Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Form 990 (2022)

A	For th	A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20								, 20	
В		if applicable: C Name of organization WATERTOWN AREA COMMUNITY FOUNDATION								D Em	ployer identification number
	Address	change	Doing bus					 	·····		46-0350319
\Box	Name ch	-			box if mail is not delivered	to street address)	· · · · · · · · · · · · · · · · · · ·	Room/sui	te	E Tele	ephone number
Ħ	Initial ret	-		·	_ ,,,,	(605) 882-3731					
Ħ		return 211 E KEMP AVE City or town, state or province, country, and ZIP or foreign postal code									oss receipts
П		ended return WATERTOWN, SD 57201								\$	9,400,502
Ħ					***************************************	and the second second			U/o) i i i i i		m for subordinates? Yes X No
Ч	Ubhiroan	<u> </u>								etes included? Yes No	
	Tay ayen	npt status:	501(c)(3)	501(c) (\ /:	1047/-1/41	П				
<u> </u>) (insert no.)	4947(a)(1) or	527				list. See instructions
	Website				FOUNDATION.OR	<u>Lii</u>	1		H(c) Group e		
	int l	organization: U		Irust ∐ A	ssociation Other		L Year of formation	on: 197	9 M S	itate of le	egal domicile: SD
				nimaticale mia	olan as wast signific	ant nativities			··· ·· · · · · · · · · · · · · · · · ·		
	1	bitelly descri	be trie orga:	nization's mis	sion or most signific	ant activities: SE	EE SCHEDULE	0			
စ္တ	-	····				 					
a	1										
/eri			F 1						····		<u> </u>
Activities & Governance	2			-	•	rations or disposed				1 .	1
ంద	3		=	=	erning body (Part VI	•				3	6
S	4			-		body (Part VI, line 1i	•			4	6
Š	5				in calendar year 202					5	3
Ç	6			rs (estimate it				• • • • •	• • • •	6	
	7a				Part VIII, column (C	•	• • • • • • • •	<i></i>		7a	0
	b	Net unrelated	business ta	axable income	e from Form 990-T, i	Part I, line 11		<u></u>		7b	0
					•				Prior Year		Current Year
41	8	Contributions	=					-	5,897,	039	2,020,944
Revenue	9	Program serv	ice revenue	(Part VIII, lin	e 2g)	· · · · · · · · · · ·			80,	659	125,022
š	10	Investment in	come (Part	VIII, column ((A), lines 3, 4, and 7	i)		<u> </u>	1,267,	664	1,304,732
ď	11	Other revenue	e (Part VIII,	column (A), li	ines 5, 6d, 8c, 9c, 10	oc, and 11e)			102,	721	84,801
	12	Total revenue	- add lines	8 through 11	(must equal Part VII	l, column (A), line 12	2)		7,348,	083	3,535,499
	13	Grants and sir	milar amour	nts paid (Part	iX, column (A), lines	i 1-3)			1,210,	150	873,219
	14	Benefits paid	to or for me	mbers (Part I	X, column (A), line 4)					0
ø,	15	Salaries, othe	r compensa	tion, employe	ee benefits (Part IX,	column (A), lines 5-1	10)		183,	072	259,203
Expenses	16a	Professional f	undraising f	ees (Part IX,	column (A), line 11e) <i></i>					0
pe	b	Total fundraisi	ng expense	s (Part IX, co	lumn (D), line 25)		73,163				
ŭ	17	Other expense	es (Part IX,	column (A), li	nes 11a-11d, 11f-24	e) · · · · · ·			324,	792	358,221
	18	Total expense	s. Add lines	s 13-17 (must	equal Part IX, colun	nn (A), line 25) •			1,718,	014	1,490,643
	19	Revenue less	expenses.	Subtract line	18 from line 12 .	<i></i>	,		5,630,		2,044,856
80			<u> </u>				····	Beginnl	ing of Current		End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 1	16)		<i></i> .			33,816,	176	30,092,700
A Pss	21	Total liabilities	(Part X, line	26)					12,063,		11,395,546
돮	22	Net assets or f	fund balanc	es. Subtract	line 21 from line 20				21,753,		18,697,154
Par	t II	Signatur	e Block							<u></u>	
Unde	penaltie	s of perjury, I decla	re that I have e	xamined this retu	rn, including accompanyin	g schedules and statemen	ts, and to the best of r	my knowled	ge and belief, i	it is	
true, c	опест, а	па сопрівів. Бесіа	ration of prepar	rer (other than of	icer) la based on all hardin	ation of which preparer ha	is any knowledge.				·
		CAMMI	E MENGW	ASSED (1115 11						
Sigr	• [Signature of officer			<i>"</i>			<u> </u>		Date	e
Here	•	CAMMII	E MENGWA	ASSER'S EX	C DIRECTOR						
	ſ	Type or print name		Name of Street, or other Designation of the last of th							· · · · · · · · · · · · · · · · · · ·
	L	Print/Type prepa	rer's name		Preparer's signature		Date		Check	if	PTIN
Paid		BLAIR J	JOHNSON				11-02-202	3	self-employ	- "	P01234668
Prep	arer				& ROGGENBUCK	PA			's EIN	,	
•	Only				ND STREET				ne no,		· · · · · · · · · · · · · · · · · · ·
	•				LE MN 56278			7 1.01		20-2	139-3459
May ti	ne IRS	discuss this re	turn with the		own above? See ins	tructions					
					parate instructions.					- • •	Form 990 (2022)

City or the last	M 990 (2022) WATERTOWN AREA COMMUNITY FOUNDATION	46-0350319	p Page 2
P	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		·
_			
2	Did the organization undertake any significant program services during the year which were not listed on the	ļ	
	prior Form 990 or 990-EZ?	· · · 🗌 Yes	x No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	· · · 🔲 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers,	
	the total expenses, and revenue, if any, for each program service reported.		
	,		
4a	(Code:) (Expenses \$765,626 including grants of \$765,626) (Revenue	\$)
	GRANTS AWARDED TO VARIOUS NONPROFIT ORGANIZATIONS THAT SUPPORT CHARITY, EDUCA	ATION AND CU	JLTURE IN
	THE WATERTOWN COMMUNITY		
			
		WW. 71-10.	
			
4b	(Code)		
+0	(Code:) (Expenses \$ 107,593 including grants of \$ 107,593) (Revenue		<u>,361</u>)
	GRANTS AWARDED TO VARIOUS AGENCY FUNDS THAT PROMOTE CHARITY, EDUCATION AND CU	LTURE IN TH	E
	WATERTOWN COMMUNITY.		
		·	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	1
		¥	
			
			
ı k	Other program services (Describe on Schedule O.)		
. 1	(Expenses \$ including grants of \$) (Revenue \$)	
•	Total program service expenses 873,219		•

	7.4		Ye	s No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г		
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		1
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			1
	"Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	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	x	
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,			1 1011
	VII, VIII, IX, or X as applicable.			
a	the second secon	1.0000000000000000000000000000000000000		
	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	115	<u> </u>	х
С	Fragillation to the fine to th	1	1	j
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		İ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		
	Schedule D, Parts XI and XII	12a	X	<u></u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ <u>.</u>	<u> </u>
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
J	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	X
	annintamenta amfantamina la tinda atau ta 11 annintamina atau ta 11 anni	40		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
••	Dort IV column (A) Street Count 44-0 (50) to Hammalate October 1 (10) Dort 1 (10)	47		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	۱,,	.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	19		77
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to fine 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
			42	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. 34 X 35a 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable îа 5 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

		50319		Page :
-	Statements Regarding Other IRS Filings and Tax Compliance (continued)	\$200 mars	Yes	No
2a	, ,			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
2-	The state of the s			┿
3a	g			X
b 4-	, and any provide any entrance of the contract	. 3)	┦
4a	year, and a second of the control of			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4	1	X
b		_		
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),			
5a	the state of the s			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_	+	X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 50	;	├ ─
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	. <u>6</u> 8	-	X
	gifts were not tax deductible?	. 61	.	
7	Organizations that may receive deductible contributions under section 170(c).	. 01		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			11.5
_	and services provided to the payor?	. 7a	100	0.000
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	' ''		
-	required to file Form 8282?	. 7c	1	x
ď	If "Yes," indicate the number of Forms 8282 filed during the year			- 4
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		†····	x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from members or shareholders	_		
-	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Giller	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		246.291
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	trial would result in the imposition of an excise tax under section 4951, 4952 of 4953?	17		
	i 100, Complete i Oriil 0003.			

	art VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction		'	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ection A. Governing Body and Management	• • •		. [44]
		***************************************	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	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.		- 5	
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		4	
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2	-	X
•	supervision of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	 	X
6	Did the organization have members or stockholders?	5	+	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	 	X
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		Х
	stockholders, or persons other than the governing body?	7.	1	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
•	the year by the following:			
а	The governing body?			
b	Each committee with authority to act on behalf of the governing body?	8a	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	100 Dr. Otto Co (17115 Section Brequesis information about policies not required by the internal Revenue Code.)		V	l Na
0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		X
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			X
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х.	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
-	describe on Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by	14	Х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	าอม		X
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16-		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3000		1,997
	organization's exempt status with respect to such arrangements?	165		
ect	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed	_		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)		-	—
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
1	Own website Another's website Don request Other (explain on Schedule O)			
'	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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.

LEDGERS INC (605)882-0686, 1 1ST AVE SW, WATERTOWN, SD 57201

	$\Delta \Delta \Delta$	(2022)	
-131111	MMLI	1/11///	

WATERTOWN AREA COMMUNITY FOUNDATION

46-0350319

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation from the from related compensation per week organization (W-2/ (list any огдапіzations (W-2/ from the 3 1099-MISC/ 1099-MISC/ organization and hours for

	related organizations below dotted line)	director	dhubonal trustee	icer	y employee	ployee	mer	1099-NEC)	1099-NEC)	related organizations
(1) DR JEFF DANIELSEN	1.00									
DIRECTOR		X						0	0	0
(2) LIAM CULHANE DIRECTOR	1.00	x						0	0	0
(3) JOEL VOCKRODT DIRECTOR	1.00	х						0	0	0
(4) JULIE RANUM DIRECTOR	1.00							0		
(5) SCOTT OLSON	5.00								0	0
TRUSTEE		х							0	o
(6) JACOB SCHAFFER	5.00									
TRUSTEE		х						0	0	0
(7) TOM BEADNELL	1.00		1			ļ		1		
DIRECTOR	1	X			_		-	0	0	0
(8) KRISTEN HENDERSON										
VICE-CHAIR	 		-	х			\dashv	0	0	0
(9) CHARLIE EWALT CHAIRPERSON	1.00			х				0	0	0
(10)JAN DEBERG	40.00		寸				十			
EXC DIRECTOR			ŀ		\mathbf{x}			0	0	0
(11)										
(12)			1		1		\dagger			
(13)										
(14)			_	\dashv	1		_			

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus					e en	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
		(list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(15)												
<u>(16)</u>												
<u>(17)</u>											-	
<u>(18)</u>												
(19)_												
(20)_												
(21)				7	-	1		+				
(22)_				+	\dashv	_	_					
(23)_				-	-	-			1			
(24)					\dashv	1			-		-	
(25)				\dashv	\dashv	+		+			——————————————————————————————————————	
1b	Subtotal							+			•	
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)					• •			0	0	0	
2	Total number of individuals (including but not limited reportable compensation from the organization							nore				
3	Did the organization list any former officer, director,					_		•		· · · · · · · · · · · · · · · · · · ·	Yes No	
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than individual	ortable comp \$150,000? <i>If</i>	pensati "Yes,"	ion a	nd o	ther	comp	ensa	tion from the	• • • • • • • • • • • • • • • • • • •	3 X	
5	Did any person listed on line 1a receive or accrue or	ompensation	from a	ıny u	nrela			izatio	n or individual		4 X	
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	omplete Sch	edule .	for.	such	pei	rson				5 X	
1	Complete this table for your five highest compensation from the acceptance Report compensation.	ed independe	ent con	tract	ors t	hat	receive	ed m	ore than \$100,000	of		
	compensation from the organization. Report competed (A) Name and business address	isation for th	e caler	iuar	year	eno	iing wi		(B) Description of services		(C) empensation	

2	Total number of independent contractors (including by	uit not limitee	l to the	ec li-	2404	aha	٠٠٠١ ١٠٠١					
	received more than \$100,000 of compensation from			3U IIS	sied	auo	ve) Wr	10				

		Check if Schedule O contains a response or n	ote to any line in t	his Part VIII .			[
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants and Other Similar Amounts	f f 2a	b Membership dues		2,020,944 109,361 15,661	109,361		
	f g	All other program service revenue		125,022			
	3 4 5	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proce Royalties	eds	732,413	732,413		· · · · · · · · · · · · · · · · · · ·
	С	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
r Revenue	ď	and sales expenses . 7b 5,865,003 Gain or (loss)		572,319	572,319		
Other R		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	82,452				
	c 9a b	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19 9a Less: direct expenses 9b		82,452			82,452
	10a b	Gross sales of inventory, less returns and allowances		Compatible		Control of the second of the s	
Revenue	b c	 	Business Code 25920	2,349	2,349		
E		Total. Add lines 11a-11d		2,349	1 432 103		93.453

Part IX Statement of Functional Expenses

Sec	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	o any line in this Part IX			<u>X</u>				
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising				
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses				
1	Grants and other assistance to domestic organizations			14 E 15 E 16					
	and domestic governments. See Part IV, line 21	847,955	847,955						
2	Grants and other assistance to domestic			era preside brook	A Springer Commence				
	individuals. See Part IV, line 22	25,264	25,264	THE STATE OF					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and		1	Secretary Section 199					
	foreign individuals. See Part IV, lines 15 and 16		ļ						
4	Benefits paid to or for members			and the state of t	we state of				
5	Compensation of current officers, directors,				1				
•	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
7	persons described in section 4958(c)(3)(B) Other salaries and wages	242 222	<u> </u>		,				
8	Pension plan accruals and contributions (include	218,930	-	218,930					
Ü	section 401(k) and 403(b) employer contributions								
9	Other employee benefits	20 201		20 201					
10	Payroll taxes	22,301 17,972		22,301					
11	Fees for services (nonemployees):	11,912		17,972	<u> </u>				
a	Management								
b	Legal								
С	Accounting	17,996		17,996					
d	Lobbying	2.,,230		17,550					
е	Professional fundraising services. See Part IV, line 17		Part Up a superior						
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	177,340	1	177,340					
12	Advertising and promotion	72,478			72,478				
13	Office expenses	18,348		18,348					
14	Information technology								
15	Royalties								
16	Occupancy	11,701		11,701					
17	Travel								
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings	22,330		22,330					
20 21	Interest								
22	Payments to affiliates	10 554							
23	Insurance	10,574		10,574					
24	Other expenses. Itemize expenses not covered	9,195		9,195					
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column		医医疗性衰弱 表色						
	(A), amount, list line 24e expenses on Schedule O.)			100000000000000000000000000000000000000					
a	MEMBERSHIP FEES	9,884		0.004					
	MISCELLANEOUS	8,375		9,884	605				
C				7,690	685_				
ď					 				
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	1,490,643	873,219	544,261	73,163				
6	Joint costs. Complete this line only if the			034,201	,3,403				
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if	ĺ							
	following SOP 98-2 (ASC 958-720)			İ					

Form 990 (2022) WZ
Part X Balance Sheet

14400000		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	24,825	1	11,140
	2	Savings and temporary cash investments	2,873,831	2	2,991,066
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net ,	6,129	4	2,790
	5	Loans and other receivables from any current or former officer, director,			and the green of the
		trustee, key employee, creator or founder, substantial contributor, or 35%	to a care a significant property		经存货债金 多的人
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			0.000
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	, day and a second			
		basis. Complete Part VI of Schedule D 10a 371,478			
	b	130,543	234,038	10c	233,135
	11	Investments - publicly traded securities	30,632,470	11	26,794,767
	12	Investments - other securities. See Part IV, line 11		12	·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	44,883	15	59,802
	16	Total assets. Add lines 1 through 15 (must equal line 33)	33,816,176	16	30,092,700
	17	Accounts payable and accrued expenses	3,551	17	4,709
	18	Grants payable	1,199,794	18	890,893
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
_	21	Escrow or custodial account liability. Complete Part IV of Schedule D	10,859,813	21	10,499,944
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ë	22	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10.002.150	25 26	44 000 040
		Organizations that follow FASB ASC 958, check here	12,063,158	20	11,395,546
Se .		and complete lines 27, 28, 32, and 33.			
မ္	27	Net assets without donor restrictions	2,295,792	27	1 070 746
Bai	28	Net assets with donor restrictions		28	1,978,745 16,718,409
ᅙ		Organizations that do not follow FASB ASC 958, check here	20,407,220		10,710,409
团丨		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	·	30	,
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	18,697,154
Z	33	Total liabilities and net assets/fund balances		33	30,092,700
EΑ					Form 990 (2022)

	m 990 (2022) WATERTOWN AREA COMMUNITY FOUNDATION	46-0350319	<u> </u>	Page 12
P	an XII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	. X
1			3, <u>535</u>	,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,490	,643
3	Revenue less expenses. Subtract line 2 from line 1	3	2,044	,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,753	,018
5	Net unrealized gains (losses) on investments	5	(4,174	,716
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	(926	,004)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	18,697	,154
Pε	irt 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: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	I		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a	х
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	🗵 Separate basis 🗌 Consolidated basis 🔲 Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1	200000000000000000000000000000000000000	- Commission
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on		100	
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Penace		- ALCONOMINATION OF THE PERSON
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<i></i>	3a.	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Γ		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
EEA		F	Form 990 ((2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Employer identification number

	ERTOWN AREA COMMUNITY FO					46-03503	319	
200000000000000000000000000000000000000	rt I Reason for Public Ch					part.) See instruc	tions.	
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches	s, or association of	churches described in se	ction 170	(b)(1)(A)(i).			
2	A school described in section 17							
3	A hospital or a cooperative hospit							
4	A medical research organization	operated in conjunc	tion with a hospital descr	ibed in sec	tion 170(b)	(1)(A)(iii). Enter the		
-	hospital's name, city, and state:							
5	An organization operated for the		or university owned or o	perated by	a governme	ental unit described in		
c	section 170(b)(1)(A)(iv). (Comple							
6 7	A federal, state, or local government							
,	An organization that normally reco			governme	ntal unit or f	rom the general public		
8	described in section 170(b)(1)(A) X A community trust described in se							
9						. Note		
9	An agricultural research organizat						е	
	or university or a non-land-grant of university:	college of agriculture	e (see instructions). Ente	r the name	, city, and si	tate of the college or		
10	An organization that normally rece	viscos (1) more than	22.4/20/ -6/4			-la - alta de		
	support from gross investment inc	ts exempt functions come and unrelated	, subject to certain exception business taxable income	otions; and e (less sec	(2) no more tion 511 tax'	than 33 1/3% of ite	ss.	
44	acquired by the organization after	June 30, 1975. See	section 509(a)(2). (Con	nplete Part	. III.)			
11 12	An organization organized and ope							
12	An organization organized and op-							
	one or more publicly supported on						Check	
а	the box on lines 12a through 12d t Type I. A supporting organizat							
	the supported organization(s)						}	
	supporting organization. You r			only of the	allectors of	rustees of the		
ь	Type II. A supporting organiza			ith ite eune	oded organ	sization(a) by boules		
	control or management of the						٨	
	organization(s). You must cor			persons in	at control of	manage the supporte	u	
С	Type III functionally integrate			nection wi	ith and fund	tionally integrated with	•	
	its supported organization(s) (s						'1	
ď	Type IfI non-functionally inte						(e)	
	that is not functionally integrate							
	requirement (see instructions).							
9	Check this box if the organizati					Type II. Type III		
	functionally integrated, or Type				•	, , , , , , , , , , , , , , , , , , , ,		
f	Enter the number of supported organ	izations						
g	Provide the following information abo	ut the supported or	ganization(s).				<u> </u>	
(i) Name of supported organization	(ii) EIN	(iil) Type of organization	(iv) is the o	-	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-10 above (see instructions))	listed in you		support (see instructions)	other support (see	
						man denons)	instructions)	
				Yes	No			
(A)				1			=	
(B)								
		<u> </u>						
(C)								
(D)								
			· · · · · · · · · · · · · · · · · · ·				<u> </u>	
(E)			i					
Total					75 32			

m 990) 2022 WATERTOWN AREA COMMUNITY FOUNDATION 46-0350319
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	Tartin, it the organization falls	o quality und	ei tile tests ii	sted below, p	lease compie	te raitiii.)	
	tion A. Public Support		·				1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			•			
	membership fees received. (Do not						
_	include any "unusual grants.")	3,096,205	1,310,984	1,281,222	2,368,799	1,069,799	9,127,009
2	Tax revenues levied for the	İ			-		
	organization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3,096,205	1,310,984	1,281,222	2,368,799	1,069,799	9,127,009
5	The portion of total contributions by		10000		or entre	the first to be	
	each person (other than a		15950	422545	40.00		
	governmental unit or publicly						
	supported organization) included on	海道 自然系统		0.000			
	line 1 that exceeds 2% of the amount	and the same of				45.56	
	shown on line 11, column (f)		3 (4)			20429	2,008,796
6	Public support. Subtract line 5 from line 4 .						7,118,213
	ion B. Total Support	1 () 22/2				·····	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,096,205	1,310,984	1,281,222	2,368,799	1,069,799	9,127,009
8	Gross income from interest, dividends,			ł			
	payments received on securities loans,						
	rents, royalties, and income from						
9	similar sources	558,060	570,232	565,574	805,776	732,413	3,232,055
3	Net income from unrelated business						
	activities, whether or not the business		i				
10	is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)				1		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.		-01				12,359,064
13	First 5 years. If the Form 990 is for the or					12	(0)
10	organization, check this box and ston box	garnzauon 5 ms	st, second, tilli	a, iourai, or ma	ı tax year as a	section 501(c)	(3)
Secti	organization, check this box and stop here on C. Computation of Public Suppor	t Percentage	· · · · · · · · · · · · · · · · · · ·				
14	Public support percentage for 2022 (line 6			column (f)		14	0/
15	Public support percentage from 2021 Sch	edule A. Part II	line 14	i, column (i))		15	57.60 %
16a	33 1/3% support test - 2022. If the organi	zation did not o	heck the hove	n line 13 and	ine 14 is 22 1		44.65 %
	box and stop here. The organization quali	fies as a nublic	ly supported o	manization	1415 33 1/	3% of filore, G	_
b	33 1/3% support test - 2021. If the organi						
	this box and stop here. The organization of	rualifies as a ni	thlich support	ed organization	and the 1313	33 1/3 /8 UI IIIU	· —
17a	10%-facts-and-circumstances test - 202	2 If the organiz	ration did not c	heck a hov on	line 13 16a o	r 16b and line	
	10% or more, and if the organization meets	s the facts and	circumetances	test check thi	is how and etai	n hara Evalain	14 15
	Part VI how the organization meets the fac	te-and-circums	tance test Ti	n cost, oneck till ne organization	s pox and sto	oublich cuppe	etod
	organization	no-and-oncume	stanices test. 11	ie organization	i qualilles as a	publicly suppo	_
b	10%-facts-and-circumstances test - 202°	f If the organiz	ration did not c	heck a hov on	ine 13 160 1	6h or 17a on	
	15 is 10% or more, and if the organization	meets the facts	and_circumets	ances feet cho	mie io, ioa, l'	oo, oi i/a, and	r III I U Valois
	in Part VI how the organization meets the	incete the latts facts_and_circu	metancee feet	The organizati	on analision and	a stop nere. E	xhiaiu
	organization	and-oncu	metanoce test.	THE OIYAMZAU	on qualines as	a publiciy sup	. –
18	Private foundation. If the organization did	not check a bo	v on line 13 1	62 166 172 A		ie hoverdes	<u> </u>
	instructions						
							

Schedule A (Form 990) 2022 WATERTOWN AREA COMMUNITY FOUNDATION

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

	—	1 /1 /	
(Complete only if)	ou checked the box on	line 10 of Part I or if the organization failed to qualify I	under Part II
		e tests listed below, please complete Part II.)	

	tion A. Public Support		. <u>.</u> .				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees			<u> </u>	'	\f	
	received. (Do not include any "unusual grants.")		1		1		
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	ļ ·				 	
	unrelated trade or business under section 513		İ		1		
4	Tax revenues levied for the						
	organization's benefit and either paid to				l		
	or expended on its behalf						
5	The value of services or facilities			 		 	
	furnished by a governmental unit to the	1		Į.			İ
	organization without charge						į
6	Total. Add lines 1 through 5			-		<u> </u>	<u> </u>
7a	Amounts included on lines 1, 2, and 3					 -	
	received from disqualified persons .		l			İ	
b							
	received from other than disqualified					i .	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					ļ	
С							
8	Public support. (Subtract line 7c from	The Contract of Contract					
	line 6.)	ajuded et es		机多电子分子	10.10年前	医斯勒斯基基	
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6					. (0)	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties, and income from similar sources .			}			
b	Unrelated business taxable income (less						-
	section 511 taxes) from businesses			ł			
	acquired after June 30, 1975	1					
C	Add lines 10a and 10b						
11	Net income from unrelated business			***			<u>-</u>
	activities not included on line 10b, whether	1			l	ľ	
	or not the business is regularly carried on		1	ł	İ		
12	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part VI.)		İ			į	
13	Total support. (Add lines 9, 10c, 11,					***	
	and 12.)			1			
14	First 5 years. If the Form 990 is for the org	anization's first	, second, third	l, fourth, or fifth	tax year as a	section 501(c)	(3)
	organization, check this box and stop here						
	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2022 (line 8,			3, column (f))		15	%
16	Public support percentage from 2021 Sche			<u> </u>		16	%
	on D. Computation of Investment Inc		age				
17		- 401	(f) dividad by	line 13 column	\f1\	17	%
40	Investment income percentage for 2022 (lir					17	
18	Investment income percentage from 2021 5	Schedule A, Pa	rt III, line 17			18	%
18 19a	Investment income percentage from 2021 5 33 1/3% support tests - 2022. If the organi	Schedule A, Pa ization did not c	rt III, line 17 check the box	on line 14, and	ine 15 is mor	18 e than 33 1/3%	% and line
19a	Investment income percentage from 2021 3 33 1/3% support tests - 2022. If the organ 17 is not more than 33 1/3%, check this box	Schedule A, Pa ization did not c c and stop her e	rt III, line 17 check the box on the organization		line 15 is mor as a publicly s	18 e than 33 1/3% upported organ	% and line
	Investment income percentage from 2021 33 1/3% support tests - 2022. If the organ 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2021. If the organization of	Schedule A, Pa ization did not o k and stop her e did not check a bo	rt III, line 17 check the box of e. The organiz ox on line 14 or li	on line 14, and ation qualifies and 19a, and line 1	line 15 is mor as a publicly s 6 is more than 3	18 e than 33 1/3% upported organ	% and line
19a	Investment income percentage from 2021 3 33 1/3% support tests - 2022. If the organ 17 is not more than 33 1/3%, check this box	Schedule A, Pa ization did not o cand stop here did not check a bo nd stop here. The	rt III, line 17 check the box of e. The organize ex on line 14 or line e organization qu	on line 14, and ation qualifies and line 19a, and line 1 alifies as a public	line 15 is mor as a publicly s 6 is more than 3	e than 33 1/3% upported organ 31/3%, and anization	s, and line

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer 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.
- 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A	/Earm	OGO	2022
эспеаше А	(1-01111	2301	2022

m 990) 2022 WATERTOWN AREA COMMUNITY FOUNDATION
Type III Non-Functionally Integrated 509(a)/3) Supporting

	50	

Page 6

41					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	ust	on Nov. 20, 1970 <i>(explai</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization A. A. Milliotte I. Not I. a. a. A. Milliotte I. Not I. a. a. A. Milliotte I. Not I. a. a. A. Milliotte I. Not I. a. a. A. Milliotte I. A. Milliotte I. A. Milliott	nıza	tion		is A through E. (B) Current Year
Seci	ion A - Adjusted Net Income			(A) Prior Year	(optional)
1	Net short-term capital gain	T 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	T			
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6]		
7	Other expenses (see instructions)	7	 	· · · · · · · · · · · · · · · · · · ·	
8.	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c	l	-	
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):			District Advanced to the	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	7.000		
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			
Secti	on 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			
	Enter greater of line 2 or line 3.	4			
	Income tax imposed in prior year	5		No. of Contract of	
	Distributable Amount. Subtract line 5 from line 4, unless subject to	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly in	teg	ated Type III supporting	organization
	(see instructions).			• • •	•

	1 ype in Non-Functionally integrated 509(a)	(3) Supporting Organ	izations (continue	(a)	
Sec	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	cempt purposes of suppo	rted	Ť	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt pur	rposes of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required	d) - provide details in Pan	t VI)	5	
6	Other distributions (describe in Part VI). See instructions	5.		6	
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·	2*****	7	
8	Distributions to attentive supported organizations to which	ch the organization is res	ponsive		
	(provide details in Part VI). See instructions.	_		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(1)	(ii)		(iii)
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	ıs	Distributable
		Excess Distributions	Pre-2022	-	Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				ente Para de la manera posición de la con-
3	Excess distributions carryover, if any, to 2022		经营业等的		
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			i	
<u> </u>	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)				application of the second
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from	the state of the state of the state of	The Property of the Land		
	Section D, line 7: \$				
a	- the second sec				
	Applied to 2022 distributable amount				
C					
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result	SERVICE OF PROPERTY			and the control of th
6	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h	a de participation de la company			
Ů					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	France Same 0040		The Court of the Court of		and the second second
	F		mark years 1924's		4.5
C	Evenes from 2000		B 1 1 1 1 1 1 1 2 2 2	-	
	Fuence from 2004		and the second section of the	#	
	F				ors of many distinguishing
	Excess from 2022	Table 1 (1971) 1 (197	Market State of the State of th	E.	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

WAT	ERTOWN AREA COMMUNITY FOUNDATION		46-0350319
	art T Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	
	Complete if the organization answered "Yes" of		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	20	
2	Aggregate value of contributions to (during year)	292,411	
3	Aggregate value of grants from (during year)	201,199	
4	Aggregate value at end of year	3,176,672	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	
	funds are the organization's property, subject to the organizat	ion's exclusive legal control?	X Yes
6	Did the organization inform all grantees, donors, and donor ac		į.
	only for charitable purposes and not for the benefit of the don		
isono	conferring impermissible private benefit?		X Yes No
Pa	Conservation Easements.		
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	www.commission.com
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		<u>L</u>
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired at		ļ
,	historic structure listed in the National Register		LI
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization during the
4	tax year	and to to only the	
5	Number of states where property subject to conservation ease	** - * · · · · · · · · · · · · · · · · ·	
J	Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h		П., П.,
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
•	oran and volation hours devoted to mornioring, inspecting, no	anding of violations, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing conservation ea	sements during the year
	g, mepoding, management	g of the district and officioning conscivation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h)(4)(B)@
	and section 170(h)(4)(B)(ii)?		······ Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		nce of public
•	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, 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		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures		provide the
	following amounts required to be reported under FASB ASC 958		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		· · · · · \$

Sche	dule D (Form 990) 2022 WATERTOWN ARE	A COMMUNITY FO	UNDATION		46-035		Page 2		
200	art III Organizations Maintainin					sets (cont	inuea)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
	a Public exhibition d Loan or exchange program								
	b Scholarly research		e 📙 Other	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	in how they further th	e organization's ex	kempt purpose in Part				
	XIII.								
5	During the year, did the organization solicit								
	assets to be sold to raise funds rather than	to be maintained as	part of the organizati	on's collection? -		. Yes	☐ No		
Pa	rt IV Escrow and Custodial Ari								
	Complete if the organization	n answered "Yes	" on Form 990, i	Part IV, line 9,	or reported an am	ount on Fo	orm		
	990, Part X, line 21.				<u></u>				
1a	ls the organization an agent, trustee, custo	dian or other intermed	diary for contributions	s or other assets no	ot				
	included on Form 990, Part X?					· 🗌 Yes	X No		
Ŀ	o If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:						
					Am	ount			
c	Beginning balance	<i></i>		[1c				
d	i Additions during the year			[1d				
e	Distributions during the year		, ,	. 	1e				
f	Ending balance			<i></i>	1f				
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cu	istodial account lia	bility?	X Yes	No		
	If "Yes," explain the arrangement in Part XII						Ħ		
	rt V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990. F	Part IV. line 10.					
		(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	re hack		
1a	Beginning of year balance	19,457,226	16,558,212	14,899,911		12,177			
b		860,473	1,898,492	896,459					
c	The second secon	800,473	1,030,432	690,43	790,084	1,995	,031		
•	losses	(2,517,475)	1 077 420	1 700 655	7 0 000 000	(50.4	4.501		
d			1,977,439	1,789,657			,462)		
e.	Other expenditures for facilities and	651,268	479,284	661,850	726,532	365	<u>,655 </u>		
	programs								
f	Administrative expenses	420 545	407 400			 			
	End of year balance	430,547	497,633	365,965		 	,323		
g 2	•	16,718,409	19,457,226	16,558,212	14,899,911	12,792	<u>,322 </u>		
2	Provide the estimated percentage of the cur Board designated or quasi-endowment		e (line 1g, column (a)) neid as:					
a	- · · · · · · · · · · · · · · · · · · ·	%							
b	Permanent endowment 77.00 %								
C	Term endowment 23.00 %								
0-	The percentages on lines 2a, 2b, and 2c sho	,							
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are held and	l administered for t	he				
	organization by:					Yes	No		
	(i) Unrelated organizations					3a(i)	Х		
	(ii) Related organizations					3a(ii)	X		
b,	If "Yes" on line 3a(ii), are the related organization					3b.	Ш_		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par					·				
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 11a.	See Form 990, F	art X, line	10.		
	Description of property	(a) Cost or other	basis (b) Cost or	other basis (d	c) Accumulated	(d) Book value	•		
		(investmen	t) (a	ther)	depreciation				
1a	Land			10,867		10,	867		
b	Buildings			28,269	120,370	207,			
C	Leasehold improvements	•							
d	Equipment			32,342	17,973	1.4 .	369		
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must equ		column (B), line 10c.)		233,	135		
EEA						ule D (Form 99			

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on For	m 990. Part IV. li	ne 11b. See Forn	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) M	ethod of valuation: id-of-year market value
(1) Financial of	lerivatives · · · · · · · · · · · · · · · · · · ·				
` '	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)	war and the state of the state				
(E)				<u> </u>	
<u>(F)</u>	 		· · · · · · · · · · · · · · · · · · ·		
(G)				 	
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on Forr	n 990, Part IV, Iir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation:
(1)				Cost of en	d-of-year market value
(2)					
(3)					
(4)					
(5)					<u></u>
(6)					
(7)					
(8)					<u> </u>
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) .				
Part IX	Other Assets.				
	Complete if the organization answered '	'Yes" on Forn	n 990, Part IV, lin	e 11d. See Form	990. Part X. line 15.
	(a) Desci		. <u></u>		(b) Book value
(1)ARTWORK					12,785
(2)CASH SU	RRENDER VALUE				16,453
(3ACCRUED	INTEREST				30,564
(4)			Taraka 1		
(5)		·			
(6)			lan wind		
(7)					
(8)			·····	<u> </u>	
(9)	(b) must equal Form 990, Part X, col. (B) line 15.)				E0 000
Part X	Other Liabilities.		* * * * * * * * * * * * * * * * * * * *		59,802
I SULVE	Complete if the organization answered "	Yes" on Form	990. Part IV. line	e 11e or 11f See	Form 990 Part X
	line 25.				,
1.	(a) Description of liability	(b) Book val	ue		
(1) Federal in	come taxes			医直线性线 高温度	
(2)					al State Course have considered in
(3)					Call of the state of the state of
(4)			1. 7. 122	es de perferencia	
(5)					
(6)					
(8)					en Garden State of the State
(9)				er sederilder er et e	
	must equal Form 990, Part X, col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·		Particle Company	
	ncertain tax positions. In Part XIII, provide the text of	the footnote to th	e organization's finan	cial statements that re	ports the

		16-035031	.9 Page
Part	200004405	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	(1,672,814)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	(4,174,716)
3	Subtract line 2e from line 1	3	2,501,902
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
á	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b.	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1,033,597
5 .	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,535,499
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,383,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
 а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	29	
3	Subtract line 2e from line 1	3	1 202 050
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,383,050
a			
a b			**
	Other (Describe in Part XIII.)	4	
5		4c	107,593
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,490,643
A19400016311.7403.917.			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 3d and 4b, and Ab, and 4b, Alex reported to the provide any additional information.	n A, line	
	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01. 0	ther revenues included on Form 990 (Part XI, line 4b)		
CONTR	IBUTIONS TO AGENCY FUNDS \$1,033,597		
			_
			_

WATERTOWN AREA COMMUNITY FOUNDATION	46-0350319	Page
Part XIII Supplemental Information (continued)		
02. Other expenses included on Form 990 (Part XII, line 4b)		<u> </u>
BENEFICIARY PAYMENTS MADE FROM AGENCY FUNDS \$107,593		
The state of the s		
		
		•
	·	
		
	····	
		····

Part II. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WOMEN N GIVI (add col. (a) through NONE col. (c)) (event type) (event type) (total number) Gross receipts 82,452 Less: Contributions 3 Gross income (line 1 minus 82,452 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment 9 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 11 82,452 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

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

Governments, and Individuals in the United State's 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. Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2022

	Fundavor identification promise
	4 6-035021 o
Correlation of Gants and Assistance	2100000
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance	
the selection criteria used to award the grants or assistance?	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the I history States	NO XI Asi
Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the Complete of the	1
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be divilicated if additional snown in an answered in	Yes" on Form 990,
COLUMN A PROPERTY OF THE PROPE	

1 (a) Name and address of organization	W) CIN	odis.		a additional space is needed.	is rieeded.		
or government	fe)	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) DUEL HIGH SCHOOL					other)	noncash assistance	or assistance
410 5TH ST W							
CLEAR LAKE SD 57226	46-6001470	_ღ	49,614				
(2) EAST CENTRAL CASA							EDUCATION
PO BOX 781							
WATERTOWN SD 57201	33-0998847	_ ღ	F 747				
(3) CODINGTON COUNTY HISTORICAL							CHILD WELFARE
27 1ST AVE SE							
WATERTOWN SD 57201	46-0335602	ო	7 667				HISTORICAL
(4) BROTHERS AND SISTERS BEHIND							PRESERVATION
9 WEST KEMP	-						
WATERIOWN SD 57201	83-2009071		11,001				
(5) FRIENDS OF THE GOSS FOUNDAT			1000				WELFARE
PO BOX 75						-	
WATERTOWN SD 57201	82-1384455	_ ო	78,000				
(6) LAKE AREA TECHNICAL FOUNDAT			227				COMMUNITY
1201 ARROW AVE NE							
WATERTOWN SD 57201	36-3860861	ന	113 019				
(7) MELETTE MEMORIAL ASSOCIATIO			22/21				EDUCATION
PO BOX 212							
WATERTOWN SD 57201	46-0241116	_ ო	7.749				
(8) HUMAN SERVICE AGENCY							EDUCATION
123 19TH ST NE							
WATERTOWN SD 57201	46-0275247	<u>ຕ</u>	78 734	•			
(9) LAKE AREA ZOOLOGICAL SOCIET			101101				WELFARE
PO BOX 484							
WATERTOWN SD 57201	23-7294134	ന	10.607				
(10WATERIOWN BANQUET - PACH							ZOO SUPPORT
PO BOX 176							
WATERTOWN SD 57201	46-3296115	<u>.</u>	8 499				
			222/2				CHILD HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2022)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 Inspection 2022

<u>₽</u>

∏ Yes

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number 46-0350319 General Information on Grants and Assistance WATERTOWN AREA COMMUNITY FOUNDATION

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 criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII

Part IV, line 21, for any recipient that received more than	ient that received n	nore than \$5,000. Part	t II can be dunlicated	\$5,000. Part II can be dunicated if additional enace is needed.	this organization answered Test on Form 990,	res on Form 990	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of mak	יו מתמיווסוומו אומרב	(a Marked		
or government		(if applicable)	drant	(e) Amount of	(book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) PRAIRIE LAKES HEALTH CARE F				ionocan assistance	other)	noncash assistance	or assistance
400 10TH AVE NW							
WATERTOWN SD 57201	46-0391067	_ ღ	177 171				
(2) WATERTOWN TOWN PLAYERS			7/7/27				HEALTH CARE
5 S BROADWAY							
WATERIOWN SD 57201	46-0341725	<u>_</u>	776 9				1
(3) WATERTOWN AREA UNITED WAY			/#7/0				MUSIC
PO BOX 283							
WATERTOWN SD 57201	46-0359557		16 615		•		
(4) BUILD IT NOW			270 / 201				COMMUNITY
PO BOX 1739	.=						
WATERTOWN SD 57201	26-4541186	<u>_</u> e	7. 0.00				
(5) JOY RANCH			020,020				YOUTH SPORTS
16633 448TH AVE							
FLORENCE SD 57235	87-1202375	ო	33 008				гоптн
(6) CASTLEWOOD COMMUNITY FOUNDA			#76 / CC				PROGRAMS
PO BOX 263							
CASTLEWOOD SD 57223	82-2466393	_ღ	16 800				
(7) GLACIAL LAKES SAFE			200'01				COMMUNITY
PO BOX 1030							
WATERTOWN SD 57201	46-0275247	<u>_</u> m	14 000				
(8) FIRST CONGREGATIONAL CHURCH			200/114				WELFARE
121 1ST AVE SE							
WATERTOWN SD 57201	46-0229819	<u>_</u> m	12 070				
(9) KIDSON CARES			6/0/57				CULTURAL
PO BOX 385				•			
HALLOCK MN 56728	85-3713554	ന	10 000				
(10FUSCON ARIZONA BOYS CHORUS							YOUTH
5770 E PIMA ST					•••		
TUCSON AZ 85712	86-0137258	<u>_ m</u>	10 000				
Contract of the state of the st			000/0-				КОПТН

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

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

Schedule I (Form 990) (2022)

YOUTH

(h) Purpose of grant OMB No. 1545-0047 Open to Public Inspection ART CLASSES or assistance EDUCATION 2022 SERVICES es — Kes WELFARE **Employer identification number** SENIOR Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 46-0350319 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, noncash assistance (e) Amount of Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash 6,500 6,142 6,000 5,150 . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 46-0388085 46-0453170 46-0242831 82-2330003 (b) EIN WATERTOWN AREA COMMUNITY FOUNDATION (3) ARROW EDUCATION FOUNDATION (4) DIVINE PROVIDENCE OF SOUTH (a) Name and address of organization (1) JENKINS LIVING CENTER (2) NORTHERN PRAIRIE ARTS or government WATERTOWN SD 57201 WATERTOWN SD 57201 WATERTOWN SD 57201 WATERTOWN SD 57201 Department of the Treasury 1116 N BROADWAY Internal Revenue Service Name of the organization 200 9TH ST NE 525 S LAKE DR SCHEDULE 215 S MAPLE (Form 990) Part Part II (9) 3 3 8 6 Schedule I (Form 990) (2022)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

5

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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Page 2 Schedule I (Form 990) (2022) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule (Form 990) (2022) WATERTOWN AREA COMMUNITY FOUNDATION

46-0350319

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 25,264 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS Part IV EEA ~ ᠬ Ŋ

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

ZUZZ Open to Rubica

Inspection:

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 46-0350319 WATERTOWN AREA COMMUNITY FOUNDATION 01. Form 990 governing body review (Part VI, line 11) EXECUTIVE DIRECTOR REVIEWS THE 990 AND BOARD APPROVES. 02. Conflict of interest policy compliance (Part VI, line 12c) EACH OFFICER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY. MANAGEMENT REVIEWS THE STATEMENTS AND MONITORS THAT ALL OFFICERS ABSTAIN FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS. 03. CEO, executive director, top management comp (Part VI, line 15a) BOARD OF DIRECTORS PERFORMS AN ANNUAL REVIEW OF EXECUTIVE DIRECTOR AND APPROVES SALARY. 04. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE MADE AVAILABLE IN THE FOUNDATION'S OFFICE UPON REQUEST. 05. Explanation of other changes in net assets or fund balances (Part XI, line 9) CONTRIBUTIONS TO AGENCY FUNDS \$-1,033,597 BENEFICIARY PAYMENTS MADE FROM AGENCY FUNDS \$107,593 06. List of other fees for services expenses (Part IX, line 11g) TRUST FEES \$177,340 07. General explanation attachment ORGANIZATION'S MISSION THE MISSION OF THE WATERTOWN COMMUNITY FOUNDATION IS TO INVEST IN THE VITALITY AND FUTURE OF WATERTOWN BY SUPPORTING COMMUNITY PRIORITIES, RESPONDING TO HUMAN SERVICE NEEDS AND

Name of the organization WATERTOWN AREA COMMUNITY FOUNDATION	Employer identification number 46-0350319
ENHANCING RECREATION, EDUCATIONS, ARTS AND CULTURE.	
	·

EEA

Schedule O (Form 990) 2022

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 2022

Attachment

Sequence No. 179 Internal Revenue Service identifying number Business or activity to which this form relates 46-0350319 FORM 990 - 1 WATERTOWN AREA COMMUNITY FOUNDAT Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 9,849 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (f) Method (a) Classification of property placed in (business/investment use period service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-yeartorepartent 725 15-year property 20-year property 25 yrs. g 25-year property MM S/L 27.5 yrs. h Residential rental 27.5 yrs. MM S/L property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. **b** 12-year MM S/L 30 yrs. C 30-year 40 yrs. MM S/L d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions - . . 10,574 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

		Fede	eral Supporting Statements		2022	PG01
Name(s) as shown on return					Tax ID Number	•
WATERTOWN A	AREA	COMMUNITY	FOUNDATION	·	4	6-035031 <u>9</u>

FORM 4562 - LINE 19D

Statement #567

BASIS	RP	<u>СV</u>	METHOD	DEDUCTION
4,665	10	НҮ	SL	350
5,006	10	НҮ	SL	375
TOTAL				<u>725</u>

PG01

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: WATERTOWN AREA COMMUNITY FOUNDATION Address: 211 E KEMP AVE, WATERTOWN, SD 57201

EIN: 46-0350319.

Statement: Taxpayer is making the de minimis safe harbor election

under \$1.263(a)-1(f).

4 4 1				·						: :	:				4 ;
* Iten	* Item is included in UBIA					Depre	Depreciation Detail Listing	iil Listing						2022	ŧ
for S. See "	for Section 199A calculations. See "UBIA" in lower right corner.				(This page	≱ page is not filed	Management & General is not filed with the return. It is for your records only.)	meral is for your recon	ds only	হ				PAGE 1	
Name(Name(s) as shown on return WATERTOWN AREA COMMUNI	COMMUNITY FOUNDATION	rion									Social sec	Social security number/EIN		
2	Operation	ge	to	Basis	Business	Section	Borrus	Depreciable	<u> </u>	1	d	Prior	Current	Accumulated	AMT
į		2 2	1000	Adjustment	percentage	179	depreciation	Basis	2	Melilod	Rate	Depreciation	Depreciation	Depreciation	Current
1 2	DONATED OFFICE EQUIPMENT.	03011994	1,050		100.00			1,050	010	7.5	0 0	1,050		1,050	6
1 W	EDWARD JONES REMODEL	10312011	16,867		100.00						4 0	35,628	422	28,273	2,445
4	FILE CABINET	04231996	204		100.00						. 0	204	777	204	774
ហ	STORAGE CABINET	01301997	218		100.00				10		•	218		218	
ø	EXECUTIVE CHAIR	02271997	277		100.00			277	10		0	277		277	
7		\$07112002	24,265		100.00			24,265	20		r.	23,658	. <u>.</u>	24,265	607
co (ROOFTOP HEATING & COO	011302006	11,010		100.00			11,010	20	Sr MO	n)	8,313	550	8,863	551
on F	COMPUTER BOARD OF THE	12312006	1,432		100.00			1,432	ۍ <u>د</u>		0	1,432		1,432	
1 1	DOMO CHAIRS	02282011	1.482		100.00			1,000	2 6	TS CA	э ш	1,000	Ī	1,000	Ĭ
12	TELEPHONE PROCESSOR		1,342		100.00			1,342	, r		0	1,342	ŗ	1.342	*/
13		05312013	1,953		100.00			1,953	ı,		. 0	1,953		1,953	
14	COMPUTERS	04302014	3,927		100.00			3,927	r.		0	3,927		3,927	
15	CABINET	05312014	1,154		100.00			1,154	70	SL HY	10	875	115	066	115
9T		08312015	1,995		100.00			1,995	20		IO.	632		732	100
7 7	-	08312012	6,194		100.00			6,194			ហ	1,961		2,271	310
α σ 1 Γ	PROPERTY IMPROVEMENTS UZZBZUIS	802282018	168,652		100.00			168,652			2.5	16,163	4,	20,379	4,216
20 5		02282018	2,535		100.00			1, L45	2 5	SI. HY	2 5	448	114	562	114
21		02282018	1,651		100.00			1,651	2 2		2 6	116	165	700	255
22		03312018	3,331		100.00			3,331 10			10	1,249	333	1,582	333
23		03312018	1,453					1,453	10	SL HY	10	544	145	689	145
24	<u> </u>	03011999	10,867	10,867				0	0		0				
0 40	SECURITI SISTEM	04302022	4, 06 U		100.00			4,665	2	SI	വ		350	350	350
3		77070550	200					5,006 10) 1	ST	ഹ		375	375	375
		•••						-							
			•												
	Totals		371,478					360,611				127,769	10,574	138,343	10,575
	Land Amount Net Depreciable Cost	.81	371,478						CY 17 TOTAL	9 and CY B	onus ncludin	CY 179 and CY Bonus TOTAL CY Depr including 179/bonus	10,574	ST ADJ:	