | | • | | | , | | | | | | | | | | | | | | | | |
| (0) | ë ë | country) | | | | | | | | | | | _ | | | | | | | | | | | | |
| (p) | Primary activity | | | | | | | | | | | | | | | | | | | | | | • | | |
| (a) (b) (c) (d) | Name, address, and EIN of entity | | | | | | | | | | | | | | | | | | | | | | | | |

TRUST 1

Schedule R (Form 990) 2017

45-4295864 Page 5

Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions PART II. IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: CHRISTIAN COMMUNITY FOUNDATION, INC. DBA WATERSTONE EIN: 75-1750059 10807 NEW ALLEGIANCE DR., STE. 240 80921 COLORADO SPRINGS, CO NAME OF RELATED ORGANIZATION: WATERSTONE SUPPORT FOUNDATION, INC. DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: NATIONAL FOUNDATION, INC. DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: CARY BROWN FAMILY FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: THE GENESIS FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: JONNA AND JILL FOUNDATION, INC. DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE

WATERSTONE SUPPORTING ORGANIZATION 45-4295864 Page 5 TRUST 1 Schedule R (Form 990) 2017 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. NAME OF RELATED ORGANIZATION: MATTHEW 6:20 FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: MORIAH FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: ROUGH ACRES FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: OC INTERNATIONAL SUPPORT FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION: PAPUA NEW GUINEA TRIBAL FOUNDATION DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE NAME OF RELATED ORGANIZATION:

WATERSTONE SUPPORTING ORGANIZATION TRUST #2

DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE

NAME OF RELATED ORGANIZATION:

OVERFLOW, INC.

DIRECT CONTROLLING ENTITY: CHRISTIAN COMMUNITY FOUNDATION D/B/A WATERSTONE