

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB № 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 200		ear, or tax year beginning , and ending			
_	Check if applica	Inea IPS	C Name of organization		D Empl	oyer identification number
	Address chang	e label or	Watertown Community Foundation	on	- 40	-0350319
	Name change	print or	Doing Business As	<u> </u>		
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number 5-882-3731
Ħ	Termination	Specific	PO Box 116			4 000 440
\exists		instruc-	City or town, state or country, and ZIP + 4 Watertown SD 57201		G Gross rec	eipts \$ 4,337,440
\sqsubseteq	Amended retur				H/a\ lc thư	a group return for
	Application per	nding F Name	e and address of principal officer		affilia	
					H(b) Are a	Il affiliates
						, attach a list (see instructions)
_	Tax-exempt	etatus X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527			,,
<u>:</u>	Website:		ctowncommunityfoundation.org	*	H(c) Group	exemption number
<u>-</u> -		zation X Co		L Year of formation	1979	M State of legal domicile SD
	art I	Summa				
	· · · · · · · · · · · · · · · · · · ·		he organization's mission or most significant activities			
4			ion of the Watertown Community Foundation	is to promote		
2			ropy, receive and administer charitable gi			
Activities & Governance			that improve the quality of life in Water			
o Ve		-	If the organization discontinued its operations or disposed of more		sets	
Ğ	3 Nun	nber of voting	members of the governing body (Part VI, line 1a)		3	5
S		-	endent voting members of the governing body (Part VI, line 1b)		4	5
λŧέ		· - '	employees (Part V, line 2a)		5	2
Ę			volunteers (estimate if necessary)		6	10
⋖			ated business revenue from Part VIII, column (C), line 12		7a	
	li .	-	siness taxable income from Form 990-T, line 34		7b	0
				Prior		Current Year
•	8 Con	tributions an	d grants (Part VIII, line 1h)	1,4	<u>27,335</u>	296,305
Ž	9 Prog	gram service	revenue (Part VIII, line 2g)		6,722	6,463
Revenue	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		44,163	320,515
Ř	11 Oth	<u>er revenue (F</u>	16,023			
	12 Total	l revenue	add fire 8 through 11 (must equal Part VIII, column (A), line 12)		05,917	638,953
2010	13 Gra	nts and eimil	ar amounts paid (Paroll X, column (A), lines 1–3)	3	87,177	256,582
6	14 Ben	efits paid to				
ŝ	15 Sala	other o	ompensation, employee benefits (Part IX, column (A), lines 5–10)		57,942	72,754
kpenses	16a Prof		treising fees (Part IX, column (A), line 11e)			
. <u>.</u>	b Tota		(Red IX, column (D), line 25) ▶			
Ü	17 Oth		(Part IX, column (A), lines 11a-11d, 11f-24f)		31,347	140,429
ή		al expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)	[5	76,466	
į, · ·	19 Rev	enue less ex	penses Subtract line 18 from line 12		29,451	169,188
الم الم	Sa			Beginning of		End of Year
Sets	20 Tota	al assets (Pa	rt X, line 16)		08,790	8,927,769
Net Assets or Programme	21 Tota	al Irabilities (F	art X, line 26)		54,995	
*****			d balances Subtract line 21 from line 20	6,9	53,795	7,937,024
<u>F</u>	Part II	Signatu	re Block			
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying so his true, correct, and complete Declaration of preparer (other than officer) is based o	hedules and statements, a	nd to the best o	if my knowledge
		and beign, it	Is true, correct, and complete Declaration of preparer (other than officer) is based of	Trail illioirnauon or which p	l l	y knowledge
Sig	-		(a) Westry			
He	ere	Signati	de of officer		Date	5-3-10
			Jan DeBerg. Executive Director			3-3-70
_		Type or	print name and title U			Occasion identifican number
n -		Preparer's			ck if	Preparer's identifying number (see instructions)
Pa		signature	I could had	4/21/16 self	oloyed 🕨 💄	P00111931
	eparer's	Firm's name	Hanson Vilhauer & Raml P.C.		EIN	46-0414067
US	e Only	if self-emplo	· · B B A D • • 1967		Phone	
		address, and			no	▶ 605-886-8425
Ma	y the IRS d	scuss this re	turn with the preparer shown above? (see instructions)			Yes No
Fo	r Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA	Α -	-			G	î /m

Fait			inhusinnenta		
The ph:		Watertown C ive and admi	nister charita	ation is to promote ble gifts and invest Watertown.	in
the	d the organization undertake any e prior Form 990 or 990-EZ?		vices during the year which we	ere not listed on	Yes X No
3 Di	"Yes," describe these new service d the organization cease conduct ervices?		changes in how it conducts, a	any program	Yes X No
4 De	"Yes," describe these changes on escribe the exempt purpose achie ection 501(c)(3) and 501(c)(4) org locations to others, the total exper	vements for each of the anizations and section	4947(a)(1) trusts are required	to report the amount of grants and	
su	ode)(Expenses \$ ants awarded to very port charity, economic ty.	various nonp)
	ode)(Expenses \$ ants awarded to varity, education	various agen)
4c (C	ode) (Expenses \$		including grants of \$) (Revenue \$	
	her program services. (Describe i xpenses \$	n Schedule O.) including grants	of \$) (Revenue \$)
4e To	tal program service expenses		,582		- 000
					Form 990 (2009)

ŧ

1

Pa	art IV Checklist of Required Schedules						
						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"						
•	complete Schedule A			L	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			Ļ	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ŀ			
	candidates for public office? If "Yes," complete Schedule C, Part I			L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			ĺ			
	Schedule C, Part II			L	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			L	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			-		1	
	complete Schedule D, Part I			L	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			į			
	complete Schedule D, Part III			Ļ	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part						
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						77
	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V			⊢	10_	_X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					x	
	VII, VIII, IX, or X as applicable			-	11	^	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					I	
	Schedule D, Part VI						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					I	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					ı	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII					1	
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets					I	
•	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX			-		1	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X					Ī	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					Ī	
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					I	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					I	
	Schedule D, Parts XI, XII, and XIII			<u> </u>	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	[Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X		I	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Ŀ	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,						
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			L	14b		<u>x</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any					1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			L	15		<u>_x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance					ł	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			L	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				,		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			ļ.,	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-		J	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			L	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						77
	If "Yes," complete Schedule G, Part III			L	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		X
					FORT	, 990	ころいりり

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
_,	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on 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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ı	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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 Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			77
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			37
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			7.7
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_		v
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u> </u>

_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_				
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable	<u>1a</u>					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	rtable				х	ŀ
0-	gaming (gambling) winnings to prize winners?	j l	l		1c	^	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	2				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	f			20		
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	nv.					
Ja	this return?	Jy			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	-					
	account)?				4a		Х
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba	nk					
	and Financial Accounts						
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 transactio	n?			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing			1		
	Prohibited Tax Shelter Transaction?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				ł		
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or					
	gifts were not tax deductible?				6b_		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods					
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	ایہا			7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u>-</u>	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers- benefit contract?	onai			7e	ı	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C at	s					
	required?	_			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			_ I		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			_		
11	Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a			4	I	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					•	
4.5	amounts due or received from them)	11b			- <u></u>	ŧ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10				12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			ليسا	. 000	(2009)
					CONT	الالتان	LEUUSI

Form 990 (2009) Watertown Community Foundation

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

<u>Sec</u>	tion A. Governing Body and Management			
		£	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		<u>_x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			77
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			77
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		v	
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		x	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	x	
40	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	♣	
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		х	
a	The organization's CEO, Executive Director, or top management official	15a		x
þ	Other officers or key employees of the organization	15b		
40:	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŧ	x
L	with a taxable entity during the year? If "Yes " has the error instance educated a written polycy or exceedure requiring the ergonization to evaluate	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	405	1	
500	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None So the States with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ledgers Inc. 1 1st Ave. SW			
7.7 -	- FEO.4	605-882	2 - 0	686
DAA	stertown SD 57201			(2009)
		FUIII		(4,002)

DAA

C-- 000 (2000)

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

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. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (F) (B) (C) (E) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Highest compensated employee Individual trustee nstitutional week from from related other employee the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization trustee and related organizations Greg Blow X 0 0 5.00 Trustee Tyler DeBoer 0 0 5.00 X Trustee Kate Benson X 0 0 0 Director 1.00 Dr. Lesli Hanson X 0 0 Director 1.00 Laurie Benson X 0 0 Chair 1.00 James C. Roby 0 1.00 X 0 Director Dale Christensen 1.00 X 0 0 Director

ra	I VII Section A. Officers,	,, 1100		,					The state of the state of E	(3333)			
•	(A) Name and Title	(B) Average hours per		r =	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
•		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0	other mpensation from the rganization and related ganizations	Ì
				_			_						
								· 					
			_				_						
												<u> </u>	
						-						<u>.</u>	
							-						_
		<u> </u>		<u> </u>				_					
1b 2	Total Total number of individuals (inc	cluding but not lin	nited	l to th	nose	liste	d ab	ove)	who received more than \$	100,000 in	1		
	reportable compensation from	_		0									
3	Did the organization list any fo								ee, or highest compensated	1	ſ	Ye 3	s No X
,4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	e 1a, is the sum o	f rep	ortal	ole c	omp	ensa	tion	and other compensation from complete Schedule J for s	om such			x
5	Individual Did any person listed on line 1s services rendered to the organ											5	X
Sec	tion B. Independent Contracto												
1	Complete this table for your fiv compensation from the organization		nsate	ed in	depe	ende	nt co	ntra		(B) tion of services	· T	(C) Comper)
	Name and	būsiness address					· · ·		Descrip	tion of services		Comper	isation
								_					
2	Total number of independent of	contractors (include	ding	but r	ot lir	nited	d to ti	nose	e listed above) who received	1			
DAA	more than \$100,000 in compet	nsation from the o	orgai	nızat	ion 🕽	<u> </u>						0	20 (2000)

Pa	<u>n v</u>	III Statement of Reve	<u>nue</u>					
•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a					i
Program Service Revenue Contributions, gifts, grants and other similar amounts	h	Membership dues	1b		1			
₽Ę	c	Fundraising events	1c					
jifts ar a	q	Related organizations	1d		1			
S, Bijg		Government grants (contributions)	1e		1			
isi	f	All other contributions, gifts, grants,						
but	•	and similar amounts not included above	1f	296,305	1			
o d	_	Noncash contributions included in lines 1a-		B				
Sol	9	Total. Add lines 1a-1f	" ,	" ▶	296,305			
		Total. Add lines Ta-11		Busn. Code				
nua	2a	Program Service Reve	27116	Busin. Codd	6,463	6,463		.
ev.	Za b	Frogram Service Reve	onue	1	0,100			
e								
ĒŽ	c d							
S	ū							
grai	e	All other program service rever	w.o					
Pro	ا ا	Total. Add lines 2a–2f	iue		6,463			
_	3	Investment income (including d	wden		0,100			
	3	other similar amounts)	IVIGEN	as, interest, and	206,005			206,005
	4	Income from investment of tax-	evemn	· F			·	
	5	Royalties	CACITIP	L bond proceeds			_	
		(i) Real	T	(II) Personal			-	
	6a		165	(iii) i discinci				
	b		495		1			
	C		670					
	d	Net rental income or (loss)		•	15,670	Ì	•	15,670
		Gross amount from (i) Securities	,	(II) Other				
		sales of assets other than inventory 3,798,429		1,081				
	b	Less cost or other						
		basis & sales exps 3,685,	000		1			
	_	Gain or (loss) 113		1,081	-			
	d	Net gain or (loss)		D	114,510	113,429	-	1,081
		Gross income from fundraising even	, [,		
ıne	-	(not including \$	"					
Ver		of contributions reported on line 1c)						
Other Revenue		See Part IV, line 18	a		1			
her	ь	Less direct expenses	ь					
ō		Net income or (loss) from fundr	aisina 'a	events				
		Gross income from gaming activities					W	
	-	See Part IV, line 19	a					
	ь	Less direct expenses	ь	•				
		Net income or (loss) from gami	na acti	vities				
		Gross sales of inventory, less]					
		returns and allowances	a		I			
	b	Less cost of goods sold	ь		1			
		Net income or (loss) from sales	of inve	entory				
		Miscellaneous Revenue		Busn Code				
	11a		٠					
	b							-
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<u> </u>				
	12	Total Revenue. See instruction	าร	▶	638,953	119,892	0	222,756

Form 990 (2009) Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
'	organizations in the U.S. See Part IV, line 21	163,945	163,945	1	
2	Grants and other assistance to individuals in	203/3.0	200/310		
2	the U.S. See Part IV, line 22	92,637	92,637		
2	Grants and other assistance to governments,	52,00.	32,00,		
3	organizations, and individuals outside the			1	
				1	
_	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u>_</u>	···	·····
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	68,046		68,046	
7	Other salaries and wages	00,040		00,040	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	4 700		4,708	
10	Payroll taxes	4,708		4,708	
11	Fees for services (non-employees)				
а	Management	1 1 2 2		1 1 2 2	···
b	· · ·	1,133		1,133	
C	Accounting	11,941		11,941	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other		· ··•		
12	Advertising and promotion				
13	Office expenses	4,806		4,806	
14	Information technology				
15	Royalties				
16	Occupancy	3,753		3,753	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,064		3,064	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,331		2,331	
23	Insurance				
24	Other expenses Itemize expenses not	1		1	
	covered above. (Expenses grouped together	1		1	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)				
а	Trust Fees	63,846		63,846	
b	Donor Development	26,272		26,272	
С	Advertising	11,759		11,759	
d	Miscellaneous	4,536		4,536	
е	General Insurance	3,721		3,721	
f	All other expenses	3,267		3,267	
25		469,765	256,582	213,183	
26	Joint costs. Check here ▶ ☐ If following		•		
	SOP 98-2 Complete this line only if the			1	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
ΔΔ				····	r 000 /

	art X	Balance Sheet		/A\		(B)
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		401,495	2	275,302
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		618,705	4	15,154
	5	Receivables from current and former officers, directors, ti	rustees, key		I	
	1	employees, and highest compensated employees Comp	lete Part II of		1	
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined of	under section			
	1	4958(f)(1)) and persons described in section 4958(c)(3)(6)	3) Complete		1	
		Part II of Schedule L			6	
e CS	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 330,812			
	Ь	Less accumulated depreciation	10b 63,752	277,905	10c	267,060
	11	Investments—publicly traded securities		6,474,583	11	8,337,083
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,102	15	33,170
	16	Total assets. Add lines 1 through 15 (must equal line 34)	,	7,808,790	16	8,927,769
	17	Accounts payable and accrued expenses		1,188	17	1,224
	18	Grants payable	253,844	18	171,770	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Ę	22	Payables to current and former officers, directors, trustee	li e			····
<u>=</u>		employees, highest compensated employees, and disqua	· · · · · · · · · · · · · · · · · · ·		•	
Liabilities		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	·		24	
	25	Other liabilities Complete Part X of Schedule D		599,963	25	817,751
	26	Total liabilities. Add lines 17 through 25		854,995	26	990,745
s		Organizations that follow SFAS 117, check here ▶ 🄀	and	•		
Balances	ļ	complete lines 27 through 29, and lines 33 and 34.			1	
<u>a</u>	27	Unrestricted net assets		1,904,883	27	2,089,191
Ja E	28	Temporarily restricted net assets		342,490		413,842
ō	29	Permanently restricted net assets		4,706,422	29	5,433,991
Fund		Organizations that do not follow SFAS 117, check here	e ▶			
Ļ		and complete lines 30 through 34.			1	
တ	30	Capital stock or trust principal, or current funds		ĺ	30	
ě	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	<u> </u>
SS	32	Retained earnings, endowment, accumulated income, or			32	
Net Assets or	33	Total net assets or fund balances		6,953,795		7,937,024
چ	34	Total liabilities and net assets/fund balances	ļ.	7,808,790		8,927,769

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Watertown Community Foundation

Employer identification number 46-0350319

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) |X| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (III) Type of organization the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support cot (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total - Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 200,686 156,696 318,335 163,863 296,305 1,135,885 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 318,335 163,863 296,305 1,135,885 156,696 200,686 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 13,014 shown on line 11, column (f) 1,122,871 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 296,305 1,135,885 7 Amounts from line 4 200,686 156,696 318,335 163,863 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar -415,665 235.170 1,010,389 176,621 634,089 380,174 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 2,146,274 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 6,463 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 52.32% 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 50.16% Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

Part III

Section A. Public Support

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

-Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) I otal	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the				İ			
	amount on line 13 for the year							
C	Add lines 7a and 7b		<u> </u>					
8	Public support (Subtract line 7c from line 6)							
Sac	tion B. Total Support	<u> </u>	<u> </u>	l	<u> </u>	11		
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	(4) 2000	(5) 2000	(0) 2001	(0, 20,0	(4,-44-	. (7)	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b			·				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12) First five years. If the Form 990 is for the o	L	coond third form	h or lifth toy year	as a section 501/a	1(3)		
14	organization, check this box and stop here	_	second, unita, iour	ui, or mui tax year	as a section so I(C	Λ Ο)	▶ □	
Sec	tion C. Computation of Public Su		age	*				
15	Public support percentage for 2009 (line 8,	 		(f))		15	%	
16	Public support percentage from 2008 Sche		=			16	%	
Sec	tion D. Computation of Investme	nt Income Per	centage					
17	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))							
18	Investment income percentage from 2008	Schedule A, Part II	I, line 17			18		
19a	33 1/3 % support tests—2009. If the organ	nization did not che	eck the box on line	14, and line 15 is n	nore than 33 1/3 %	, and line		
	17 is not more than 33 1/3 %, check this bo		-					
b	33 1/3 % support tests—2008. If the organ						<u>.</u> —	
••	line 18 is not more than 33 1/3 %, check th		_					
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	on, check this box	and see instruction	IS	000 F7) 0000	

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public Inspection

Watertown Community Foundation 46-0350319 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

organization's liability for uncertain tax positions under FIN 48

	edule D (Form 990) 2009 Watertown Community Foundat:	ion 46-035031	.9	Page 4
Pai	art XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	638,953
2	Total expenses (Form 990, Part IX, column (A), line 25)		2_	469,765
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	169,188
4	Net unrealized gains (losses) on investments		4	934,242
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7_	
8	Other (Describe in Part XIV)		8_	-120,201
9	Total adjustments (net) Add lines 4 through 8		9_	814,041
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	983,229
Par	art XII Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		_1_	1,413,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a 934,242		
ь	Donated services and use of facilities	2b		
c	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV)	2d 13,495		
е	Add lines 2a through 2d		2e	947,737 465,463
3	Subtract line 2e from line 1		3	465,463
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b 173,490		
С	Add lines 4a and 4b		4c	173,490
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	638,953
Par	art XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per R	eturn	<u> </u>
1	Total expenses and losses per audited financial statements		1	429,971
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d 13,495		
е	Add lines 2a through 2d		2e_	13,495
3	Subtract line 2e from line 1		3	416,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b 53,289		
C	Add lines 4a and 4b		4c	53,289
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	469,765
Par	art XIV Supplemental Information			
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4, Part IV, lines 1b		
nd 2t	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d and 4b Also complete		
his pa	part to provide any additional information.			
<u> Pa</u>	art XI, Line 8 - Reconcilation of Changes	- Other		
Þo	ant ayponges notted with revenues on Pg 1	of tax roturn \$		13,495
_ <u>ve</u>	ent expenses netted with revenues on Pg. 1	-OI cax lecuin 3		_13/332
_C <u>o</u>	ontributions to agency funds	\$		- <u>173,490</u>
Re	ent expenses netted with revenues on Pg. 1	l of tax return \$		<u>-13,495</u>
_52	eneficiary payments made from agency funds	<u> </u>		_53,289
Рa	art XII, Line 2d - Revenue Amounts Include	ed in Financials -	Oth	er
- =			_ ===	

Schedule [D (Form 990)	2009 W a	atert	own Com	nunity	Found	ation		46-03	50319			Page !
Part X	W Supp	lemental	<u>Informa</u>	tion (contin	ued)								
_Rent	expens	ses_ne¹	t <u>ted</u> <u>r</u>	with_re	vēunes	on_Pg	1_o <u>f</u>	<u>tax</u>	return	_ \$ _	1 <u>3</u>	, <u>495</u>	
 P <u>art</u>		 L <u>ine</u> 41	 bRe	evenue	 Amount	 s_I <u>ncl</u> i	 u <u>ded</u> <u>o</u> :	n_Ret	<u>urn -</u>	ot <u>her</u>			
_Cont	r <u>ibuti</u>	o <u>ns</u> _to	<u>agen</u>	cy_fund	s					_ \$ _	_ <u>1</u> 7 <u>3</u>	, <u>4</u> 9 <u>0</u>	
 _Part		Line_2	<u>-</u>	Expense	Amoun	ts Inc	 l <u>ude</u> d_	 i <u>n F</u> i	nancia	 ls0	 Other_	·	
_Rent	expens	ses_ne	t <u>ted</u> <u>v</u>	with_re	venues	on_Pg	1_o <u>f</u>	<u>tax</u> :	return	_ \$ _	1 <u>3</u>	, <u>495</u>	
 P <u>art</u>	XIII ^T	Line	 4 <u>b</u> - <u>F</u>	Expense	Amoun	 t <u>s</u> Inc	 l <u>ude</u> d	on Re	: turn	Othe			
_Bene	ficiar	y payme	ents <u>r</u>	made_fro	om age	ncy fu	nds			_ \$ _	5 <u>3</u>	, <u>289</u>	
 	 				 		 		·		 		
							-						
				- - -					- -		-		_ _
	- - -		-						·				
	-				-	 -			 -				
-													
-									·				
										- - -			
		-					-	-		-			
													

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

Name of the organization

Part

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

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

▶ Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Watertown Community Foundation

General Information on Grants and Assistance

Employer identification number

46-0350319

OMB No 1545-0047 2009

Open to Public Inspection

ջ □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Zoo Improvements (h) Purpose of grant Youth Programs or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Education Education Theatre Safety Health Health Music non-cash assistance (g) Description of (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant 16,036 10,372 35,150 5,036 15,000 12,700 16,743 10,177 15,231 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section applicable ന m ന ന ന ო ന ო 46-6001273 46-6012238 46-0311845 23-7294134 46-0275247 46-0391067 46-0242831 46-6000516 46-0341725 (p) EIN the selection cnteria used to award the grants or assistance? Search Dive Rescue Concert Assn SD 57201 SD 57201 57201 57201 SD 57201 SD 57201 57201 SD 57201 SD 57201 Boys & Girls Club of Watertown (a) Name and address of organization Lake Area Technical Institute Lake Area Zoological Society Jenkins Living Center, Inc. SD or government Watertown Town Players Prairie Lakes Hospital Watertown Community Human Service Agency Codington County 5 South Broadway 3 South Broadway 400 10th Ave. NW 230 11th St. NE 100 3rd Ave. NE 123 19th St. NE 215 S. Maple P.O. Box 484 P.O. Box 12 Watertown Watertown Watertown Watertown Watertown Watertown Watertown Watertown Watertown Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 Watertown Community Foundation 46-0350319

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

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 46-0350319

	OSE I AILTY AND SCHEUGHE I-1 (1 OHI) SSO/ II AUGUNDIA SPACE IS HEEDEN.	(1 OIIII 330/ II additio	iai space is ilecueu.			
e)	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
	1:3	00	30 348			
Various	various monpronic org.	00	040/60			
Various	Various nonprofit org.	15	53,289			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to p	provide the informatic	on required in Part I,	line 2, and any other addit	ional information.

Schedule I (Form 990) 2009

<u>-</u>	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Employer identification number Inspection

OMB No 1545-0047 2009

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance 46-0350319 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Youth Youth non-cash assistance (g) Description of (c) IRC Code section (d) Amount of cash grant if applicable assistance (f) Method of valuation (book, FMV, appraisal, other) 6,500 6,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Watertown Community Foundation ო 46-0306352 46-0320561 (p) EIN I 1 ١ 1 1 ı 1 ı ١ I 1 ١ ١ 57104 57235 I 1 ١ 1 ١ 1 (a) Name and address of organization ١ ١ Suite 110_ SD I Ιg 1 ١ 1 ١ 1 I or government ł ١ 1 ١ ١ ١ 1 ١ 1 ١ 1000 N. West Ave. ١ ١ Junior Achievement ١ _16633_448th_Ave._ ١ 1 1 ı I 1 ı l 1 ١ 1 1 1 Sioux Falls Joy Ranch ١ Florence ١ ı I 1 ١ ١ Parti ı I ١

Page 2	(f) Description of non-cash assistance											Schedule I-1 (Form 990) 2009
990), Part III.)	(e) Method of valuation (book, FMV, appraisal, other)											
50319 tes (Schedule I (Form	(d) Amount of non-cash assistance					÷						
ion 46-035 duals in the United Stat	(c) Amount of cash grant			:								
munity Foundat er Assistance to Individ	(b) Number of recipients											
Schedule 1-1 (Form 990) 2009 Watertown Community Foundation 46-0350319 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule 1 (Form 990), Part III.)												

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Watertown Community Foundation

Employer Identification number 46-0350319

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Executive Director reviews the 990 and baord approves.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Board of Directors performs an annual review of executive director and approves salary.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Name	(s) shown on return Waterto	own Communi	ty Foundat	ion		Identif		umber 0319
	ess or activity to which this form relates adirect Depreciation	ion						
	rt I Election To Expen	se Certain Prop	erty Under Sec	tion 179				
	Note: If you have a	any listed proper	ty, complete Pa	rt V before you	complete Pa	ırt I.		050 000
1	Maximum amount. See the instruct	tions for a higher limit	for certain business	es			1	250,000
2	Total cost of section 179 property	placed in service (see	instructions)				2	000 000
3	Threshold cost of section 179 prop	-		tructions)			3_	800,000
4	Reduction in limitation Subtract lin						4	
_5	Dollar limitation for tax year. Subtract line						5	
6_	(a) Descriptio	n of property		b) Cost (business use	only) (c) E	lected cost		
								
7	Listed property Enter the amount			0 17	7			· · · · · · · · · · · · · · · · · · ·
8	Total elected cost of section 179 p			6 and 7			<u>8</u> 9	
9	Tentative deduction Enter the small						10	
10	Carryover of disallowed deduction				ann instructions)		11	·
11	Business income limitation Enter t				see instructions)		12	
12	Section 179 expense deduction A			nan line 11	42		12	
13	Carryover of disallowed deduction Do not use Part II or Part III below				13			·
				ciation (Do no	t include liste	d prope	rtv)	(See instr)
						<u>u prope</u>	1 ty.)	Occ man./
14	Special depreciation allowance for		ner man listed prope	rty) placed in Servic	Je		14	
	during the tax year (see instruction	•					15	
15	Property subject to section 168(f)(•					16	2,331
16	Other depreciation (including ACR MACRS Depreciat		ide listed prope	rty) (See instru	ictions)			2,552
	III III MACKS Depreciat	IOII (DO HOL IIICIC	Sectio		ictions.)			-
17	MACRS deductions for assets place	end in convice in tax v					17	0
18	If you are electing to group any assets place	•			unts check here		<u> </u>	
10	Section B—	-Assets Placed in Se	rvice During 2009	Tax Year Using the	General Depre	iation Sy	stem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investmen only–see instruction	(d) Recovery	(e) Convention	(f) Meti		(g) Depreciation deduction
19a	3-year property	307700	Oilly 550 mod doub		7			
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	5-year property							
c	7-year property	1						
	10-year property	1				-		
	15-year property	1	<u>-</u>					
f	20-year property							
	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs.	ММ	S/L		
	property			27 5 yrs	ММ	S/L		
$\overline{}$	Nonresidential real			39 yrs.	MM	S/L		
	property				ММ	S/L	_	
	Section C—A	ssets Placed in Sen	ice During 2009 Ta	x Year Using the	Alternative Depre	eciation S	ystem	<u> </u>
20a	Class life					S/L	_	
b	12-year			12 yrs		S/L		
	40-year			40 yrs	MM	S/L		<u> </u>
₽ŧ	rt IV Summary (See ins	structions.)						· · · · · · · · · · · · · · · · · · ·
21	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, I				Enter here			
	and on the appropriate lines of you	ır return. Partnerships	and S corporations	—see instructions			22	2,331
23	For assets shown above and place	ed in service during th	e current year, ente	r the				
	portion of the basis attributable to	section 263A costs			23			5 - A562 (2000)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 67 ► See separate instructions. ► Attach to your tax return. Identifying number Name(s) shown on return

	Waterto	wn Communi	ty Foundatio	n			46-	035	0319
	ess or activity to which this form relates								
-	ents on donated pr			470					
Pa	et I Election To Expens				com	nloto Da	ort I		
	Note: If you have a			belore you	COIII	piete r <u>a</u>	<u> </u>	1	250,000
1	Maximum amount. See the instruction	=						2	
2	Total cost of section 179 property p Threshold cost of section 179 proper	·		one)				3	800,000
3 4	Reduction in limitation Subtract line			01137				4	
5	Dollar limitation for tax year Subtract line			separately see	instruct	ons		5	
6	(a) Description			st (business use			lected cost		-
<u> </u>	(4) 0 000 1 1 1 1		,,,,,,				-		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pr		in column (c), lines 6 and	d 7				8	
9	Tentative deduction Enter the sma							9	
10	Carryover of disallowed deduction f							10	
11	Business income limitation Enter th	•		ero) or line 5 (see in:	structions)		11	
12	Section 179 expense deduction Ac							12	
13	Carryover of disallowed deduction t			•	13				
	: Do not use Part II or Part III below I			-					
Pa	rt II Special Depreciation	on Allowance a	nd Other Depreciat	ion (Do no	t incl	ude liste	d prope	rty.)	(See instr.)
14	Special depreciation allowance for								
	during the tax year (see instructions							14	
15	Property subject to section 168(f)(1							15	
16	Other depreciation (including ACRS	S)						16	8,512
Pa	rt III MACRS Depreciati	on (Do not inclu	ide listed property.)	(See instru	uction	ıs.)			
			Section A						
17	MACRS deductions for assets place	ed in service in tax y	ears beginning before 20	09				17	0
18	If you are electing to group any assets pla	iced in service during the	e tax year into one or more ge	neral asset acco	unts, ch	eck here 🕨		l	
	Section B—	Assets Placed in Se	rvice During 2009 Tax Y	ear Using the	Gene	ral Depred	iation Sy	stem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) C	Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property				<u> </u>				
b	5-year property				ļ				<u></u>
С	7-year property								
<u>d</u>	10-year property				ļ				
е	15-year property			 	<u> </u>				
f	20-year property								<u> </u>
g				25 yrs	<u> </u>		S/L		
h	Residential rental			27 5 yrs.	-	MM	S/L		<u> </u>
	property			27 5 yrs	-	MM	S/L	-	
i	Nonresidential real			39 yrs	-	MM	S/L		
	property		. D : 2000 T - V		114	MM	S/L		
		ssets Placed in Sen	vice During 2009 Tax Ye	ar Using the A	aterna	tive Depre			
20a				40			S/L		
	12-year			12 yrs.	 		S/L		
	40-year	<u> </u>	<u> </u>	40 yrs	<u> </u>	MM	S/l		<u> </u>
	art IV Summary (See ins							24	T
21	Listed property Enter amount from		40 and 90 in anti	(a) and line 04	C-4-	r horo		21	<u> </u>
22	Total. Add amounts from line 12, lin				ı ⊏nte	пеге		22	8,512
	and on the appropriate lines of you			e instructions		Γ		1 44	0,312
23	For assets shown above and place		ie current year, enter the		23				
	portion of the basis attributable to s	EULIUH ZOJA COSIS			1_23				<u> </u>

46-0350319

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 3 4 5 6 9 10 11 12 13 14	Depreciation: Donated Office Equipment HP 660 Printer File Cabinet Storage Cabinet Executive Chair Copier Property Improvements Awning Rooftop heating & cooling unit Computer Awning	9/01/94 4/10/96 4/23/96 1/30/97 2/27/97 8/21/02 7/11/02 9/25/03 11/30/06 12/31/06 11/30/07	1,050 423 204 218 277 6,346 24,265 4,000 11,010 1,432 1,650		1,050 423 204 218 277 6,346 24,265 4,000 11,010 1,432 1,650	5 MO S/L 10 MO S/L 10 MO S/L 10 MO S/L 5 MO S/L 20 MO S/L 20 MO S/L	1,050 423 204 218 277 6,346 7,886 1,050 1,147 573	0 0 0 0 0 1,213 200 550 286 82
1-7	Total Other Depreciation	-	50,875	-	50,875	20 1110 5/2	19,257	2,331
	Total ACRS and Other Depreciation			a	50,875		19,257	2,331
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers =	50,875 0 0 50,875	-	50,875 0 0 50,875		19,257 0 0 19,257	2,331 0 0 2,331

46-0350319

Federal Asset Report Rents on donated property

<u>Asset</u>	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
2 4 7	Depreciation: Land - East Kemp Building E Kemp 18% Interest in County Fair Store 50% Interest in Cty Fair Prking Lot	3/01/99 3/01/99 6/01/07 6/01/07	10,867 97,803 99,900 71,400			10,867 97,803 99,900 71,400		0 24,044 3,954 5,653	0 2,444 2,498 3,570
	Total Other Depreciation		279,970		•	279,970		33,651	8,512
	Total ACRS and Other Depre	ciation =	279,970		:	279,970		33,651	8,512
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense	ers	279,970 0 0			279,970 0 0		33,651 0 0	8,512 0 0
	Net Grand Totals	:	279,970		:	279,970		33,651	8,512