Fom \$879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of the	EIN or SSN
WATERTOWN AREA COMMUNITY FOUNDATION Name and title of officer or person subject to tax	46-0350319
·	
CAMMIE MENGWASSER, EXC DIRECTOR Partill Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But if you entered -0- on the return being filed with this form was blank.	ck the box on line 1a, 2a,
applicable interestive. Do not complete more than one line in Part I.	
1a Form 990 check here	
5 Total leverine, if any (Form 990-EZ, life 9)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, ii 5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here D b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here	·
9a Form 5330 check here	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP Pai	rt III. line 22) 10b
Part II Declaration and Signature Authorization of Officer or Person Subject to	о Тах
	subject to tax with respect to (name
	nd that I have examined a copy of the
	e return or refund, and (c) electronic funds withdrawal scleral taxes owed on this Treasury Financial Agent at i institutions involved in the d resolve issues related to if applicable, the consent to
ERO firm name	inter five numbers, but lo not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned E return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	being filed with a state RO to enter my PIN on the
Signature of officer or person subject to tax	Date <u>11-13-2024</u>
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 417793 11111	
Do not enter all learning that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicate am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for A Providers for Business Returns.	ad above I confirm that I
ERO's signature Date	11-21-2024
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	Do So

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public

Form 990 (2023)

	. 01 (1)	e zozo calendar year, or tax year beginning	, 2023 <u>,</u> a	and endir	ıg		, 20		
В	Check if	applicable: C Name of organization WATERTOWN AREA COMMUNITY	FOUNDATION			D Emp	loyer identification number		
Ш	Address					·	46-0350319		
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address)		Room/suit	,	F Teler	phone number		
	Initial ret						(605) 882-3731		
	Final rete	urn/terminated City or town, state or province, country, and ZIP or foreign postal code	G Coor	es receipts					
	Amende						•		
	Application	on pending F Name and address of principal officer:				\$	8,385,869 for subordinates? Yes X No		
	Tov.even	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	<u> </u>		H(b) Are all s				
	Website:		527				st. See instructions		
*****			<u>-</u>		H(c) Group e				
Pa		organization: Corporation X Trust Association Other Summary	L Year of formation	on: 1979	Ms	ate of leg	al domicile: SD		
2.65	11.000 7000		·	_					
	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE	0					
e)	1								
ᇤ									
er.									
Š	2	Check this box if the organization discontinued its operations or disposed	of more than 25%	of its net	assets.				
Activities & Governance	3					3	6		
တ္သ	4	Number of independent voting members of the governing body (Part VI, line 1)	b)			4	6		
Ş	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				5	5		
Ę	6	Total number of volunteers (estimate if necessary)				6			
⋖	7a	Total consists of business of the state of t				7a	0		
	þ	Not unrelated by singer toyobic income from Four SOC T Book 11.				7b	0		
	7	The state of the s			Prior Year				
e E	8	Contributions and grants (Part VIII, line 1h)	0.0	Current Year					
	9	Program service revenue (Part VIII, line 2g)	2,020,		1,070,846				
Revenue	10	become at the second of the se		-	125,		124,511		
Š	11	Others III III II III II III II III II II II			1,304,		1,208,635		
<u> </u>	12				84,		116,874		
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		 	3,535,		2,520,866		
	14			<u> </u>	<u>873,</u>	219	903,746		
	1						0		
S.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-	<u> </u>	259,	203	284,826		
Š		- · · · · · · · · · · · · · · · · · · ·		The Control of the Control	Signature Version 17	et sook is as as	0		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	77,161	300					
Ŵ					358,	221	374,546		
					1,490,	643	1,563,118		
		Revenue less expenses. Subtract line 18 from line 12	<u> </u>		2,044,	856	957,748		
Net Assets or Fund Balances			•	Beginnis	g of Current	Year	End of Year		
sets	20	Total assets (Part X, line 16)		3	0,092,	700	33,313,922		
Z P	21	Total liabilities (Part X, line 26)		1	1,395,	547	12,384,042		
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		8,697,		20,929,880		
Par		Signature Block							
Under	penaltie:	s of perjury, I declare that I have examined this return, including accompanying schedules and statems nd complete. Declaration of preparer (other than officer) is based on all information of which preparer I	ents, and to the best of r	ny knowledg	and belief, it	is			
uuo, c) 	to complete, becarration of preparer (other train officer) is passed on all information of which preparer i	nas any knowledge.			1			
		CAMMIE MENGWASSER							
Sign	· [Signature of officer				Date			
Here	•	CAMMIE MENGWASSER, EXC DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	·	T	7 1	TIN		
Paid		BLAIR J JOHNSON			Check _	- "			
Prep			11-21-202		self-employ	ed [P01234668		
-	Only			Firm's					
	y	Firm's address 105 NW 2ND STREET		Phone	e no.				
Mar. 41	- IDC	ORTONVILLE MN 56278			3	20-83	39-3459		
way th	ie IKS	discuss this return with the preparer shown above? See instructions	· • • • • • • • • • • • • • • • • • • •				· · 🕱 Yes 🗌 No		

For Paperwork Reduction Act Notice, see the separate Instructions.

	rm 990 (2023) WATERTOWN AREA COMMUNITY FOUNDATION 46-035	0319	Page:
Pa	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>	<u>. [</u>
1	Silving accounts the organization of this silving		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	_	Yes 🗓	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 🗓	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(300,7200) (300,7200)		_ >
	GRANTS AWARDED TO VARIOUS NONPROFIT ORGANIZATIONS THAT SUPPORT CHARITY, EDUCATION AN	D CULT	JRE II
	THE WATERTOWN COMMUNITY		
4b	(Code:) (Expenses \$53,540 including grants of \$\$ 53,540) (Revenue \$	108,8	<u>50</u>)
	GRANTS AWARDED TO VARIOUS AGENCY FUNDS THAT PROMOTE CHARITY, EDUCATION AND CULTURE I	N THE	
	WATERTOWN COMMUNITY.		
		····· -	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_ ′

	Other was a series of Pagerille and Calendarille Co.		
4d			
4d	(Expenses \$ including grants of \$) (Revenue \$)		

Form 990 (2023) WATERTOWN AREA COMMUNITY FOUNDATION 46-0350319 Page 3 Part JV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 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 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 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X

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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10

or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,

VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"

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

c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on 18

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X

X

X

X

X

X

Х

Х

Х

X

X.

X

X

x

11a

11b

11c

11d

12a

12b

13

14b

15

18

19

20a

21

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г	1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a	employees? If "Yes," complete Schedule J	23	ļ	X
4 4a	- 1 The transfer of the extensive bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	-		1
b	through 24d and complete Schedule K. If "No," go to line 25a	248	-	X
C	and the state of t	241	<u> </u>	┼
·				1
d		240	+	₩-
25a		240	 	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b		25a	-	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1]
	If "Yes," complete Schedule L, Part I	25b		[
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	+	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	İ		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	 ^ -
	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			ĺ
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	A-10,100,18		21/20/2009
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ĺ
70	"Yes," complete Schedule L, Part IV	28c		х
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ı
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization required by the complete Schedule N, Part I	31		X
-	complete Schedule N, Part II			
33.	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1	24		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Joan		<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
16	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	VIII		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
40,33723	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
art				
	Check if Schedule O contains a response or note to any line in this Part V			
4			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			學學別
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	[]	福計	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	Will.		
EΛ	reportable gaming (gambling) winnings to prize winners?	1c	2	<u></u>

	990 (2023) WATERTOWN AREA COMMUNITY FOUNDATION	46-035031	9	Page 5
-	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ye	s No
_2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l i		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[3a	Х
Ь	If "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O	[3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	Γ		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	x
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<i>.</i>	6a	_ x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).	1		100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4.	
	and services provided to the payor?		7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b	1-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
	required to file Form 8282?	1 .	7c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year		100	•
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	26	7e	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	x
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		h	X
	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	
	Sponsoring organizations maintaining donor advised funds.			X
	Did the sponsoring organization make any taxable distributions under section 4966?)a	X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b	X
	Section 501(c)(7) organizations. Enter:	ja		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		7.5	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	1	Ba	
	Note: See the instructions for additional information the organization must report on Schedule O.	1		
	Enter the amount of reserves the organization is required to maintain by the states in which		10	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			X
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14	n	
	excess parachute payment(s) during the year?		٠ ا ـ	
		1		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	192		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1	b	X
	If "Yes," complete Form 4720, Schedule O.		12 25 14	EME 4
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	1	_]]
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	1	_	200
	n rea. Complete FUIII COOF.	1.5.7.25	And the second second	and the second second

Page 6 46-0350319

1	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	ra "No)"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee insi	ructio	
6.	Check if Schedule O contains a response or note to any line in this Part VI			[X]
36	ection A. Governing Body and Management			· · · ·
	Fatarities with a second secon	E459000	Yes	No
1a	ia la	5		
	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		2.6	
	committee, explain on Schedule O.			
b	to the state of th	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	İ	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X.
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		 	<u> </u>
	one or more members of the governing body?	7a	ŀ	x
b			 	-
	stockholders, or persons other than the governing body?	- 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	0.00	\$8/GP	â
	the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD.	Х	
•	the annual office of the second state of the s	9		
Sec	the organization's mailing address? if "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)] 3		X
	The Coulon Broquests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	400	163	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		<u> </u>
•		40%		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		X
	• • •			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	-265-463-6444
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
р	Other officers or key employees of the organization	15b	Carrier Control	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		2.3	
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
-	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	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.

Form 990 (202	Z COMMUNITY FOUNDATION	46-0350319	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees	, Highest Compensated Employees	, and
	Independent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

EEA

Check this box if neither the organization nor any relate					(C)		•			
(A) Name and title	(B) Average hours per week (list any hours for	offic	, unie: er an	Po eck n	sition nore ti rson is rector	nan one s both ar /trustee empl)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	31	Key employee	Highest compensated employee	er		,	
_(1)_joel_vockrodt director	1.00	x						0	0	0
(2) JULIE RANUM DIRECTOR	1.00	x						0	0	0
	1.00							0	0	0
(4) SCOTT OLSON TRUSTEE	5.00	x						0	0	. 0
(5) jacob schaffer Trustee	5.00	х						0	0	0
(6)TOM BEADNELL DIRECTOR	1.00	x				i		0	0	0
(7)LIAM CULHANE VICE CHAIRPERSON	1.00			x				. 0	0	0
(8)DR JEFF DANIELSEN CHAIRPERSON	1.00			х				0	0	0
(9)										
(10)										
(11)										
(12)							+			<u> </u>
(13)										
(14)							1			

Form 990 (2023)

	990 (2023) WATERTOWN AREA CONTROL Section A. Officers, Directors,	OMMUNITY Trustees,	FOUT	NDA Em	TIC plo	N Ve	es. a	nd I	lighest Comp	ensat	46-035 ed Emp	0319 Page
	(A) Name and title	(B) Average hours per week (list any	(do box offic	not cl (, unle cer ar	Po heck o	(C) osition more irson		3 an 3)	(D) Reportable compensation from the organization (W-2/	Rep compo	(E) cortable ensation related ations (W-2/	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	1099-MISC/ 1099-NEC)	1099	-MISC/ -NEC)	organization and related organization
<u>(15)</u>				-								
<u>(16)</u>					-							
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>											:	<u> </u>
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<u>(21)</u>												
(22)				\dashv	\dashv			-				· ·
(23)					\dashv	\dashv		_				
(24)								_				
(25)								\dashv				
1b c	Subtotal				 	• •		<u> </u>				
2	Total (add lines 1b and 1c)	ot limited to 1							0 ceived more tha	n \$100	0 ,000 of	0
3	reportable compensation from the organization bid the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	trustee, key en		e, or	high	est	-					Yes No
4	For any individual listed on line 1a, is the sum of reportanization and related organizations greater than \$	oortable comp 150,000? <i>If "Y</i>	ensati				compe	ensal		• • • •	• • • •	3 x
5	individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," co	ompensation i							n or individual			5 X
Section	on B. Independent Contractors Complete this table for your five highest con	npensated in	ndepe	nde	nt c	ont	ractor	s th	at received more	than \$	100 000 (of
	compensation from the organization. Report	compensat	ion fo	r the	e ca	len	dar ye	are	nding with or wit	hin the	organiza	tion's tax year.
	(A) Name and business address	3						_	(B) Description of services			(C) Compensation
					_		-					
2	Total number of independent contractors (increased more than \$100,000 of compensations)					thos	se list	ed a	bove) who			

Page 8

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Lipreleted Revenue excluded from tax under business revenue sections 512-514 Federated campaigns 1a 1b Contributions, Giffs, Grants and Other Similar Amounts c Fundraising events 1c d Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,070,846 g Noncash contributions included in 1g h Total. Add lines 1a-1f 1,070,846 **Business Code** 2a INCOME FROM AGENCY FUND Program Service 525920 108,850 108,850 RENT FROM REAL ESTATE 525920 15,661 15,661 Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 636,316 636,316 income from investment of tax-exempt bond proceeds (i) Real (ii) Personal | 6a 6a Gross rents b Less: rental expenses . . c Rental income or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a 6,437,322 b Less; cost or other basis Other Revenue and sales expenses 7b 5,865,003 c Gain or (loss) 7c 572,319 d Net gain or (loss) 572,319 572,319 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 116,874 b Less: direct expenses 8b c Net income or (loss) from fundraising events 116,874 <u>116,</u>874 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellanous 11a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 2,520,866 1.333.146 116,874

Form 990 (2023) WATERTOWN AREA COMMUNITY FOUNDATION
Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses and other sasistance to domestic organizations and domestic governments. See Part IV, line 21 884,421 88	Se	ection 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All	other organizations r	nust complete columi	1 (A)						
### Do not include amounts reported on lines 6t, 7b, (4) (9) (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	_	Check if Schedule O contains a response or note to any line in this Part IX										
88. 2b. and 16th of Part VIII. Grants and other assistance to domestic organizations and domestic poyerments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 11 Grants and other assistance to foreign organizations, foreign poyerments, and foreign individuals. See Part IV, lines 15 and 16 Berefits part to for or members Grants and other assistance to foreign organizations, foreign poyerments, and foreign individuals. See Part IV, lines 15 and 16 Berefits part to for or members Grants and other septembers Grants and other s	Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(0)						
Greats and other assistance to demestic operations. See Part V, Inc 21 884,421 8	_		Total expenses									
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations										
Individuals See Part N Ine 22 19,325 19,325 3 3 3 3 3 3 3 3 3	_		884,42	1 884,42	1							
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Bereifits patio for for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Courte states and vages 7 Courte states and vages 8 Pension part accruels and contributions (include section 401(4)) and do(30)) employer contributions (include section 401(4) and 403(5)) employer contributions (include section 401(4) and 403(5)) employer contributions (include section 401(4) and 403(5)) employer contributions (include section 401(4) and 403(5) employer contributions (include section 401(4) and 403(6) employer contributions (include section 401(4) employer contribution 403(6) employer contributions (include section 401(4) employer contribution 403(6) employer contributio	2											
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Total Content	3		ŀ]	A CONTRACTOR OF THE PROPERTY O							
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9 Other employee benefits 23,002 22,011 22,011	~				•							
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a Management			22,011		22,011							
b Legal		, , , ,										
C Accounting		-			<u> </u>							
d Lobbying												
Professional fundraising services. See Part IV, line 17 . f Investment management fees			23,427		23,427							
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Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MEMBERSHIP FEES 6,039 6,039 b MISCELLANEOUS 9,650 1,872 7,778 c d	:3											
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	0					·						
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	5		1,563,118	903,746	582.211	77,161						
fundraising solicitation. Check here 🔲 if	0	organization reported in column (B) joint costs										
		· · . · . · . · . · . · . · . ·			ļ							

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 11,140 7,046 2 Savings and temporary cash investments 2,991,066 2 2,685,791 3 Pledges and grants receivable, net 3 98,920 4 2,790 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a 407,386 b 10b 149,005 10c 233,135 258,381 11 Investments - publicly traded securities 11 26,794,767 30,186,637 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 59,802 77,147 16 Total assets. Add lines 1 through 15 (must equal line 33) 30,092,700 16 33,313,922 Accounts payable and accrued expenses 17 4,709 17 4,581 18 18 890,893 686,065 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 10,499,945 11,693,396 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 11,395,547 26 12,384,042 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1,978,744 27 2,021,681 Net assets with donor restrictions 16,718,409 28 18,908,199 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 18,697,153 32 20,929,880 33 Total liabilities and net assets/fund balances 30,092,700 33 33,313,922

	n 990 (2023) WATERTOWN AREA COMMUNITY FOUNDATION	46-035033	19	Page 12
	IT X Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗷
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,5	20,866
2	Total expenses (must equal Part IX, column (A), line 25)	2		53,118
3	Revenue less expenses. Subtract line 2 from line 1	3		7,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,153
5	Net unrealized gains (losses) on investments	5		5,640
. 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	18	0,661)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	32, column (B))	10	20.92	9,880
Pē	n:XIII Financial Statements and Reporting			,
	Check if Schedule O contains a response or note to any line in this Part XII			. П
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	 .		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		5 (2) (c)	
	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 y	,
	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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	.
	if the organization changed either its oversight process or selection process during the tax year, explain on		2c x	
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		2-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	<u> </u>
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		25	
EΑ	and a serial state of the serial sections and state of the serial section of the serial sections and the serial sections and the serial sections and the serial sections and the serial sections and the serial sections and the serial sections and the section sections and the section sections and the section sections and the section sections and the section sections and the section section section section sections and the section		3b	. (2222)
'			Form 990	J (2023)

SCHEDULE A (Forin 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public inspection

Employer identification number

Name of the organization

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

	ERTOV	N AREA COMMUNITY FOU Reason for Public Ch		ll organizations mu	et comp	lete this	46-03503	19		
T. A.W., KA76	2222224	ation is not a private foundation b	coours it in /Fer lim	an Organizations mu	si comp	iere ii ii9	part.) See mstructi	UNS.		
1		church convention of churches	ecause it is: (For iir	ies 1 through 12, check o	nly one bo	X.)		•		
2	Ηſ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
3	H^	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
	∦^	nospital or a cooperative nospital	service organization	described in section 170)(b)(1)(A)(i	ii).				
4		medical research organization op	erated in conjunction	n with a hospital described	in section	1 70 (b)(1)((A)(iii). Enter the			
_	hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
_		ction 170(b)(1)(A)(iv). (Complet								
6	= 170(D)(1)(A)(Y).									
7	By the same with the same at t									
		scribed in section 170(b)(1)(A)(v				-				
8		community trust described in sec								
9		agricultural research organizatio								
		university or a non-land-grant co	liege of agriculture	(see instructions). Enter t	he name, d	city, and sta	ite of the college or			
		iversity:								
10	rec	organization that normally receit eipts from activities related to its poort from gross investment inco	s exempt functions.	subject to certain excepti	ons: and <i>(2</i>	2) no more	than 33 1/3% of its			
	ao	quired by the organization after Ju	ine 30, 1975. See se	oction 509(a)(2), (Comple	tess section	ın ə m tax)	rrom businesses			
11	☐ An	organization organized and oper-	ated exclusively to te	st for public safety. See s	ection 509	(a)(4).				
12		organization organized and ope					carry out the purposes	of		
		e or more publicly supported orga								
		box on lines 12a through 12d th								
а		Type I. A supporting organization								
	,	the supported organization(s) to								
		supporting organization. You me			•					
b		Type II. A supporting organization			its supporte	d organiza	tion(s), by having			
		control or management of the s								
		organization(s). You must com								
C					ection with.	and functio	nally integrated with.			
		its supported organization(s) (se								
d		Type III non-functionally integ								
		that is not functionally integrate								
		requirement (see instructions). Y								
е		Check this box if the organization					Type II Type III			
	_	functionally integrated, or Type				,,,,	, , , , , , , , , , , , , , , , , , ,			
f	Enter	the number of supported organi	•							
g		de the following information abou		anization(s).						
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10	listed in you	ır governing	support (see	other support (see		
				above (see instructions))	docun	nent?	instructions)	instructions)		
		•].		Yes	No	,			
(4)		W-144-0-1			1					
(A)					•					
/D\										
(B)										
/C\										
(C)										
(D)				!						
· ·				· · · · · · · · · · · · · · · · · · ·						
(E)				•	,					
			TO NOTE OF CONTRACT OF THE STREET, STATE OF	Distribution and a contract of the state o	10 to 20 Stor 145	la financia de la companio				

	dule A (Form 990) 2023 WATERTOWN	AREA COMMUI	NITY FOUNDA	ATION		46-035031	9 Page 2
Pa	Support Schedule for Organi	zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked	the box on line	e 5. 7. or 8 o	f Part I or if th	e organizatio	n failed to qua	alify under
	Part III. If the organization fails	to qualify und	er the tests li	sted below b	lease comple	te Part III \	any and
Sec	uon A. Public Support			5.54 55.54, p	iodoo oompic	to rait iii.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(B) 2020	(6) 2021	(u) 2022	(e) 2023	(I) I Otal
	membership fees received. (Do not	Į					
	include any "unusual grants.")		L		İ		
2	Tax revenues levied for the	1,310,984	1,281,222	2,368,799	1,069,799	936,645	6,967,449
_	organization's benefit and either paid					1	
	to or expended on its behalf			1]	
3	The value of services or facilities		 				
			· ·				
	furnished by a governmental unit to the						
4	organization without charge						
4	Total. Add lines 1 through 3	1,310,984	1,281,222	2,368,799	1,069,799	936,645	6,967,449
5	The portion of total contributions by		and an expense				
	each person (other than a	1					
	governmental unit or publicly				and the second		
	supported organization) included on			1111	at 18 Section		
	line 1 that exceeds 2% of the amount		100	1.79			
	shown on line 11, column (f)						2,406,642
6	Public support. Subtract line 5 from line 4 .			Section Control	The state of the	e Arabaka (A	4,560,807
	ion B. Total Support	,				management of the second second second second	-/000/00:
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,310,984	1,281,222		1,069,799	936,645	6,967,449
8	Gross income from interest, dividends,				270027133	330,045	0,307,443
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	570,232	565,574	805,776	732,413	606 016	
9	Net income from unrelated business	370,232	505,574	805,176	/32,413	636,316	3,310,311
	activities, whether or not the business	l i			•		
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets]		1	ĺ		
	(Explain in Part VI.)		İ				
11	Total support. Add lines 7 through 10	324	4 H	15.4 3 1.3 1.3 1.4 1.4 1.4		AASSER VEGICES STATE STATE	
12	Gross receipts from related activities, etc.	(cae instruction	io)		(Section 1)	40	<u>10,277,760</u>
13	First 5 years. If the Form 990 is for the org			farmila autitius.	[12	
	organization, check this box and stop bere	ai 112 au 1011 5 111 51,	secona, unra,	iourte, or titte to	ax year as a se	ction 501(c)(3)	-
Secti	organization, check this box and stop here on C. Computation of Public Suppor	t Percentage					<u></u>
14	Public support percentage for 2023 (line 6					4.17	
15	Public support percentage from 2022 School	, Coluinii (I), alv	tueu by line 11	, column (t))	• • • • • •		44.38 %
16a	22 4/29/ support test 2022 If the support	edule A, Part II,	iine 14			15	57.60 <u>%</u>
lou	33 1/3% support test - 2023. If the organization qualif	ico es a sublish	eck the box on	line 13, and line	e 14 is 33 1/3%	or more, check	
b	box and stop here . The organization qualif	es as a publicly	supported org	anization			🛣
Ŋ	33 1/3% support test - 2022. If the organiz	ation did not che	eck a box on lir	ne 13 or 16a, ar	nd line 15 is 33	1/3% or more, o	heck
170	this box and stop here . The organization qu	Jailties as a pub	licly supported	l organization			🔲
17a	10%-facts-and-circumstances test - 2023	s, it the organiza	ition did not ch	eck a box on lin	e 13, 16a, or 1 (3b, and line 14 i	S
	10% or more, and if the organization meets	the facts-and-ci	ircumstances t	est, check this t	oox and stop h	ere. Explain in	
	Part VI how the organization meets the fac	ts-and-circums	tances test. Th	e organization	qualifies as a p	oublicly support	ed
_	organization						
b	10%-facts-and-circumstances test - 2022	. If the organiza	tion did not che	eck a box on lin	e 13, 16a, 16b,	or 17a, and line	_
	15 is 10% or more, and if the organization n	neets the facts-a	and-circumstan	ices test, check	this box and st	ton here. Expla	in
	in Part VI how the organization meets the f	acts-and-circun	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						
18	Private foundation. If the organization did	not check a box	on line 13, 16a	a, 16b, 17a. or 1	7b. check this	box and see	· · · · · ·
	instructions					- 3. A. T. T.	
						- · · · · · · ·	

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

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

Section A Public Support

payments received on securities loans, rents, royalites, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)	Seci	ion A. Public Support						
1 Giffus grants, contributions, and membership leas received. On much leads any nursual grants.) 2 Giross excelpts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tea-except purpose	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
received. (Do not include any *unusual grants.*) Cross receipts from admission, merchandles old or services performed, or facilities transhed in any activity that is related to the organization's trace-exemply propose of comparization's trace-exemply propose of comparization's trace-exemply propose of comparization's trace-exemply propose of comparization's benefit and oither paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 fhrough 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons to the included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of 55,000 or 1% of the amount on the 13 for the year comparison of the comparison of t	1		72/ 14	1 (0) = 0 = 0	(4, 202	(4) 2022	(0) 2020	(5) 1 5101
2 Gross receipts from admissions, merchandles add or services performed, or facilities furnished in any activity that is related to the organization's face changing purposes. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revernues levited for the organization's therefore the organization's benefit and either paid to or expended on its behalf . 5 The value of sarvices or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 A Amounts included on lines 1 2, and 3 received from disqualified persons . 9 Amounts included on lines 1 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 13 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 18 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 18 of the lyear called persons that exceed the greater of \$5,000 or 1% of the amount on line 18 of the lyear called persons that line 18 of the lyear called persons that lyear called persons that the lyear called persons that lyear called persons that lyear cal		·						
unrelated trade or business under section 513 4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons c Add lines 7a and 7b or 15 Section B. Total support c Add lines 7a and 7b or 15 Section B. Total support allendar year (or fiscal year beginning in) 9 Amounts from line 6 104 Gross income from Interest, dividends, payments received from securities loans, rents, royalite, and roome from Interest, dividends, payments received on securities loans, rents, royalite, and roome from Interest, dividends, payments received on securities loans, rents, royalite, and roome from Interest, dividends, payments received on securities loans, rents, royalite, and roome from Interest, dividends, payments received on securities loans, rents, royalite, and roome from Interest, dividends, payments received on securities loans, rents, royalite, and roome from Interest, dividends, payments received on interest of the security of the organization of	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from other than disqualified persons and the access the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 3 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 10 Net income from unrelated business acquired after June 30, 1975 c Net income from unrelated business acquired on ine 10b, whether or not the business is required on the 10b, whether or not the business is required on 10b. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Total support. (Add lines 9, 10c, 11, and 12.) 11 Public support percentage from 2022 Schedule A, Part III, line 15 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 Pirst 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2022 Schedule A, Part III, line 17 16 Investment income percentage from 2022 Schedule A, Part III, line 17 17 Investment income percentage from 2022 Schedule A, Part III, line 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19 313/3% support tests - 2022. If the organization did not check th	3	Gross receipts from activities that are not an						
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons consider the services of the services		unrelated trade or business under section 513					<u> </u>	
to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons has a received from disqualified person that a disqualified persons that exceed the present of \$5,000 or 1% of the amount on line 13 for the year 6 Add lines 7 and 7 D 8 Public support. (Subtract line 7c from line 6) 9 Amounts from line 6 10a Gross income from inferest, dividends, payments received on securities loans, rents, royalizes, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6 Add lines 10a and 10b 11 Net income from unrelated business excelvides not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage from 2022 Schedule A, Part III, line 15 Public support percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Investment income percentage from 2022 Schedule A, Part III, line 17 Inv	4	· · · · · · · · · · · · · · · · · · ·						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 10a Gross income from line 1s for its year clared and considered persons that exceed the greater of \$5,000 or 1% of the amount on line 1s for its year c Add lines 7c and 7b 8 Public support. (Subtract line 7c from line 6.) 10a Gross income from linerest, dividends, payments received on securities leans, rents, royalics, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses activities not included on line 10b, whether or not the business is regularly carried on 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Gross prome from unrelated business are received on Gross prome from continue the continue of the continu		-			1			
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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.)

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- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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				整理	riya Tanz	
	10b					•

Let	Supporting Organizations (continued)	
44		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
a	and and a series of the series	
	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,	
Sect	provide detail in Part VI. ion B. Type I Supporting Organizations	11c
000	ion b. Type i oupporting Organizations	132 1 25
1	Did the governing body members of the governing body officers exting in their governments	Yes No
•	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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	1
_	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
Sect	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1 1
Secti	on D. All Type III Supporting Organizations	
_		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	
3	how the organization maintained a close and continuous working relationship with the supported organization(s).	2
J	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.	
Secti	on E. Type III Functionally Integrated Supporting Organizations] 3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	
а	The organization satisfied the Activities Test. Complete line 2 below.	Structions).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
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
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
4.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Schodule A (I	Form 990) 2023	WATERTO

m 990) 2023 WATERTOWN AREA COMMUNITY FOUNDATION

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

46-0350319

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov 20 1970 (evolain	in Part VI) See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	on nov. 20, 1970 (explain)	A through F
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	T	<u> </u>	(4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
2	Recoveries of prior-year distributions	7	2	
3	Other gross income (see instructions)	3	3	
4	Add lines 1 through 3.	4	į į	
5	Depreciation and depletion	Ę	5	
6	Portion of operating expenses paid or incurred for production or collection	Ť		
	of gross income or for management, conservation, or maintenance of	ļ		
	property held for production of income (see instructions)	6	;	İ
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Т		
	instructions for short tax year or assets held for part of year):			V
	Average monthly value of securities	18		
	Average monthly cash balances	1t	,	
C	Fair market value of other non-exempt-use assets	10	;	
d	1 - 101 (111 12)	10		<u> </u>
e	Discount claimed for blockage or other factors	4		
	_(explain in detail in Part VI):	A CO		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	A STATE OF THE STA	W. W. C. C. C. C. C. C. C. C. C. C. C. C. C.
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		<u> </u>
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		ļ · · · · · · · · · · · · · · · · · · ·
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		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly in	tegrated Type III supporting	organization
EΑ			Rai	redule A (Form 990) 2023

September .	Type in Non-Functionally integrated 509(a)	(3) Supporting Organ	izations (continued	<u>() </u>	
Sec	tion 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-	empt purposes of suppo	rted	Ť	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	***		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	\neg	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistribution	s	(iii) Distributable
		Excess Distributions	Pre-2023	-	Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023			15.23.	
	(reasonable cause required - explain in Part VI). See		<u> </u>		
	instructions.			0.00	
3	Excess distributions carryover, if any, to 2023				
a	From 2018		Friday September	134	
b	From 2019				
C	From 2020			47.1	
d	From 2021				
e	From 2022		20 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)		
f	Total of lines 3a through 3e		克德克斯斯克斯克斯 克斯		
<u>g</u>	Applied to underdistributions of prior years			36	
<u>h</u>	Applied to 2023 distributable amount			100	· · · · · · · · · · · · · · · · · · ·
<u>i</u>	Carryover from 2018 not applied (see instructions)			10	
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				The second
	Section D, line 7: \$				CONTRACTOR CONTRACTOR
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u>c</u>	12 200 12 10 10 11 11 11 11				
5	Remaining underdistributions for years prior to 2023, if			100	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.	The section of Contract			
6	Remaining underdistributions for 2023. Subtract lines 3h		100		
	and 4b from line 1. For result greater than zero, explain in			模	
139	Part VI. See instructions.		of Park to the Conference		
7	Excess distributions carryover to 2024. Add lines 3j				
p	and 4c.	To pay pay the approper when the state of the contract of			
8	Breakdown of line 7:		garage at species and co		
<u>a</u>	Excess from 2019		等。 第二章 "我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		and the second second second
<u>b</u>	Excess from 2020			i di	
<u> </u>	Excess from 2021				
d	Excess from 2022				
<u>e</u>	Excess from 2023				

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

2023

Openito Rublic

Department of the Treasury Internal Revenue Service

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

Inspection

Maine	n die organization		Employer identification number
4000 - ACM	RTOWN AREA COMMUNITY FOUNDATION		46-0350319
Pa	Organizations Maintaining Donor Advised F		ounts
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	25	
2	Aggregate value of contributions to (during year)	199,976	
3	Aggregate value of grants from (during year)	289,543	
4	Aggregate value at end of year	3,408,528	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	X Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the dono	er or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		🔀 Yes 🔲 No
Par			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
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	· =	ertified 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	onservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified historic struc	•	. 2c
ď	Number of conservation easements included on line 2c, acqui		
-	•		. 2d
3	Number of conservation easements modified, transferred, rele		
•	tax year	,	
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it it		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
•	Clear and Volunteer flours devotes to mornioring, moreoving, in		on outs during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	na of violations, and enforcina conservation ea	asements during the year
•	A thiodile of experience around in monitoring, independing, inches	.9	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(F	3)(i)
•			п., п.,
9	In Part XIII, describe how the organization reports conservation		
•	sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements	signification of interior additional of the good in	DOS MIO
Par		of Art. Historical Treasures, or Of	ther Similar Assets
CFF HOTELS	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under FASB ASC 958,		ance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its financi		and a biana
b	If the organization elected, as permitted under FASB ASC 958,		e sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	minument, or resource in minute calle	o a paulio dol vide,
	(i) Revenue included on Form 990, Part VIII, line 1		¢
	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
2	-	-	, provide trie
_	following amounts required to be reported under FASB ASC 95		c
a	Revenue included on Form 990, Part VIII, line 1		
b	ASSEIS INCIDERO IN FORM SMU. MARIA	<i></i>	

	dule D (Form 990) 2023 WATERTOWN AREA	COMMUNITY FO	UNDATION		46-035	0319 Page 2
3		Collections of	Art, Historical	reasures, or O	ther Similar Ass	sets (continuea)
	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any of the fo	ollowing that make si	gnificant use of its	
a			_			
			d ∐ Loan	or exchange progran	n	
i i			e 🔲 Other	•	- · · · · · · · · · · · · · · · · · · ·	
4	Provide a description of the organization's co	ollections and explain	how they further the	organization's exem	pt purpose in Part	
_	XIII.					
5	During the year, did the organization solicit of	r receive donations o	of art, historical treasu	res, or other similar		
SHO _ 1000)	assets to be sold to raise funds rather than t	o be maintained as p	art of the organization	n's collection?	<u> </u>	. 🗌 Yes 🗌 No
. Fa	TLIV ESCROW and Custodial Arra	angements				
	Complete if the organization	answered "Yes	' on Form 990, F	Part IV, line 9, or	reported an am	ount on Form
	990, Part X, line 21.					
1a		an or other intermedi	ary for contributions o	or other assets not		
	included on Form 990, Part X?					. Yes X No
b		and complete the foll	owing table.			
			-	Г	Am	ount
C	Beginning balance			. , <i></i>	1c .	
d	Additions during the year				ld	
е	Distributions during the year				le l	· · · · · · · · · · · · · · · · · · ·
f	Ending balance				ıf	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21 for escrow or cus	todial account lishilit		X Yes No
b		Check here if the ext	planation has been o	rovided on Part XIII		_ =
Pai	t.V. Endowment Funds		Janation Had booth pi	OVIDED ON F BIT AIT		
	Complete if the organization	answered "Yes"	on Form 990. P	art IV line 10		
		(a) Current year	(b) Prior year		1.0.7	1
1a	Beginning of year balance	16,718,409		(e) Two years back	(d) Three years back	(e) Four years back
b	Contributions		19,457,226	16,558,212	14,899,911	12,792,322
c	Net investment earnings, gains, and	836,100	860,473	1,898,492	896,459	796,684
·	losses	0.000.000				
ď		2,232,976	(2,517,475)	1,977,439	1,789,657	2,392,222
	Grants or scholarships	464,095	651,268	479,284	661,850	726,532
6	Other expenditures for facilities and				ľ	ł
	programs					
f	Administrative expenses	415,191	430,547	497,633	<u>365,965</u>	354,785
g	End of year balance	18,908,199	16,718,409	19,457,226	16,558,212	14,899,911
2	Provide the estimated percentage of the curre		(line 1g, column (a)) l	held as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment%					
C	Term endowment%					
_	The percentages on lines 2a, 2b, and 2c shou					
3a	Are there endowment funds not in the possess	sion of the organization	on that are held and a	administered for the		
	organization by:					Yes No
	(i) Unrelated organizations?					3a(I) X
	(ii) Related organizations?					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as required	d on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.			
Part		nent				·
	Complete if the organization a	answered "Yes" (on Form 990, Pa	art IV, line 11a. S	See Form 990. Pa	art X. line 10.
	Description of property	(a) Cost or other			Accumulated	(d) Book value
	• • •	(investmen			epreciation	(4) DOOK VAILE
1a	Land			10,867		10.005
b	Buildings				100 646	10,867
C	Leasehold improvements		<u> </u>	58,230	128,643	229,587
ď	Equipment			20.000		
e	Other		<u></u>	38,289	20,362	17,927
	Add lines 1a through 1e. (Column (d) must equal		100 00/ (7)			
vial. /	raa iires Ta iirougii Te. (Column (a) musi equal	гопп ээυ, ran X, line	iuc, column (B)		· · · · · · ·	258,381

Part VII

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: at or end-of-year market value
(1) Financial derivatives			
(2) Closely-heid equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		·	
(E)			
(F) ·			<u>-</u>
(G) ·			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)) Part VIII Investments - Program Related			N. Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Car
Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11c. See Fo	orm 990. Part X. line 13.
(a) Description of investment	(b) Book value		c) Method of valuation:
			or end-of-year market value
(1)			,
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part X Other Assets			
otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX	n 990. Part IV lir	ne 11d See Fo	THE STATE OF THE S
Cotal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Complete if the organization answered "Yes" on Form	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX: Other Assets Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7
Otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2CASH SURRENDER VALUE	n 990, Part IV, lir	ne 11d. See Fo	Orm 990, Part X, line 15. (b) Book value 12,79 16,3
Otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2DASH SURRENDER VALUE (3ACCRUED INTEREST	n 990, Part IV, lii	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7
Otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2PASH SURRENDER VALUE (3ACCRUED INTEREST (4)	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
Otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2CASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5)	n 990, Part IV, lir	ne 11d. See Fo	Orm 990, Part X, line 15. (b) Book value 12,79 16,3
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2CASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6)	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2DASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6) (7)	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2CASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6) (7) (8)	m 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part X Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2PASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6) (7) (8) (9)	m 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX: Other Assets Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2CASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15 col. (B))	m 990, Part IV, lir	ne 11d. See Fo	Drm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
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Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form (1) Description (1) Description (1) Description (1) Description (1) Description (2) Description (3) Description (4) (5) (6) (7) (8) (9) (1) Other Liabilities Complete if the organization answered "Yes" on Form line 25. (a) Description of flability (b) Book value (b) Book value (column (b) must equal Form 990, Part X, line 15 col. (B))	n 990, Part IV, lin		Drm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0
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Otal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Complete if the organization answered "Yes" on Form (a) Description (1ARTWORK (2DASH SURRENDER VALUE (3ACCRUED INTEREST (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15 col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n 990, Part IV, Iin	ne 11e or 11f. S	Orm 990, Part X, line 15. (b) Book value 12,7 16,3 48,0 77,1

*	e D (Form 990) 2023 WATERTOWN AREA COMMUNITY FOUNDATION	46-0350319	Page 4
Part		r 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	3,742,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,742,305
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_ 1	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c.	134,201
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,876,506
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		·
1	Total expenses and losses per audited financial statements	1	1,509,579
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	_	
b	Prior year adjustments	- *	
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	1,509,579
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.) 53,540	- CONTRACTOR	
_ C	Add lines 4a and 4b	4c	53,540
5 DAG	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,563,119
**************************************	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; Pa	rt V lino	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ri X, iii G	
•	Other revenues included on Form 990 (Part XI, line 4b)		
04	Char Levendes Incidded on Form 990 (Fait AI, Iline 4D)		
CONTE	RIBUTIONS TO AGENCY FUNDS \$134,201		
CONTI	CDOLLONG TO MODING! FOUND PROVIDED		
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		-	
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•			
			
	,		

Parky III M	Supplemental Information (continued)	46-0350319	Page \$
<u>arain Ailis</u>	Supplemental information (continued)		
02. Other e	openses included on Form 990 (Part XII, line 4b)		
	•	· · · · · · · · · · · · · · · · · · ·	
BENEFICIARY	PAYMENTS MADE FROM AGENCY FUNDS \$53,540		
	·	<u></u>	
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Schedule D (Form 990) 2023

EEA

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

WATERTOWN AREA COMMENTERS -					Emproyer adentific	cation number
WATERTOWN AREA COMMUNITY E	OUNDATION				46-03	50319
	ies. Complete if t	ne organi	zation ansv	wered "Yes" on f	orm 990, Part IV,	line 17.
Form 990-EZ filers a	ire not required to	o complet	e this part.			
1 Indicate whether the organization	raised funds through	any of the fo	llowing activitie	es. Check all that app	oly.	
a Mail solicitations		0	■ Solicitation	of non-government	grants	
b Internet and email solicitations	3	f		of government gran		
c 📙 Phone solicitations		g		ndraising events		
d 🔲 In-person solicitations		_				
2a Did the organization have a writte	n or oral agreement w	ith any indivi	idual (including	officers directors to	ustoon	
or key employees listed in Form 9	990. Part VII) or entity	n connection	with profession	g onicers, directors, (i onal fundraising servi	usices,	п., п.,
b If "Yes," list the 10 highest paid in	dividuals or entities (fu	ndraicere) n	renant to car	onal fullulability selvi	des r	Yes No
compensated at least \$5,000 by the	he organization	naraisons) pi	ursuant to agre	sements under Witch	the fundraiser is to be	
,	no organization.					
	· · · · · · · · · · · · · · · · · · ·	7		·· ·		
(i) Name and address of individual	(11) A -M		indralser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vI) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of ibutions?	from activity	fundraiser listed in	(or retained by)
	<u>-</u> -	<u> </u>		<u> </u>	col. (i)	organization
		Yes	No	1		
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2		}	1			
3		İ	i i		···	<u> </u>
4					-	
5					**	
6					-	
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8				-		
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9						
10			<u> </u>			
	}]			
		··	·			
Total					[
3 List all states in which the organizat			it contribution	e or has been notified	it is assessed to	
registration or licensing.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a or rigg neers illottiled	it is exempt from	
		······································				
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				- -		74
	·····	<u> </u>				

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

10a

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

Name of the organization

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,

Attach to Form 990.

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

OMB No. 1545-0047 2023

Open to Public

Inspection

Employer identification number

≥□

XI XI XI XI XI XI 46-0350319 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? MATERION AREA COMUNITY FOUNDATION
PARTIM General Information on Grants

. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5.000. Part II can be duplicated if additin Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Fait IV, III e 21, IVI any recipient that received more than \$5,000. Part II can be duplicated if additional snace is needed	it triat received mo	ore than \$5,000. Part Ⅱ	can be duplicated	if additional space is	needed		
1 (a) Name and address of organization	(p)	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(m) Documentaria	
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal,	(g) Description or	(n) Purpose of grant
(1) DUEL HIGH SCHOOL					other)	ilolicasi assistance	or assistance
410 5TH ST W							
CLEAR LAKE SD 57226	46-6001470	m	43.090				
(2) WATERTOWN PICKELBALL ASSOCI			2272				EDUCATION
1623 HILLCREST DR N							COMMUNITY
	87-1286377		200				PICKLEBALL
(3) WATERTOWN HOCKEY ASSOCIATIO			20, 100				COURTS
PO BOX 483							
	51-0138200	<u></u>	44,250				
(4) WATERTOWN COMMUNITY CONCERT							YOUTH SPORTS
3 S BROADWAY							
WATERTOWN SD 57201	46-6012238	m	35,000				
(5) EAST CENTRAL CASA							MUSIC
PO BOX 781							
WATERTOWN SD 57201	33-0998847	m	10 576				
(6) BROTHERS AND SISTERS BEHIND			212/2				CHILD WELFARE
9 WEST KEMP							
WATERTOWN SD 57201	83-2009071	<u></u>	7.500				
LS CLUB OF WATE			2027.			38	WELFARE
1000 3RD AVE NE							
WATERTOWN SD 57201	46-0311845	 	28.395		•	2 4	YOUTH
(8) FRIENDS OF THE GOSS FOUNDAT			222/11				PROGRAMS
PO BOX 75							
WATERTOWN SD 57201	82-1384455	້	102 955	-			
(9) LAKE AREA TECHNICAL FOUNDAT			2007.200			B	COMMUNITY
1201 ARROW AVE NE							
	36-3860861	·	19,788				
(10)WATERTOWN CARES						M	EDUCATION
612 5TH ST SE STE 9			•				,
WATERIOWN SD 57201	92-1696277	m	15,000				
Contract to the last terminal and the last t						<u> </u>	WELFARE

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) 2023

WELFARE

Department of the Treasury Internal Revenue Service Name of the organization

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,

Attach to Form 990.

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

 Inspection Open to Publi 2023 Employer Identification number

OMB No. 1545-0047

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☐ Yes

46-0350319 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? WATERTOWN AREA COMMUNITY FOUNDATION Part

. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

			il call be duplicated	45,000. Falt if call be unplicated if additional space is needed.	needed.		
(a) wante allu aduless of organization	(g)	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(a) Description of	(h) Primose of grant
Tier in Lean So	1	(if applicable)	grant	noncash assistance	(book, FIMV, appraisal,	noncash assistance	or assistance
(1) HUMAN SERVICE AGENCY							or designation
123 19TH ST NE							
WATERTOWN SD 57201	46-0275247	<u>_</u> m	34.732				
(2) SD NEWS WATCH			200				WELFARE
3001 W SPRUCELEIGH CT				-			
SIOUX FALLS SD 57105	81-4674814	_ ന	10 000			-	
(3) CITY OF WATERTOWN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				COMMUNITY
PO BOX 910							
WATERTOWN SD 57201	46-6000515		8 800				
(4) LAKE AREA ZOOLOGICAL SOCIET		<u>.</u>	200,0			D	COMMUNITY
PO BOX 484							
WATERTOWN SD 57201	23-7294134	_ ღ	40.163				
(5) WATERTOWN BANQUET - PACH			204/22			2	ZOO SUPPORT
PO BOX 176							
WATERTOWN SD 57201	46-3296115		20 640				
HEALTH CARE F			CEO/07			<u>.</u>	CHILD HUNGER
400 10TH AVE NW							.
WATERTOWN SD 57201	46-0391067	m	14 667	•			
(7) WATERTOWN TOWN PLAYERS			100 / 11			#	HEALTH CARE
5 S BROADWAY							
	46-0341725	9	14.052				
(8) SLEEP IN HEAVENLY PEACE			200/11			Σ.	MUSIC
669 W QUINN BUILDING 42							
POCATELLO ID 83202	46-4346568	e	7 000				
(9) ST JUDES CHILDRENS RESEARCH			2021			ט	CHILD WELFARE
262 DANNY THOMAS PLACE							
	62-0646012	<u>_</u> m	7 140				
(10COMMUNITY TRANSIT OF WATERI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				HEALTH CARE
205 1ST AVE NE							
WATERTOWN SD 57201	84-3240474	<u>_</u> eq.	6 902			<u></u>	COMMUNITY
						H	TRANSIT

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) 2023

TRANSIT

SCHEDULE	-
(Form 990)	 ၓၟ

Department of the Treasury Infernal Revenue Service Name of the organization

Parti

overnments, 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,

Attach to Form 990.

OMB No. 1545-0047 Open to Public **≗** □

Inspection

Employer identification number

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

46-0350319 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? WATERTOWN AREA COMMUNITY FOUNDATION

∏ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

The state of the s		IOTO EIGH \$3,000. Part	I can be dublicated	If additional space is	needed		
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	/a) Occamination	
or government	į	(if applicable)	grant	noncash assistance	(book, FMV, appraisal,	noncash assistance	(n) Purpose or grant
(1) CODINGTON COUNTY WELFARE OF					orner)	Dalien assistant	ol assistance
7 W KEMP							
WATERTOWN SD 57201	46-6000516	<u>. ന</u>	6.500				
(2) WAITERTOWN AREA UNITED WAY			200/2				WELFARE
PO BOX 283							-
WATERTOWN SD 57201	46-0359557	_m	7.177				
(3) JOY RANCH							COMMUNITY
16633 448TH AVE							
FLORENCE SD 57235	87-1202375	<u>_</u>	25.360			بـــــ	YOUTH
(4) GROVE PARK RENEWAL							PROGRAMS
1566 DONALD LEE HOLLOWELL P							
ATLANTA GA 30318	83-2483067	<u></u>	25.000				
(5) FIRST UNITED METHODIST CHUR							COMMUNITY
4 2ND AVE SE							
WATERTOWN SD 57201	46-0229819	_ ღ	050				
(6) FIRST CONGREGATIONAL CHURCH			25.5				CULTURAL
121 1ST AVE SE							
WATERTOWN SD 57201	46-0229819	_ო	14.658				
(7) JENKINS LIVING CENTER			200/				CULTURAL
215 S MAPLE							
WATERTOWN SD 57201	46-0242831	<u>.</u>	25, 633			.91	SENIOR
(8) ARROW EDUCATION FOUNDATION			200 / 200			91	SERVICES
200 9TH ST NE							
WATERTOWN SD 57201	46-0453170	_ ღ	00%				
(9) DIVINE PROVIDENCE OF SOUTH						Đ.	EDUCATION
525 S LAKE DR							
WATERTOWN SD 57201	82-2330003	_ ღ	6.973				
(10)THE SALVATION ARMY						4	WELFARE
621 4TH ST NE							
WATERTOWN SD 57201	36-2167910	m	6.109				1
						E .	WELFARE

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) 2023

SCHEDULE I (Form 990)	Grants Governme	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to	and Other Assistance to Organizations, ents, and Individuals in the United State	s, tes		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs.go	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ı əsu, rarrıv, iine zı o st information.	2		Open to Public Inspection
WATERTOWN AREA COMMUNITY FOUNDATION Dartis Congraficements	ATION					Employer identification number 46-0350319	on number
1 Dee the construction maintain and dealing and Assistance	Grants and Assis	tance					
	substantiate the amoun	It of the grants or assistan	grants or assistance, the grantees' eligit	ility for the grants or ass	sistance, and		,
윒	edures for monitoring th	e use of grant funds in th	e United States.				· LYes LING
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	te to Domestic Organitation	inizations and Dom	estic Governments	Complete if the org	anization answered "Y	es" on Form 990,	
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (f) Metro	(b) EIN	(c) IRC section	(d) Amount of cash	if additional space is (e) Amount of	(f) Method of valuation	(a) Description of	(h) Director of group
or government A WATERTOWN POLICE DEPARTMENT		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
128 N MAPLE ST							
WATERTOWN SD 57201	46-6000515	<u>_</u>	6,000				Charter
(2) HOSANNA LUTHERAN CHURCH							TTMOTTO
WATERTOWN SD 57201	27-5212784	m	100	•	-		
(3) 4 THE KIDS			201/2				CULTURAL
PO BOX 364							
WATERTOWN SD 57201	82-4727673	3	5,500				decimin diffic
							CHILL HONGER
S							
WATERTOWN SD 57201	81-4834361	3	28,500				WELFARE
(c)							
3							
<u> </u>							
(2)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	government organization steel in the line 1 table	ons listed in the line 1 tab	· · · · · · ·				
For Paperwork Reduction Act Notice see the	netrictions for Earn	000					
EEA	וואמן ניו ביוחה ואו ביוווו א					Sched	Schedule I (Form 990) 2023

Page 2 Schedule I (Form 990) 2023 (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. m 990) 2023 WATERTOWN AREA COMMUNITY FOUNDATION

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 19,325 (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 Schedule I (Form 990) 2023 4 SCHOLARSHIPS Part Partill EE ~ Ŋ 9

SCHEDULE O (Fosm 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number WATERTOWN AREA COMMUNITY FOUNDATION 46-0350319 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 \$-134,201 BENEFICIARY PAYMENTS MADE FROM AGENCY FUNDS \$53,540 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

Schedule O (Form 990) 2023 Name of the organization	Paç
WATERTOWN AREA COMMUNITY FOUNDATION	Employer Identification number
WATERTONN FACER CONTONIES FOONDATION	46-0350319
ENHANCING RECREATION, EDUCATIONS, ARTS AND CULTURE.	
Taylo Taylo Coulture.	
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4562

Department of the Treasury

Internal Revenue Service

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 2023

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number WATERTOWN AREA COMMUNITY FOUNDAT FORM 990 - 1 46-0350319 Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 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 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 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 16 10,209 Part II MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 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 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 3-year property 19a b 5-year property C 7-year property d 10-year property 5,946 10 HY SL 297 15-year property 20-year property 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM 10-2023 29,963 40.0 156 Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life tijn is seedald tile steller b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-vear 40 yrs. MM S/L Part IV Summary (See instructions.) 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

•		
	Federal Supporting Statements	2023 PG01
Name(s) as shown on return		Tax ID Number
WATERTOWN AF	REA COMMUNITY FOUNDATION	46-0350319

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).

	-				Mar	Management & General	neral						PAGE 1	^
for Section 199A calculations. See "UBIA" in lower right corner.				(This pag	e is not filled w	ith the return. It is	(This page is not filed with the return. It is for your records only.)	s only.)						
Name(s) as shown on return WATERTOWN AREA COMMUN.	COMMUNITY FOUNDATION	×									Social sec	Social security number/EIN 46-0350319		
Description	Date	Cost	Basis	Business	Section 179	Bonus	Depreciable Basis	e l	Method	Rate	Prior	Current	Accumulated	AMT
DONATED OFFICE EQUIPMO9-01-1994	N09-01-1994	1,050	u por importient	100.00			050	유		ŀ	1,050		1,050	
BUILDING E KEMP	03-01-1999	97,803		100.00			97,803		SI. MM	2.5	58,273	2,445		
EDWARD JONES REMODEL	10-31-2011	16,867	-w-	100.00						2.5	4,710			
FILE CABINET	04-23-1996	204		100.00				10		0	204		204	
5 STORAGE CABINET	01-30-1997	218		100.00			218	10		0	218		218	
6 EXECUTIVE CHAIR	02-27-1997	277		100.00			277	유		•	277		277	
7 PROPERTY IMPROVEMENTS 07-11-2002	\$07-11-2002	24,265		100.00			24,265	50		•	24,265		24,265	
8 ROOFTOP HEATING & CO	£ CO011-30-2006	11,010		100.00			11,010	20	ZW IS	ιΩ	8,863	550	9,413	
9 COMPUTER	12-31-2006	1,432		100.00			1,432	ru -		0	1,432		1,432	
10 SOARD CHAIRS	05-31-2010	1,000		100.00			1,000	10		0	1,000		1,000	
11 LIGHTING (CONFERENCE		1,482		100.00			1,482	20 8	SI MO	ហ	877	74	126	
_	12-31-2011	1,342		100.00			1,342	ιΩ		0	1,342		1,342	
	05-31-2013	1,953		100.00				ις.		0	1,953		1,953	
_	04-30-2014	3,927		100.00			3,927	ر د		0	3,927		3,927	
15 CABINET	05-31-2014	1,154		100.00			1,154	10 S	SI HY	9	066	115	1,105	
	08-31-2015	1,995		100.00			1,995		SI, HY	Ŋ	732	100	832	
<u> </u>	08-31-2015	6,194		100.00				20 S	SL HY	رى د	2,271	310	2,581	
	802-28-2018	168,652		100.00			168,652	40 8	SI. MM	2.5	20,379	4,216	24,595	
_	01-31-2018	1,145		100.00			1,145	10	SL HY	22	562	114	676	
	02-28-2018	2,535		100.00			2,535	20	SL HY	10	1,224	253	1,477	
	02-28-2018	1,651		100.00			1,651		SL HY	12	798	165	696	
	03-31-2018	3,331		100.00			3,331			10	1,582	333	1,915	
23 LOUNGE CHAIR	03-31-2018	1,453		100.00				_	SI HY	10	689	145	834	
	6661-10-60	700'01	108/07	00.00			5	- i		0 ;				
_	200-202	00 t		700.00			4, 665	01		91	350	466	816	
	04-50-2022	5,006		100.00			5,006	유		10	375	201	876	
	10-31-2023	29,963		100.00			29,963		SI	. 521		156	156	
28 RECEPTION DESK	06-30-2023	5,946		100.00			5,946	10 8	SL HY	ιΩ		297	297	
						·								
<u>rotals</u>		407,387					396,520				138.343	10.662	149,005	İ
}		27.					240,000	_			C#0'00T			