EXTENDED TO NOVEMBER 16, 2020

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

Do not enter social security numbers on this form as it may be made public.

		nue Service	Go to www.irs.gov/Form990 for instru	ctions an	d the latest	information.		// Inspection
A F	or the	e 2019 cale	ndar year, or tax year beginning		dending			
B	Addre	" MAI	of organization PERSTONE SUPPORTING ORGANIZATIONS 1)N		D Employer ide	entific	ation number
H	_]chang ∏Name					45-429	586	54
H	_]chang ∏Initial		business as	-)	Room/suite	†		
누	_]return _]Final		per and street (or P.O. box if mail is not delivered to street address 107 NEW ALLEGIANCE DRIVE	s)	240	719-44		1620
_	return. termir				1240	G Gross receipts \$., -	15,079,057.
	ated ∏Amen		r town, state or province, country, and ZIP or foreign postal ORADO SPRINGS, CO 80921	code				
느	ireturn Applic	COL			1	H(a) Is this a gro	•	
	ition pendi	ng SAME	and address of principal officer JOHN MULDER AS C ABOVE		<u> </u>	for subordin	iates inc	eluded? Yes No
		empt status		4947(a)(1)	or 527	7		ist (see instructions)
<u>J \</u>	<u>Vebsi</u>	te: WWW	.WATERSTONE.ORG			H(c) Group exer		
		forganization:		r 🕨 🖊	Year	of formation: 201	. 2 M	State of legal domicile: TX
Pa	art I	Summa	·		/			
•	1		ribe the organization's mission or most significant activities			IE PURPOSE	<u>s o</u>	<u> </u>
ž		CHRIST	IAN COMMUNITY FOUNDATION DBA W	ATER:	STONE.			
Governance	2	Check this	box 🕨 🔲 if the organization discontinued its operation	s or dispo	sed of more	than 25% of its ne	et asse	
Š	3	Number of	voting members of the governing body (Part VI, line 1a)				3	3
Ğ	4	Number of	ndependent voting members of the governing body (Part VI	, line 1b)			4	1
φ 9	5	Total numb	er of individuals employed in calendar year 2019 (Part V, line	e 2a)			5	0
Activities &	6	Total numb	er of volunteers (estimate if necessary)				6	1
ई	7 a	Total unrela	ted business revenue from Part VIII, column (C), line 12				7a	3,398,639.
⋖	ь	Net unrelate	ed business taxable income from Form 990-T, line 39				7b	<u> </u>
						Prior Year		Current Year
4.	8	Contribution	ns and grants (Part VIII, line 1h)			33,893,02	5.	10,683,896.
Revenue	9	Program se	rvice revenue (Part VIII, line 2g)				0.	0.
Š	10	•	income (Part VIII, column (A), lines 3, 4, and 7d)			29,044,32	7.	4,322,956.
æ	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			32,26		70,060.
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A),	line 12)		62,969,61	4.	15,076,912.
	13		similar amounts paid (Part IX, column (A), lines 1-3)			21,488,71	3.	8,158,572.
	14		d to or for members (Part IX, column (A), line 4)				0.	0.
	45	•	ner compensation, employee benefits (Part IX, column (A), III	nes 5-10)			0.	0.
Ses	16a		Il fundraising fees (Part IX, column (A), line 11e)				0.	0.
Expenses	h		using expenses (Part IX, column (D), line 25)		0.			
Ž	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,130,35	7.	308,283.
_		•	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,619,07	0.	8,466,855.
		•		FIVE	=D	37,350,54		6,610,057.
		i levellue les	is expenses outdate line to normale to			ginning of Current Y		End of Year
t Assets or land Balances	20	Total accets	(Part X, line 16)		11-2	33,422,21		33,687,871.
SSE	21		s (Part X, line 16) les (Part X, line 26)	7 2 9 2	1070 P	3,486,67	-	0.
Net /	22		or fund balances Subtract line 21 from line 20			29,935,53		33,687,871.
	rt II			D - 1	UT	1		
Hnd	er nenz	_	y, I declare that I have examined this return, including accompanying		s and statem	ents, and to the best	of mv	knowledge and bolief, it is
			ete. Declaration of preparer (other than officer) is based on all inform				- · · · · · · · · · · · ·	,
u uc,	COITE	I, and comple	I'm som. Trustu	ination of the	rition propuls	16/1	12/	10
C:	_	Sioner	ure of officer			Date	<u>~</u>	
Sig		'	IS START, TRUSTEE					
Her	е		or print name and title					
		ļ'	· · · · · · · · · · · · · · · · · · ·		1	Date Che	ck	PTIN
			reparer's name Preparer's signature	ם עם		L0/14/20 self		- J∣
Paid		_	RITCH, CPA KYLE FRITCH	H, <u>CP</u>	<u>n</u>			15-0250958
	arer	Firm's name	110			Fırm's Ell	v 🕦 -	13 0230330
use	Only	Firm's addre				D	970)-223-8825
		<u> </u>	GOLDEN, CO 80401-5021			I Phone no	. 5 / (
			his return with the preparer shown above? (see instructions		 			X Yes No
9320	01 01-2	0-20 LHA	For Paperwork Reduction Act Notice, see the separate	instructi	ons.			Form 990 (2019)

Form	990 (2019) TRUST 1	45-429	5864	Page 2
Pai	rt III Statement of Program Service Accomplishments			i ugo –
	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. DB	Α	
	WATERSTONE.	TINC: DD		
	WAI BROIOND:			
	Did the organization undertake any significant program services during the year which were not listed on the			
2			□vac [X No
	prior Form 990 or 990-EZ?		165 [<u> </u>
_	If "Yes," describe these new services on Schedule O	n		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	•	1es [21 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, a			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total ex	penses, and	1
	revenue, if any, for each program service reported		70 0	60.)
4a	(Code) (Expenses \$ 8,158,572. including grants of \$ 8,158,572.) (Rev	enue \$		00.
	THE TRUST IS ORGANIZED AND OPERATED TO SUPPORT CHRISTIAL	N COMMON	111	
	FOUNDATION DBA WATERSTONE AND OTHER PUBLIC CHARITIES WHO	ANDW ACC	ADIR	
	FURTHERS WATERSTONE'S PURPOSES BY RECEIVING AND MANAGING	G CHARIT	ABLE	
	CONTRIBUTIONS TO SUPPORT THOSE MINISTRIES.			
4b	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
			-	
4c	(Code) (Expenses \$	enue \$)
_				
4d	Other program services (Describe on Schedule O)		<u> </u>	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,158,572.			
			Form 99	0 (2019)

WATERSTONE SUPPORTING ORGANIZATION -4295864 TRUST 1 Page 3 Form 990 (2019) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes " complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes." complete Schedule C. Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes." complete Schedule C. Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-197 /f "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes." complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV 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 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

18

19

20a

20b

X

X

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G. Part III

TRUST 1 45-4295864 Form 990 (2019) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 27 If "Yes." complete Schedule I. Parts I and III 22 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 X 23 Schedule J 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 X 24a Schedule K If "No." go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 d 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 X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes, " complete Schedule L, Part IV X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes." complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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? X If "Yes." complete Schedule R. Part V. line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 5 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

X

Form **990** (2019)

(gambling) winnings to prize winners?

Form	990 (2019) TRUST 1 45-4295	<u>864</u>	Р	age (
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	l		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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)		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	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		Ļ_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ŀ
	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	-
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Cross income from other payings (Do not not execute due or paid to other sources against			1
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0.	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O			$\overline{}$
h	Enter the amount of reserves the organization is required to maintain by the states in which the			l
b	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			$\overline{}$
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) TRUST 1

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

_	Check if Schedule O contains a response or note to any line in this Part VI	_		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	i		
ь	Enter the number of voting members included on 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?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		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
ь	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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		Х
b	Other officers or key employees of the organization	15b		Х
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılal	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınanc	ıal	
	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			
	10807 NEW ALLEGIANCE DRIVE, STE. 240, COLORADO SPRINGS, CO 8092	L		

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

Employees, and Independent Contractors

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

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

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

Check this box if neither the organization no	organization compensate					sate	ed any current officer, d	rector, or trustee.		
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson :	s both	n an	compensation	compensation	amount of
	week	⊢	cer an	aaa	recto	r/trus	188)	from	from related	other
	(list any	1 5 E						the	organizations	compensation
	hours for	ē	as a			ated		organization	(W-2/1099-MISC)	from the
	related	stee	trust		<u></u>	pens		(W-2/1099-MISC)		organization
	organizations	를	onal		e le	E 8				and related
	below tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD LAVINSKI	1.00	트	트	0	×	포함	Œ.			
TRUSTEE	3.00	x						0.	0.	0.
(2) JOHN MULDER	1.00						<u> </u>			
TRUSTEE	51.00	x				i		0.	250,702.	24,574.
(3) CHRIS START	1.00									•
TRUSTEE	51.00	x						0.	167,581.	45,128.
		\vdash				\vdash	_			
		\vdash								
										•
							_			
		\vdash	Н			Н	_			
-										
	-							 		
			Щ			Щ				
								•		
			\vdash		_	\vdash				
· · · · · · · · · · · · · · · · · · ·								<u> </u>		

WATERSTOI Form 990 (2019) TRUST 1	NE SUPPO	RT	'IN	IG	OR	(GA	NI	ZATION	45-42	<u> 2958</u>	64	Р	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for	(do not check in box, unless pers officer and a dir			c) sition more rson i	than one of the ore	one an ee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MIS	s	(F) Estimate amount other compensa		
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			-	nızat relat nızatı	ed
1b Subtotal								0.	418,28	33.	69	,7	02.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		ose	liste	d at	oove) wh	> > o re	0. 0. eceived more than \$100,	418,28		69	,7	0.
compensation from the organization Did the organization list any former officer,	director, truste	 ee, k	ev e	empl	love	e, or	hig	hest compensated emp	loyee on			Yes	No.
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su and related organizations greater than \$150	<i>uch individual</i> im of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t		-	3	x	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch ı	oers	on_					5		Х
Complete this table for your five highest co- the organization. Report compensation for (A)	the calendar ye							the organization's tax y	ear		(C))	
Name and business CHRISTIAN COMMUNITY FOUND ALLEGIANCE DR., STE. 240,	ATION,		80'	7 :	NE	W		Description of s			208		-
	 						-						
							1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) . TRUST 1
Part VIII Statement of Revenue

45-4295864 Page 9

	_		Check if Schedule O con	ntains a	response	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
	_		F. J. M. J. S.		Ta-1	· · · · · · · · · · · · · · · · · · ·				
nts ots	1		Federated campaigns		1a					
3ra Iou			Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events		1c					
HE HE		d	Related organizations		1d	7,646,695.				
s, i		e	Government grants (contribute	tions)	1e					
<u> </u>		f	All other contributions, gifts, grain	nts, and	1					
bel			similar amounts not included abo	ove	1f	3,037,201.				
Ēģ		g	Noncash contributions included in lines	s 1a-1f	1g \$	3,037,201.				
Ş		•	Total. Add lines 1a-1f			•	10,683,896.			
<u> </u>		<u> </u>	, , , , , , , , , , , , , , , , , , , ,			Business Code				
_	_	_								
ice	2							-	-	
e e		b								
n S		С								
ran Sev		d				_				
Program Service Revenue		е								
ď		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	g divide	ends, intere	st, and				
			other similar amounts)		- 1	>	1,433,680.		851,798.	581,882.
	4		Income from investment of ta	ax-exer	npt bond p	roceeds >				
	5		Royalties			•				
	_		,		(i) Real	(II) Personal				
	6	2	Gross rents 6a	<u></u>						
	Ŭ		Less rental expenses 6							
			Rental income or (loss)							
				<u> </u>						'
			Net rental income or (loss)	[n]	Securities	(II) Other				
	7	а	Gross amount from sales of	——	securities	, <u>, , , , , , , , , , , , , , , , , , </u>				
			assets other than inventory 7	a		2,891,421.				
		b	Less cost or other basis	:					:	
ä			and sales expenses 7			2,145.				
Other Revenue		С	Gain or (loss)	<u>c </u>		2,889,276.				
æ		d	Net gain or (loss)		_	•	2,889,276.		2,546,841.	342,435.
ē	8	а	Gross income from fundraising e	events (not					
∌			including \$		_ of					
			contributions reported on line	e 1c) S	See					
			Part IV, line 18	•	8a					
		h	Less direct expenses		8b					
			Net income or (loss) from fun	draisin						·
			Gross income from gaming a					-		
	9	a		CHAINE					:	
			Part IV, line 19		9a					
			Less direct expenses		<u>9b</u>					
			Net income or (loss) from gan	-						
	10	а	Gross sales of inventory, less	s return	ıs	İ				
			and allowances		10a					
		b	Less cost of goods sold		10b					
		С	Net income or (loss) from sale	es of in	ventory	.				
						Business Code				
Snc	11	а	REFUND OF FEDERAL TAX	PAYME	NTS	900099	70,060.	70,060.		
JE ST		b								
el a		c								
Miscellaneous Revenue			All other revenue		<u> </u>					
Ξ			Total. Add lines 11a-11d				70,060.			
		-					15,076,912.	70,060.	3,398,639.	924,317.
	12		Total revenue. See instructions					,	-,,,-	Form 990 (2019)
93200	9 01-	20-2	/U							(2013)

Form 990 (2019) TRUST 1

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Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (A)
Total expenses Do not include amounts reported on lines 6b. Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to domestic organizations 8,158,572. 8,158,572. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees) 11 a Management 47,890. 47,890. Legal b 4,042. 4,042. Accounting Lobbying d Professional fundraising services. See Part IV, line 17 208,177. 208,177. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 48,135. 48,135 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 39. 39 13 Office expenses -Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) e All other expenses Total functional expenses. Add lines 1 through 24e 8,466,855. 8,158,572. 308,283. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

Form 990 (2019) 45-4295864 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1,760,628. 1,055,034. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 128,376. 308,997. Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation **10**b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 32,323,840. 31,533,212. 33,422,216. 15 Other assets See Part IV, line 11 15 33,687,871 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 3,486,679. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 3,486,679. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 33,687,871. 29,935,537. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund

33,687,871. Form **990** (2019)

33,687,871.

31

32

29,935,537.

216

422,

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2019) TRUST 1	<u>45</u> -	4295	864	Pag	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,46		
3	Revenue less expenses Subtract line 2 from line 1	3		,61		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,93		
5	Net unrealized gains (losses) on investments	5	<u> </u>	<u>, 85</u>	<u>7,7</u> :	<u>23.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,	i				
	column (B))	10	<u>33</u>	<u>, 68</u>	7,8	<u>71.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ـــــــــــــــــــــــــــــــــــــــ
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	<u> </u>			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					J
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	lıt			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Employer identification number 45-4295864

Pa	irt I	Reason for	Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	e instructions	
The	organ	zation is not a priv	ate found	ation because it is (f	For lines 1 through 12, o	heck only	one box)		\sim
1	Ň				n of churches described			I)(A)(i).	110
2	一	A school describe	ed in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ))		
3	一				anization described in s			i).	•
4	一	•	•	-				n 170(b)(1)(A)(iii). Enter	the hospital's name,
•		city, and state	.						•
5			perated fo	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental unit describe	ed in
•	ш	section 170(b)(1					, 3-		
6					nental unit described in	section 17	70/h)/1)(A)	(v)	
7	=		•	•				unit or from the general p	oublic described in
•		section 170(b)(1)		-	mai part of its support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ann or norm are general p	
۰					1)(A)(vi). (Complete Par	+ 11 \			
8	\vdash						ed in conii	inction with a land-grant	college
9								, and state of the college	
			non-ianu-g	rant college of agrici	ulture (see instructions)	chier life i	iairie, city	, and state of the college	· OI
40		university		llu	then 22 1/20/ of its our	nort from c	ontributio	ne momborehin foos an	d gross receipts from
10		•		•				ns, membership fees, an i 33 1/3% of its support f	
								red by the organization a	
					(less section of reax) in	oni busines	sees acqui	red by the organization of	inter durie 60, 1576
11		See section 509(vely to test for public sa	faty See	section 5	19/2)/4)	
	X	•	•	•	-			ns of, or to carry out the	nurposes of one or
12		-						See section 509(a)(3).	
					supporting organization				
а	X	_ ~		• • •				anization(s), typically by	aivina
a		,,		•			_	tors or trustees of the su	
				complete Part IV, Se		·····ajomty o			9
h		_ •		•		tion with its	s supporte	d organization(s), by hav	ına
								ntrol or manage the supp	
				t complete Part IV,		umo porco		ita o, o. manago ano oapp	
_		_ •		•		ın connect	ion with a	and functionally integrate	d with.
C	L			-	You must complete				
4		, ''	_		•			vith its supported organiz	ration(s)
u	<u> </u>		-	_				urement and an attentiv	The state of the s
					nplete Part IV, Sections				
e		_ '		•	written determination fro				
-					nally integrated supporti			· , po ., · , po	
f	Ente	er the number of su	•	• •	any manganana any para	· · · · · · · · · · · · · · · · · · ·			1
q			• •	about the supporte	d organization(s)				
) Name of supported		(iı) EIN	(III) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
СН	RIS	TIAN COMM	NITY		above (accombinations)			-	
				75-1750059	7	X		8,158,572.	
			-						
			-						
		1							
								. <u></u>	
[ota			\					8,158,572.	0.

45-4295864 Page 2

Schedule A (Form 990 or 990-EZ) 2019 TRUST 1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2018 (e) 2019 (f) Total (a) 2015 (b) 2016 (c) 2017 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 7 Amounts from line 4 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)/ 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 2019 (line 6, column (f)) divided by line 11, column (f)) 14 15 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. 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 - 2018. 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/2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. 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 neets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "fact's and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 TRUST 1
Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						/
	include any "unusual grants ")			<u> </u>			
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					/	
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ-					/	
4	ization's benefit and either paid to	1				/	
	or expended on its behalf	1				/	
_	The value of services or facilities			 		/	-
э	furnished by a governmental unit to	1			/	ľ	
	the organization without charge				/		
_	· ·			 	/		
	Total. Add lines 1 through 5			+	/		
/ a	Amounts included on lines 1, 2, and				/		
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			 	 		
	Add lines 7a and 7b		 	 	<u> </u>		
	Public support. (Subtract line 7c from line 6)		<u> </u>				
		(=) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(6) 2017	(0) 2018	(e) 2019	(i) Iolai
-	Amounts from line 6 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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here		·				
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine,8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018	,				16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	•	•			18	%
19a	33 1/3% support tests - 20,19. If the	organization did n	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	-					ightharpoons
h	33 1/3% support tests/- 2018. If the						nd
	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organization						
	3 09-25-19	Dis not oncore a	227 011 110 14, 10	<u></u>		edule A (Form 990	or 990-EZ) 2019
	·· - ·- ,						

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)			
Sec	tion A. All Supporting Organizations			
			Yes	No
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	1	Х	
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)	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			- <u></u> -
	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	ĺ		'
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		l
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		Х
þ	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	4b		
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)	<u></u>		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? // "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			X
	was accomplished (such as by amendment to the organizing document)	5a	-	_^
ь	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?	5b	_	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	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	<u> </u>		X
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			[
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			X
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		- 22
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			$\overline{\mathbf{x}}$
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
ya	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			x
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a /		-11
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		X
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30		-42
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		<u></u>
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		>
ı∪a	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	10a		X
L	supporting organizations)? If "Yes," answer 10b below	IUa		

10b

determine whether the organization had excess business holdings.)

WATERSTONE SUPPORTING ORGANIZATION Schedule A (Form 990 or 990-EZ) 2019 TRUST 1

Sche	edule A (Form 990 or 990-EZ) 2019 TRUST 1 45-	<u>-4295</u> 86	4 P.	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ŀ		
_	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		х
	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		x
	tion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		•	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		Í
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 TRUST 1	1101111		45-4295864 Page 6
Pai		ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in l	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			.
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e	Discount claimed for blockage or other			1 :
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	``	
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	_ 8		<u> </u>
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		<u> </u>
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Sche Par	dule A (Form 990 or 990-EZ) 2019 TRUST 1	(a)(2) Supporting Orga		5-4295864 Page 7						
Ь		(a)(3) Supporting Orga	(continued)	Current Vee						
	on D - Distributions			Current Year						
	Amounts paid to supported organizations to accomplish exer									
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity			 						
3	Administrative expenses paid to accomplish exempt purpose	s or supported organizations	<u> </u>	 						
<u> 4</u>	Amounts paid to acquire exempt-use assets									
	Qualified set-aside amounts (prior IRS approval required)									
<u>6</u>	Other distributions (describe in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which the	ie organization is responsive								
	(provide details in Part VI). See instructions									
	9 Distributable amount for 2019 from Section C, line 6									
10	Line 8 amount divided by line 9 amount	(4)	(::\	(:)						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
1	Distributable amount for 2019 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2019 (reason-									
	able cause required- explain in Part VI) See instructions									
3	Excess distributions carryover, if any, to 2019			1						
a	From 2014									
b	From 2015		-, <u>-</u> , -							
<u> </u>	From 2016									
d	From 2017									
<u>e</u>	From 2018									
f	Total of lines 3a through e									
9_	Applied to underdistributions of prior years									
-	Applied to 2019 distributable amount									
i_	Carryover from 2014 not applied (see instructions)									
i	Remainder Subtract lines 3g, 3h, and 3i from 3f									
4	Distributions for 2019 from Section D,									
	line 7 \$									
a	Applied to underdistributions of prior years			<u> </u>						
<u>b</u>	Applied to 2019 distributable amount									
c_	Remainder Subtract lines 4a and 4b from 4	<u> </u>								
5	Remaining underdistributions for years prior to 2019, if									
	any Subtract lines 3g and 4a from line 2 For result greater									
	than zero, explain in Part VI. See instructions									
6	Remaining underdistributions for 2019 Subtract lines 3h '									
	and 4b from line 1 For result greater than zero, explain in									
	Part VI See instructions									
7	Excess distributions carryover to 2020. Add lines 3 _j									
	and 4c									
8	Breakdown of line 7			<u> </u>						
	Excess from 2015									
	Excess from 2016									
	Excess from 2017									
	Excess from 2018			<u> </u>						
۰	Excess from 2019			ı						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 TRUST 1	45-4295864	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	17b, Part III, line 12, and 2, Part IV, Section . Section B, line 1e. Pa	C.
			<u>-</u>
		 	
			
•			
		<u></u>	
			,
			_
-			

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization תסוופת 1 Employer identification number 45-4295864

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		-
	organization anomorous ros sirrismi soo, varity, inte	(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 Did the organization inform all donors and donor advisors in wi	riting that the assets held in depar adviser	1 funds
5			Yes No
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-	<u> </u>	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	
Pai	impermissible private benefit? † II Conservation Easements. Complete if the organism	paration annuared "Vas" on Form 900. De	
ш			arctv, line 7
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	. b t
	Preservation of land for public use (for example, recreation	· =	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganization during the tax
	year ▶	-	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conse	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statemen	ts that describes the
_	organization's accounting for conservation easements	And thinks in Transcript on Oak	an Circilan Appara
Pai	t III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial g	
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		▶ \$

<u>Sche</u>	dule D (Form 990) 2019 TRUST 1								<u>95864</u>	
Par	t III Organizations Maintaining C	collections of Ar	rt, Hist	orical Tre	easures, or Oth	er S	<u>imilar</u>	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that make	signi	ficant u	se of its		
	collection items (check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	hange program					
b	Scholarly research	•	e 🗀	Other	_		_			
С	Preservation for future generations			<u> </u>						
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organization's ex	empt	purpos	e in Part	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical treas	sures, or other simil	ar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if the	e organizatio	n answered "Yes" o	on Fo	rm 990,	Part IV, I	line 9, or	
	reported an amount on Form 990, Pa			•						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other assets no	t incl	uded		-	
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table					_	
	Amount									
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial account liab	oility?			Yes	No
	If "Yes," explain the arrangement in Part XIII	•				-			_	\sqcap
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part IV, line	e 10				
		(a) Current year		Prior year	(c) Two years back		Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance				1					
b	Contributions									
c	Net investment earnings, gains, and losses		1							
d	Grants or scholarships					1				
	Other expenditures for facilities		1		Ì	1				
_	and programs		}							
f	Administrative expenses									
g	End of year balance					†				
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a)) held as					
	Board designated or quasi-endowment		%	3 , (-,	,					
b	Permanent endowment	%								
c		<u></u> . °								
•	The percentages on lines 2a, 2b, and 2c sho	• •								
3a	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administered for	the o	rganizat	tion		
-	by						J		[v	es No
	(i) Unrelated organizations								3a(ı)	111
	(ii) Related organizations								3a(iı)	\top
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							1	
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered), Part I\	/, line 11a S	ee Form 990. Part	K, line	10			
	Description of property	(a) Cost or o					mulated	<u>. </u>	(d) Book	value
	becompact of property	basis (investr		, , ,			ciation	_	(4, 555	
12	Land		7		·'			$\neg \uparrow$		
	Buildings			<u> </u>						<u>_</u>
	Leasehold improvements									
	Equipment							<u> </u>		
	Other			 				- -		
	. Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	Y colun	nn (R) line 1	Oc.)			ightharpoonup		0.

Schedule D (Form 990) 2019

WATERSTONE SUPPORTING ORGANIZATION TRUST 1 45-4295864 Page 3 Schedule D (Form 990) 2019 **Investments - Other Securities.** Part VII 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" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1)(2) (3) (4) (5) (6)(7) (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 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value INVESTMENTS IN LIMITED PARTNERSHIPS AND S-CORPS 31,939,911. REAL ESTATE HELD FOR MINISTRY 337,836. 46,093. DEPOSITS HELD FOR OTHERS (3)(4)(5) (6)(7)(8) (9)32,323,840. Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes (1) (2)(3) (4) (5) (6)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

X

(7) (8)

45-4295864 Page 4 TRUST 1 Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 2a Net unrealized gains (losses) on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Prior year adjustments c Other losses 2¢ d Other (Describe in Part XIII) 2d 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: WATERSTONE SUPPORTING ORGANIZATION TRUST 1 (TRUST 1) IS ORGANIZED AS A NONEXEMPT CHARITABLE TRUST UNDER SECTION 4947(A)(1) OF THE INTERNAL TRUST 1 QUALIFIES FOR THE CHARITABLE CONTRIBUTION REVENUE CODE (IRC). 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, 2019.

Schedule D (Form 990) 20.19 TRUST 1	45-4295864	Page 5
Part XIII Supplemental Information (continued)		
POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AN	D AS SUCH,	<u> </u>
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL	TO THE	
CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RE	COGNIZE FUTU	RE
ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX B	ENEFITS AND	
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENAL	TIES ARE	
INCURRED. THE ORGANIZATION'S FORM 1041 AND OTHER INCOME TAX	FILINGS BY	
STATE, LOCAL, OR NON-U.S. TAX AUTHORITIES ARE NO LONGER SUBJ	ECT TO TAX	
EXAMINATION FOR YEARS BEFORE 2016.		
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SCHEDULE 1 (Form 990)

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.

2019 Open to Public

OMB No 1545-0047

► Attach to Form 990,

<u>\$</u> Employer identification number 45-4295864 Inspection X Yes 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 1 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 ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States WATERSTONE SUPPORTING ORGANIZATION General Information on Grants and Assistance criteria used to award the grants or assistance? TRUST Name of the organization Department of the Treasury Internal Revenue Service 2 Des Part

1 (a) Name and address of organization (b) EIN (f) or government (f)	(b) EIN	(if applicable)	IRC section (d) Amount of applicable) cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHRISTIAN COMMUNITY FOUNDATION, INC. D/B/A WATERSTONE - 10807 NEW ALLEGIANCE DR., STE. 240 -					·		
COLORADO SPRINGS, CO 80921	75-1750059	501(C)(3)	8,158,572.	0.			GENERAL SUPPORT
	•	•					
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line	janizations listed in the table	line 1 table				1 I

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

Schedule I (Form 990) (2019)

Page 2

45-4295864

TRUST 1

Schedule I (Form 990) (2019)

Part III | Grants and Other As

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) 8 2 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 PART I, LINE 2: Part IV

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

Department of the Treasury
Internal Revenue Service
Name of the organization

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Employer identification number 45-4295864

Part I **Questions Regarding Compensation** 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, 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 Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the 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 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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 X a Receive a severance payment or change-of-control payment? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X 5a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 X 6a a The organization? X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

Page 2

45-4295864

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 V	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	"
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	_
(1) JOHN MULDER	(0	0	0	0	0	0	0
TRUSTEE	E	198,583.	52,11	0	9,75	16,599.	277,058.	0
(2) CHRIS START	Ξ	0	•	0		0	0	0.
TRUSTEE	(iii)	135,428.	32,15	0	7,317.	39,344.	214,242.	0
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	(ii)							
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Schedule J (Form 990) 2019

Part III Supplemental Information Schedule J (Form 990) 2019

Page 3 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. 45-4295864

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 J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

WATERSTONE SUPPORTING ORGANIZATION

Open to Public Inspection

Employer identification number

	TRUST 1	J - J - J - J - J				45-4295	864	_
Pai						•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of determine th contribution a	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	<u></u>						
5	Clothing and household goods					_		
6	Cars and other vehicles							
7	Boats and planes		_					
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or			0.000.004			_ 1	ì
	trust interests	X	3	3,037,201.	APPRAL	SED VALU	E	
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14 '	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial					-		
17	Real estate - Other							-
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	<u> </u>				W		
21	Taxidermy							
22	Historical artifacts							-
23	Scientific specimens							
24	Archeological artifacts Other ()							
25	Other () Other ()							
26 27	Other ()							
28	Other (
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
23	for which the organization completed Form 82	_	: <u>:</u>				2	
	io, which the digernization completed to the ci						Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period			·		30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties							
	contributions?		-			32a		Х
ь	If "Yes," describe in Part II							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II				_			

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Schedule M (Form 990) 2019

		(Form 9				ST 1											45-4			Page 2
Part		is repo	ortina	ın Part	I, colu	matio mn (b), al inform	the nu	ovide t mber d	the infor of contri	mation butions	require , the ni	ed by F umber	Part I, Iir of item	nes 30t is recei	o, 32b, a ved, or a	ind 33, a a combi	and whet nation of	her the both. A	organizat Also comp	tion blete
SCH	EDU	LE M	I, F	ART	I,	COL	UMN	(B):	_										
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

WATERSTONE SUPPORTING ORGANIZATION

TRUST 1

Employer identification number 45-4295864

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 REVNEUE 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.
FORM 990, PART VI, SECTION B, LINE 11B:
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 EXEMPT ORGANIZATION,
REVIEWS THE FORM BEFORE IT IS FILED WITH THE IRS.

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization WATERSTONE SUPPORTING ORGANIZATION TRUST 1	Employer identification number 45-4295864
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH TRUSTEE OF THE BOARD IS REQUIRED TO ANNUALLY REVIEW A	ND FILE SIGNED
DECLARATIONS OF COMPLIANCE WITH THE POLICY, OR STATE POSSI	BLE EXCEPTIONS,
WHICH ARE REVIEWED AND APPROVED OR DISALLOWED BY THE BOARD	. THE CONFLICT
OF INTEREST POLICY PROHIBITS A PERSON WITH A CONFLICT FROM	PARTICIPATING IN
DISCUSSION ON A RELATED ISSUE, AND MUST BE EXCUSED FROM TH	E MEETING WHEN
VOTING TAKES PLACE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART IV, LINE 12B AND FORM 990, PART XII, LINE 2	
THE ORGANIZATION IS INCLUDED IN THE FISCAL YEAR ENDING MAR	CH 31, 2020
CONSOLIDATED FINANCIAL STATEMENTS OF CHRISTIAN COMMUNITY F	OUNDATION.
<u> </u>	·
	- .

SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047 2019

► Attach to Form 990.

Open to Public Inspection

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Employer identification number 45-4295864

Direct controlling $\boldsymbol{\varepsilon}$ End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

000,000	000 (000 min) D (Early 000)				600 Eorm 000	For Dangerung's Bodinstion Act Notice on the Institutions for Form Of
×	LINE 12B, II FOUNDATION D/B/A	LINE 12B, II	501(C)(3)	TEXAS	FOUNDATION	COLORADO SPRINGS, CO 80921
	COMMUNITY				CHRISTIAN COMMUNITY	10807 NEW ALLEGIANCE DR., STE. 240
	CHRISTIAN				SUPPORT ACTIVITIES OF	CARY BROWN FAMILY FOUNDATION - 30-0298993
×	LINE 12B, II FOUNDATION D/B/A	LINE 12B, II	501(C)(3)	MARYLAND	FOUNDATION	COLORADO SPRINGS, CO 80921
	COMMUNITY				CHRISTIAN COMMUNITY	10807 NEW ALLEGIANCE DR., STE. 240
	CHRISTIAN				SUPPORT ACTIVITIES OF	NATIONAL FOUNDATION, INC 54-1230512
×	LINE 12B, II FOUNDATION D/B/A	LINE 12B, II	501(C)(3)	COLORADO	FOUNDATION	240, COLORADO SPRINGS, CO 80921
	COMMUNITY				CHRISTIAN COMMUNITY	84-1430063, 10807 NEW ALLEGIANCE DR., STE.
_	CHRISTIAN				SUPPORT ACTIVITIES OF	WATERSTONE SUPPORT FOUNDATION, INC
×	N/A	LINE 7	501(C)(3)	TEXAS	SERVICES	ALLEGIANCE DR., STE. 240, COLORADO SPRINGS,
					PROVIDE CHARITABLE GIVING	WATERSTONE - 75-1750059, 10807 NEW
						CHRISTIAN COMMUNITY FOUNDATION, INC. DBA
Yes No	<u>_</u>	501(c)(3))	_			
entity?	entity	status (if section	section	foreign country)		of related organization
tion 512(b)(13) controlled	Direct controlling Sec	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
(6)	€	(e)	9	(0)	(g)	(a)

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

45-4295864

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(9)	(c)	(p)	(e)	(4)		
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	ition?
				501(c)(3))		Yes	٥ N
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	FOUNDATION D/B/A		×
ROUGH ACRES FOUNDATION - 20-3124246	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		×
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		×
ATA FOUNDATION, INC 82-5488674	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		×
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		×
OVERFLOW, INC 46-5619778	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		×
			•				

45-4295864

Page 2

WATERSTONE SUPPORTING ORGANIZATION

TRUST 1

Schedule R (Form 990) 2019

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.

Code V-UB Cod			
Legal Direct domicile (state or foreign county)			
(b) Primary activity	-		
(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. Part IV

	Stron b)(13) rolled	ž			_	L				
	Sec 512(1 contract	Yes								
(£)	Δ.									
(6)	Share of end-of-year	dosels				!				
9	Share of total income							•		
(e)	Type of entity (C corp, S corp,	O class								
(p)	Direct controlling Type of entity (C corp. S corp.									
(c)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2019

Page 3

WATERSTONE SUPPORTING ORGANIZATION TRUST 1

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019		932163 09-10-19
		(9)
		(5)
		(4)
		(3)
	:	(2)
		(1)
(c) (d) Method of determining amount involved	(b) Transaction type (a-s)	(a) Name of related organization
e, including covered relationships and transaction thresholds.	o must complete this	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1r X X X		 other transfer of cash or property to related organization(s) other transfer of cash or property from related organization(s)
T dt X X		 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
10 X A Ot	(S)	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)
×	zation(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	zation(e)	k Lease of facilities, equipment, or other assets from related organization(s)
11 X		j Lease of facilities, equipment, or other assets to related organization(s)
X x x		h Purchase of assets from related organization(s)
19 X		g Sale of assets to related organization(s)
11 X X		f Dividends from related organization(s)
1e X		e Loans or loan guarantees by related organization(s)
+		d Loans or loan guarantees to or for related organization(s)
X qı		
1a X		a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Yes No	with one or more relat	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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?

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WATERSTONE SUPPORTING ORGANIZATION

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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

45-4295864 Page 5 Schedule R (Form 990) 2019 TRUST 1 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 COLORADO SPRINGS, CO 80921 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

45-4295864 Page 5 TRUST 1 Schedule R (Form 990) 2019 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: ATA FOUNDATION, INC. 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