Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning and er	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	waterloo community foundation			
	Name chang			47-33739	53
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1253	Room/suite	E Telephone number 319-883-	
	return/ termin ated	·			1,986,863.
	Amend	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$ H(a) Is this a group re	
	return Applic			for subordinates	
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
ī	Tax-exe	empt status: \boxed{X} 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or	527	1 ` ′	list. See instructions
		te: WWW.WLOOCOMMUNITYFOUNDATION.ORG		H(c) Group exemptio	
<u>K</u>	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 2015 N	∥ State of legal domicile: IA
P	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: RECEI			MAKE
Governance		DISTRIBUTIONS PRIMARILY FOR THE BENEFIT OF			
ŗ	2	Check this box if the organization discontinued its operations or disposed		1 . 1	
Š	3			3	15
٥	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			15
9	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2 15
Activities &	6	Total number of volunteers (estimate if necessary)			0.
۷	2 / a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	 	Net unrelated business taxable income from Form 990-1, Fart i, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		508,037.	1,623,065.
9	9	D (D 1)(III II O)		0.	5,218.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,156.	27,955.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		518,193.	1,656,238.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		166,407.	218,841.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,091.	43,983.
Fynancae	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
٥	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25) 11,40			
Ú	ì 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,351.	43,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		230,849.	306,412.
_	19	Revenue less expenses. Subtract line 18 from line 12		287,344.	1,349,826.
Net Assets or	Sign		Beg	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		875,233.	2,261,390.
et A	21	Total liabilities (Part X, line 26)		195,752.	168,977.
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		679,481.	2,092,413.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etatama	inter and to the heet of my	knowledge and helief it is
	-	itles of perjury, i declare that i have examined this return, including accompanying schedules a rt, and complete. Declaration of preparer (other than officer) is based on all information of whic			kilowieuge allu bellei, it is
tru	5, 001100	t, and complete. Declaration of preparer (either than officer) is based on an information of which	on properti	nas any knowleage.	
Sig	ın	Signature of officer		Date	
He		MICHELLE TEYMEYER, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	BRIAN ARONSON, CPA BRIAN ARONSON, CH	PA 0	5/04/21 if self-employ	ed P01425251
Pre	parer	Firm's name BERGANKDV, LTD.			41-1431613
Us	Only	Firm's address P.O. BOX 2100			
_		WATERLOO, IA 50704-2100		Phone no. 31	9-234-6885
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2020)	WATERLOO	COMMUNITY	FOUNDATION	47-3373953	Page 2			
Part III Statement of Program Service Accomplishments								

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDE A LEAN, STRAIGHTFORWARD, AND TRANSPARENT CONDUIT VEHICLE TO	
	THOSE WHO WISH TO CONTRIBUTE RESOURCES FOR THE BETTERMENT OF THE	
	GREATER WATERLOO, IOWA COMMUNITY AND ITS CITIZENS.	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		₹ No
		<u> </u>
_	If "Yes," describe these new services on Schedule O.	<i>₹</i>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	<u>.8.</u>)
	THE FOUNDATION PROVIDES FINANCIAL SUPPORT, PRIMARILY FOR THE NEEDS OF	
	WATERLOO, FROM FUNDS THAT ARE MAINTAINED AND ADMINISTERED ON BEHALF OF	i ^a
	MULTIPLE DONORS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
75	(Code) (Expenses §	<i>,</i>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 232,642.	
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Form 990 (2020) WATERLOO COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		.,	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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	441.		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		Х
16	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	15		
10		46		х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		47		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
19		10		Х
20-	complete Schedule G, Part III	19 20a		X
	·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	aomestic government on l'artix, column (z), ime i: Il res, complete schedule I, Parts I and II	4 I	41	1

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Form 990 (2020) WATERLOO COMMUNITY FOUNDATION
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	Zoa		
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			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	000		
	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	٠, .	v	
	(gambling) winnings to prize winners?	1c	X 000	

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Х 8 9 Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) 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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
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	X	
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		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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			
	in 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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	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	financ	cial	
	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			
	TROY SMITH - 319-235-2301			
	425 CEDAR STREET, WATERLOO, IA 50701			

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WATERLOO COMMUNITY FOUNDATION

47-3373953

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.

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

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

(A)	(B)	(C)					our	(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated		
	hours per week	box,	unles er an	ss per d a di	son is recto	s both r/trust	an tee)	compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	or dire	ep.			ited		organization	(W-2/1099-MISC)	from the		
	related	ustee	truste		96	suadı		(W-2/1099-MISC)		organization and related		
	organizations below	lual tr	tional		nploye	st corr yee	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MICHELLE TEYMEYER	20.00											
EXECUTIVE DIRECTOR				Х				31,367.	0.	0.		
(2) LANCE VANDERLOO	0.50								_	_		
DIRECTOR		Х						0.	0.	0.		
(3) TROY SMITH	0.50											
DIRECTOR	2 - 2	Х						0.	0.	0.		
(4) KENT MCCAUSLAND	0.50									0		
DIRECTOR	0.50	X						0.	0.	0.		
(5) SCOTT CROWLEY	0.50	7,7							0	0		
DIRECTOR	0.50	Х						0.	0.	0.		
(6) ANESA KAJTAZOVIC	0.50	Х						0.	0.	0		
(7) THERESA HOFFMAN	0.50	Λ						0.	0.	0.		
DIRECTOR	0.50	Х						0.	0.	0.		
(8) SHARINA SALLIS	0.50							0.	0.	<u></u>		
DIRECTOR	0.50	х						0.	0.	0.		
(9) STACEY BENTLEY	0.50							, ·				
DIRECTOR		Х						0.	0.	0.		
(10) LORI JOHNSON	0.50								<u> </u>			
DIRECTOR		Х						0.	0.	0.		
(11) ROBERT HELLMAN	0.50											
DIRECTOR		Х						0.	0.	0.		
(12) TIMOTHY HURLEY	0.50											
DIRECTOR		Х						0.	0.	0.		
(13) WILFRED JOHNSON	5.00											
PRESIDENT		X		Х				0.	0.	0.		
(14) KATHY MCCOY	0.50											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(15) SAM HOLDEN	0.50									_		
TREASURER	2 - 2	Х		Х				0.	0.	0.		
(16) CHUCK ROWE	0.50	 								_		
SECRETARY	F 00	X		Х		_		0.	0.	0.		
(17) GEOF GRIMES	5.00	٦,		Ι,,				_	_	•		
FORMER PRESIDENT		Х		X				0.	0.	0.		

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(F)

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	Name and title	Average Hours per Hours per Hours per Hours per Hours per Hours person is both an officer and a director/trustee)						n an	Reportable compensation	Reportable compensation	n amount			
		week (list any hours for related organizations below	Individual trustee or director	Institutional trustee			Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	(c)	omp fro orga and	ther ensat m the nization relate nization	e on ed
		line)	Indiv	Insti	Officer	Key 6	High	Former			_			
											+			
											_			
											+			
	Subtotal								31,367.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	31,367.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable				^
	compensation from the organization											٠,	/es	0 N o
3	Did the organization list any former officer,	director, trusto	ee, k	ey e	mpl	ove	e, or	hiq	hest compensated emp	loyee on				110
	line 1a? If "Yes," complete Schedule J for s										🗔	3	\Box	Х
4	For any individual listed on line 1a, is the su													37
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										💾	ŀ		X
3	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							•	nsation	fror	n	
	the organization. Report compensation for (A)	ine calendar ye	ear e	nair	ig w	ith C	or wi	tnin	the organization's tax y	ear.		(C)		
	Name and business	address	NC	NE	3				Description of s	ervices	Com		sation	1
										+				
								+						
2	Total number of independent contractors (in	ncludina hut n	ot lin	nitec	tot	thos	e lie	ted	above) who received mo	ore than				

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WATERLOO COMMUNITY FOUNDATION

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 7,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,616,065 similar amounts not included above ... 1f 178,202. g Noncash contributions included in lines 1a-1f \triangleright 1,623,065. h Total. Add lines 1a-1f **Business Code** 5,218. 900099 5,218. 2 a SERVICE FEE INCOME Program Service Revenue f All other program service revenue 5,218. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 32,546. 32,546. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 326,034. assets other than inventory b Less: cost or other basis 7ь 330,625. Other Revenue and sales expenses c Gain or (loss) 7c -4,591. -4,591. -4,591. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 1,656,238. 5,218. 27,955. **12 Total revenue**. See instructions

Form 990 (2020)

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 (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 173,815. 173,815. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 45,026. 45,026. 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, 31,367. 11,159. 13,572. 6,636. 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) Other salaries and wages 9,452. 9,452. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,164. 854. 1,802. 508. 10 Payroll taxes 11 Fees for services (nonemployees): Management 4,000. 4,000. Legal 9,820. 9,820. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,316. 5,316. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 5,364. 1,788. 1,788. 1,788. Advertising and promotion 12 6,358. 5,197. Office expenses 13 Information technology 14 15 Royalties 7,895. 7,895. 16 Occupancy 175. 175. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 210. 210. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,045. 3,045. DUES AND SUBSCRIPTIONS DONOR EXPENSES 1,310. 1,310. 95. BOARD MEETING EXPENSE 95. С d All other expenses 306,412. 232,642. 62,367. 11,403. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X	I		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		556.	1	11,333.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities	874,677.	11	2,250,057.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed		875,233.	16	2,261,390.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
ij		trustee, key employee, creator or founder, sub	The state of the s			
Liabilities		controlled entity or family member of any of th			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on lin	, ,	195,752.	۱	168,977.
	00			195,752.		168,977.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		193,132•	26	100,911.
S		and complete lines 27, 28, 32, and 33.	neck nere			
nce	27	• • • • • • •		679,481.	27	2,092,413.
ala	28	Net assets without donor restrictions Net assets with donor restrictions		0/5/401.	28	2,002,410.
d B	20	Organizations that do not follow FASB ASC			20	
Fun		and complete lines 29 through 33.	936, Check here			
ᅙ	29	Capital stock or trust principal, or current fund	lo.		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
\ss	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	Г	679,481.	32	2,092,413.
Z	33	Total liabilities and net assets/fund balances		875,233.	33	2,261,390.
	JJ	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES		075,255	33	2,201,350.

Form **990** (2020)

Forr	1 990 (2020) WATERLOO COMMUNITY FOUNDATION	47-3	373953	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,656				
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,349				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	679	, 4	81.		
5	Net unrealized gains (losses) on investments	5	63	3,1	06.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,092	2,4	13.		
Pa	rt XII Financial Statements and Reporting	•	-				
	Check if Schedule O contains a response or note to any line in this Part XII						
	•			Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
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						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:	,					
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir						
Ja							
h	Act and OMB Circular A-133?		3a		X		
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			I		

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WATERLOO COMMUNITY FOUNDATION

Employer identification number 47 - 3373953

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1	\Box	A church, convention of ch)(A)(i).						
2	一	A school described in sect					X X7						
3	Ħ	A hospital or a cooperative		•			il						
	H	A medical research organiz					•	the hospital's name					
4			ation operated in cor	ijunction with a nospital	described	III SECTIO	ii i/o(b)(i)(A)(iii). Liitei	the nospital s hame,					
_		city, and state:	41 1					- al :					
5		An organization operated for		lege or university owned	or operati	ed by a go	vernmental unit describe	ea in					
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local government	-										
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general إ	oublic described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from					
		activities related to its exem											
		income and unrelated busir		•			• •	-					
		See section 509(a)(2). (Con		(1000 00011011 011 111/1/110		ooo aoqa	ou by the organization o						
11		An organization organized a	•	vely to test for nublic sat	ety See	section 50	19(a)(4)						
12	H	An organization organized a	· ·	•	•			nurnoses of one or					
12		more publicly supported or	· ·	· · ·	-		· · · · · · · · · · · · · · · · · · ·						
			-					DIRECK THE DOX III					
		lines 12a through 12d that	* *					at tal					
а	·		· · · · · · · · · · · · · · · · · · ·	•	•	_							
		the supported organization			majority o	the direc	tors or trustees of the su	ipporting					
	_	organization. You must o	-										
b) <u> </u>		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
C	;		grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
c	ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	veness .					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
e	, [Check this box if the orga	,	•	•								
		functionally integrated, or					31 · 7 31 · 7 31 ·						
f	Ente	er the number of supported o	* *	,9	9 9								
		vide the following information		d organization(s)				-					
		(i) Name of supported	(ii) 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	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									
Tota	al												

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

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

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	93,440.	316,919.	262,729.	508,037.	800,020.	1981145.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	93,440.	316,919.	262,729.	508,037.	800,020.	1981145.				
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)						368,703.				
6	Public support. Subtract line 5 from line 4.						1612442.				
	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 4	93,440.	316,919.	262,729.	508,037.	800,020.	1981145.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	14.	20.	5,866.	10,156.	32,546.	48,602.				
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						2029747.				
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	5,218.				
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	ear as a section 50	D1(c)(3)					
	organization, check this box and stop	-									
Sec	tion C. Computation of Public										
14	Public support percentage for 2020 (lin	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	79.44 %				
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	83.18 %				
	33 1/3% support test - 2020. If the o					ore, check this box	and				
	stop here. The organization qualifies a	as a publicly suppo	orted organization				> X				
b	33 1/3% support test - 2019. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□				
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation				
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		>				
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or				
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the					
	organization meets the facts-and-circu	mstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions					

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	low, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge					 	
6 Total. Add lines 1 through 5				-	 	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	· ·	, , ,		•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lir	ne 8, column (f), o	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2019 S					16	9/
Section D. Computation of Invest					•	
17 Investment income percentage for 202			ne 13, column (f))		17	9/
18 Investment income percentage from 2						9,
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20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990 or 990-EZ) 2020 WATERLOO COMMUNITY FOU			47-3373953 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)				
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5					
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s 	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
<u>a</u>	From 2015							
<u>b</u>	From 2016							
с	From 2017							
<u>d</u>	From 2018							
<u>e</u>	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
<u>i</u>	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	WATERLOO C	COMMUNITY	FOUNDATION	47-3373953 _{Page}	e 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations red , 6, 9a, 9b, 9c, 11 , Section E, lines 1	quired by Part II, line 10; a, 11b, and 11c; Part IV c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; ; Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.	
	(See instructions.)					

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

	WATERLOO COMMUNITY FOUNDATION 47-3373953						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation					
General Rule	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R						
property) from	n any one contributor. Complete Parts I and II. See instructions for determining a contributo	r's total contributions.					
Special Rules							
sections 509 any one cont	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amongo-EZ, line 1. Complete Parts I and II.	, or 16b, and that received from					
contributor, or ed	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \text{\t							

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Name of organization

Employer identification number

WATERLOO COMMUNITY FOUNDATION

47-3373953

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$52,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 3	Name, address, and ZIP + 4	* 823,045.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	* \$ 49,840.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

WATERLOO COMMUNITY FOUNDATION

47-3373953

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	-	
		-	
		\$ 99,543.	12/15/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK	-	
4		\$\$49,840.	12/29/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		_	

Name of organization

Employer identification number

WATERLOO COMMUNITY FOUNDATION 47-3373953 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WATERLOO COMMINITY FOUNDATION

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line		Complete ii tile			
	organization answered 165 off offi 550,1 aft IV, Illie	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	15	, ,			
2	Aggregate value of contributions to (during year)	1,188,789.				
3	Aggregate value of grants from (during year)	36,599.				
4	Aggregate value at end of year	1 262 625				
5	Did the organization inform all donors and donor advisors in wr		funds			
•	are the organization's property, subject to the organization's ex	_				
6	Did the organization inform all grantees, donors, and donor adv					
Ū	for charitable purposes and not for the benefit of the donor or c					
	• •					
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990. Pa				
1	Purpose(s) of conservation easements held by the organization		,			
•	Preservation of land for public use (for example, recreation	`	historically important land area			
	Protection of natural habitat	· —	certified historic structure			
	Preservation of open space	Treservation of a	ocitinos motorio otractaro			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conservation easement on the last			
-	day of the tax year.	a conservation continuation in the form of	Held at the End of the Tax Year			
а						
b						
c	Number of conservation easements on a certified historic struc		****			
d	Number of conservation easements included in (c) acquired aft					
<u> </u>	listed in the National Register	•				
3	Number of conservation easements modified, transferred, relea					
•	year ▶	seed, extinguished, or terminated by the or	gamzation daming the tax			
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the period					
-	violations, and enforcement of the conservation easements it h		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					
-	>					
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	n easements during the year			
	> \$	ig or richalierie, and erinerening content and	caccineme adming the year			
8	Does each conservation easement reported on line 2(d) above:	satisfy the requirements of section 170(h)(4)(B)(i)			
_						
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	·				
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	l balance sheet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			L .			
2	If the organization received or held works of art, historical treas					
	the following amounts required to be reported under FASB ASC	,	•			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X					

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
	Leasehold improvements				
d	Equipment				
е	Other				
	Add lines 1a through 1e (Calumn (d) must agus	I Form OOO Port V colum	an (P) line 10e)		0

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020		MMUNITY FOUND	ATION	47-3373953 Page 3
Part VII Investments - 0	Other Securities.			
			11b. See Form 990, Part X	
(a) Description of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)	D . W . L (D) II . (0) b			
Total. (Col. (b) must equal Form 990. Part VIII Investments - F	Part X, col. (B) line 12.)			
	•			
(a) Description of i	anization answered "Yes"	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X	, line 13. on: Cost or end-of-year market value
	nvestment	(b) Book value	(c) Method of Valuation	on. Cost or end-or-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Table (0.1.41)	D 17 1 (D) II 10) b			
Total. (Col. (b) must equal Form 990. Part IX Other Assets.	, Part X, col. (B) line 13.)			
	enization answered "Vee"	on Form 000 Port IV line	11d Coo Form 000 Dort V	line 15
Complete if the orga		Description	11d. See Form 990, Part X	(b) Book value
(4)	(α)	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	um 000 Part V and (D) line	15\		
Total. (Column (b) must equal Follows Part X Other Liabilities	rm 990, Part X, col. (B) line S.	<u> </u>		
		on Form 990 Part IV line	11e or 11f. See Form 990,	Part X line 25
	scription of liability	0111 01111 000,1 41111, 11110	110 01 111. 000 1 0111 000,	(b) Book value
(1) Federal income taxes	,			
(2) FUNDS HELD FO	OR OTHERS			168,977.
(3)	711 01112112			20075770
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	rm 000 Part V and /P\ iin	25.)		168,977.
2. Liability for uncertain tax pos				· •
*				te has been provided in Part XIII
gaa 0 naomity 101 and	poortiono anaon			

	t XI Reconciliation of Revenue per Audited Financial S			Page T
	Complete if the organization answered "Yes" on Form 990, Part IV		, por 1101011111	
1	Total revenue, gains, and other support per audited financial statements	.,	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	/-			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financial	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا		
a	Donated services and use of facilities			
	Prior year adjustments			
C	Other losses Other (Describe in Part XIII.)			
d	Add lines 2a through 2d		2e	
3				
4	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	4a		
р	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
	Add lines 4a and 4b			
с 5				
c 5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir	ne 18.)	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line t XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. liret XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Employer identification number Name of the organization 47-3373953 WATERLOO COMMUNITY FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) UNIVERSITY OF NORTHERN IOWA CENTER FOR URBAN EDUCATION - 800 SYCAMORE UNIV. OF ST - WATERLOO, IA 50701 42-6004333 NORTHERN IA 0 SCHOLARSHIPS 10,500. COMMUNITY FOUNDATION OF NORTHEAST IOWA - 3117 GREENHILL CIRCLE -CEDAR FALLS, IA 50616 501(C)(3) 42-6060414 10,000 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

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
KOATS 4 KIDS	1	45,026.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
DISTRIBUTIONS ARE MADE FROM FUNDS	BASED ON	THE FUNDS	DISTRIBUTI	ON POLICY	
AND THE BOARD'S DISCRETION.					
SCHEDULE I, PART III					
THE ORGANIZATION ISSUED A GRANT TO	REIMBURS	E THE KOAT	S 4 KIDS P	ROGRAM.	
APPROXIMATELY 14,133 CLOTHING ITEM					
THE PROGRAM. TO BE ELIGIBLE FOR WIL					
INCOME GUIDELINES THAT QUALIFY THE					
032102 11-02-20	H FOR THE	TREE AND	KEDUCED SC	110011	Schedule I (Form 990) 2020

Schedule I (Form 990) WATERLOO COMMUNITY FOUNDATION	47-3373953	Page 2
Schedule I (Form 990) WATERLOO COMMUNITY FOUNDATION Part IV Supplemental Information		Ĭ
LUNCH PROGRAM. ASSISTANCE IS DETERMINED THOUGH CONTACT WITH	FAMILY	
SUPPORT WORKERS AND TEACHERS TO UNDERSTAND WHICH KIDS NEED W	VARM	
CLOTHING.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

Name of the organization

WATERLOO COMMUNITY FOUNDATION

Employer identification number 47-3373953

Par	τι	lypes	s of Property							
				(a)	(b)	(c)	(d		_	
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d		•	_
				арріісаріе		Form 990, Part VIII, line 1	noncash contrib	ulion ai	nounts	,
1	Art -	- Works of	art							
2			treasures							
3			interests							
4			olications							
5			ousehold goods							
6	Cars	s and other	r vehicles							
7			nes							
8		llectual pro								
9	Sec	urities - Pu	blicly traded	X	3	178,202	• FMV			
10			osely held stock							
11	Sec	urities - Pa	rtnership, LLC, or							
	trus	t interests								
12	Sec	urities - Mi	scellaneous							
13	Qua	alified cons	ervation contribution -							
	Hist	oric structi	ures							
14	Qua	alified cons	ervation contribution - Other							
15	Rea	l estate - R	esidential							
16	Rea	l estate - C	ommercial							
17	Rea	l estate - O	ther							
18	Coll	ectibles								
19	Foo	d inventory	<i>'</i>							
20	Dru	gs and med	dical supplies							
21	Taxi	idermy								
22	Hist	orical artifa	acts							
23	Scie	entific spec	imens							
24	Arch	neological	artifacts							
25	Oth	er 🕨	()							
26	Oth	er 🕨	()							
27	Oth	er 🕨	()							
28	Oth	er 🕨)							
29			ms 8283 received by the organiz						^	
	for v	which the c	organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29			0	
									Yes	No
30a			r, did the organization receive by							
			at least three years from the date	_	•	•				37
			ses for the entire holding period?	?				30a		<u> </u>
			ibe the arrangement in Part II.	li M 4	an dual the constant	.f.a				v
31			nization have a gift acceptance p					31		X
32a		•	nization hire or use third parties		•	, ,				v
		tributions?						32a		X
		,	ibe in Part II.	- l (-) .		. fan in detala a alimana (1911). I				
33			tion didn't report an amount in c	oiumn (c) foi	r a type of property	ror which column (a) is ch	ескеа,			
	des	cribe in Pa	π II.							

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 WATERLOO COMMUNITY FOUNDATION	47-3373953	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organizati ination of both. Also compl	on lete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF CONTRIBUTI	ONS.	
		_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

WATERLOO COMMUNITY FOUNDATION	47-3373953
FORM 990, PART VI, SECTION A, LINE 2:	
TIM HURLEY AND KATHY MCCOY HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE FORM 990 WAS SENT TO THE EXECUTIVE DIR	ECTOR FOR REVIEW.
A FINAL COPY OF THE FORM 990 WAS SENT TO ALL BOARD MEMBERS	PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUAL	LY AND IT IS KEPT
ON FILE. ANY KNOWN CONFLICTS ARE IDENTIFIED AND ADDRESSED	AT BOARD MEETINGS
HELD THROUGHOUT THE YEAR.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON ANNUAL E	VALUATION BY THE
EXECUTIVE COMMITTEE AND A SALARY COMPARISON STUDY OF SIMIL	AR POSITIONS IN
THE COMMUNITY. THE EXECUTIVE COMMITTEE MAKES A RECOMMENDAT	ION TO THE BOARD
OF DIRECTORS WHO APPROVE THE SALARY THROUGH THE BUDGET PRO	CESS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATEMENTS
ARE MADE AVAILABLE UPON REQUEST.	