

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



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 No 1545-0047 2010

Open to Public Inspection

<u> </u>	For the 2010 ca	lendar year, or tax year beginning	<u>, and e</u>	naing			
В (Check if applicable	C Name of organization			<u></u>	D Empl	oyer identification number
	Address change	Watertown	Community Fo	oundation			
	Name change	Doing Business As				46-	-0350319
	·	Number and street (or P O box if mail is not do	livered to street address	s)	Room/suite		hone number
<u>ا ل</u> ے ا	Initial return	PO Box 116		1			5-882-3731
	Terminated	City or town, state or country, and ZIP + 4					
$\overline{\Box}$	Amended return	Watertown	SD 57201			G Gross rec	eipts \$ 5,020,477
=		F Name and address of principal officer	000.200		<u> </u>	0 0/035/00	
□ ′	Application pending	Name and address of principal officer			H(a) Is this a g	proup return for	affiliates? Yes X No
					H(b) Are all a	iffiliates inclu	ded? Yes No
					If "N	o," attach a li	ist (see instructions)
		s X 501(c)(3) 501(c) () ◀	44>	7(a)(1) or 527	-		,
	Tax-exempt statu	$\frac{ \mathbf{X} }{ \mathbf{X} } = \frac{ \mathbf{X} }{ \mathbf{S01(c)(3)} } = \frac{ \mathbf{S01(c)(1)} }{ \mathbf{S01(c)(1)} } = \frac{1}{ \mathbf{X} }$			1 400 0		
					H(c) Group e	.979	
	Form of organization		Other >		ear of formation 1	.919	M State of legal domicile SL
		ummary					
		escribe the organization's mission or most s		• • • • • • • • • • • • • • • • • • • •			•
9		mission of the Watertown	-		-		
Activities & Governance		lanthropy, receive and adm			d invest	ın	
eri		grams that improve the qua	T-	•			
Š		is box ▶ ☐ if the organization discontinue		isposed of more than 25%	of its net asse	ts.	_
প্ত	3 Number	of voting members of the governing body (F	art VI, line 1a)			3	_5
ies	4 Number	of independent voting members of the gove	rning body (Part VI, I	ine 1b)		4	5
viti	5 Total nu	mber of individuals employed in calendar ye	ar 2010 (Part V, line	2a) .		_5	2
ct	6 Total nu	mber of volunteers (estimate if necessary)			3	_ 6	10
`	7a Total una	related business revenue from Part VIII, colu	ımn (C), line 12	UECENNED.	J	7a	
		lated business taxable income from Form 9	11 15		iΩI	7b	0
			Š	MAY 1 8 2011	Prior Ye		Current Year
as l	8 Contribu	tions and grants (Part VIII, line 1h)	હ્યાં			6,305	361,649
Ž	9 Program	service revenue (Part VIII, line 2g)	∫ L		<u> </u>	6,463	8,677
Revenue	I =	ent income (Part VIII, column (A), lines 3, 4,	and 7d)	OGDEN, UT[32	0,515	290,978
ř.		venue (Part VIII, column (A), lines 5, 6d, 8c,	. K		1	5,670	17,664
1	1	enue – add lines 8 through 11 (must equal l		line 12)		8,953	678,968
		nd similar amounts paid (Part IX, column (A				6,582	389,797
		paid to or for members (Part IX, column (A)	•	ř		-/	
		other compensation, employee benefits (Pa		es 5_10\	7	2,754	77,476
Expenses				ES 3-10).	<u>·</u>	-,,,,,,	11,210
ë		onal fundraising fees (Part IX, column (A), lin		<u> -</u>			
Χ	Į.	draising expenses (Part IX, column (D), line	•	-	1 /	0 420	174 021
		penses (Part IX, column (A), lines 11a-11d,	•	, · -		0,429	174,021
l	I -	penses Add lines 13–17 (must equal Part I)	· ·)		9,765	641,294
- 5	19 Revenue	eless expenses Subtract line 18 from line 1	2		Beginning of Cur	9,188	37,674 End of Year
, ZUII, Net Assets or Fund Balances	20 Tatal as	onto (Dart V. line 46)		-		7,769	9,644,009
ZUII, Vet Asse Ind Bala	20 Total as:	sets (Part X, line 16)		-		0,745	1,195,164
	21 Total liat	pilities (Part X, line 26)		-			
		ets or fund balances. Subtract line 21 from lin	ne 20		1,93	7,024	8,448,845
	art II S	gnature Block		·	 .		
≥ Un		erjury, I declare that I have examined this return, in		·	-	knowledge a	nd belief, it is
	ie, correct, and co	mplete Declaration of preparer (other than officer)	s based on all information	on of which preparer has any k	nowleage	т	-:
		Capilleberg				<u> </u>	10-11
Sig	jn 🏲 :	Signature of officer				Date	
씛Her	re 📗	Jan DeBerg		Execut	tive Dir	ector	
2	🚩 📑	Type or print name and title					
	Print/Ty	pe preparer's name	Preparer's signature	_ ^	Date	Check	If PTIN
Sig Her Opaid	j Donale	i Raml	Daill	アイ	4/29	1	nployed P00111931
Prep	parer Firm's r	Manage Williams	r & Raml P	.c.		im's EIN	46-0414067
Use	Only	P.O. Box 1267					
	· 1	Makambara CD	57201-626	7].	Phone oc	605-886-8425
Mari		is this return with the preparer shown above		<u> </u>		Phone no	Yes No
		duction Act Notice, see the separate instr		· · · <u> · · · · · · · · · · · · · · ·</u>			Form 990 (2010)
ror	LahelMOLK KE	auction Act Notice, see the separate insti	ucuvii3.				rom 330 (2010)

orm 990 (2010) Waterto				46-03503	19		Page
	of Program Servinedule O contain			on in this Part III			
1 Briefly describe the organia							
The mission of philanthropy,						· in	
programs that						. 111	•
rg-mile olice			-1		· · · · · · · · · · · · · · · · · · ·		
Did the organization under	take any significant	program service	s during the year wh	ich were not listed on th	е		
pnor Form 990 or 990-EZ?	•		•			Yes	X No
If "Yes," describe these ne							
Did the organization cease	conducting, or mak	e significant cha	inges in how it condu	cts, any program		□ v _{**}	X No
services? If "Yes," describe these ch	anges on Schedule	O	•	•	••	1 es	<u> </u>
Describe the exempt purpo	_		ganization's three larg	gest program services b	y expenses. Section		
501(c)(3) and 501(c)(4) or							
others, the total expenses,							
a (Code.) (Exper			including grants of \$		Revenue \$		
Grants awarded support charity							
community.	Y, educati	.on and t	Juicule in	cue Macerco			
Jonandii 2 Cy .		•				•	•
		•	• • •	•	•		
•	• •		•	•		•	
		•	•				•
	•						
	•						
b (Code) (Exper Grants awarded charity, educa	to variou	s agency		t promote	.6) (Revenue \$		
•	•		•	•			
			•		•		
•		•		•			
	•	•		•	• •		
	•		•		•		•
				•			
		•		••			•
(Code.) (Exper	nses \$		ncluding grants of \$) (Revenue \$		
(= - = -) (= - , (= - ,)					, (•	
·				•		•	
		•		•			
	•						
				•		•	
				• •	•	•	
					· · ·		
				· · · · · · · · · · · · · · · · · · ·	· .	· 	
Other program services. (D	escribe in Schedule	· · · · · · · · · · · · · · · · · · ·		·		·	
d Other program services. (D (Expenses \$ e Total program service ex	incl	O.) uding grants of 389,7) (Revenue	·	·	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		\mathbf{x}
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	J ,		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6_		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7 _		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		37
_	complete Schedule D, Part III	8		X
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,"			v
	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
•	VII, VIII, IX, or X as applicable.		1	
а	District the second sec		ŧ	
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1 <u>1</u> d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ľ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>_X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete]]	J	
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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, XII, and XIII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	أسدا	ľ	v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	\dashv	
•	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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 (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	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	19]	X
0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some		T	
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

19? Note. All Form 990 filers are required to complete Schedule O

Forr	n 990.(2010) Watertown Community Foundation 46-0350319				<u> </u>	age
P	art (V Checklist of Required Schedules (continued)			1	1	·
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				Yes	No
21	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		•	1-	-	
	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1		
_	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?			i		
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	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,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a]	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
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>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1		
	complete Schedule N, Part II			32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		•	35		X
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	_]		
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				ĺ	
	Part VI			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1		

Form **990** (2010)

	1990.(2010) Watertown Community Foundation 46-0350319		F	age
P	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any guestion in this Part V			Г
	Check it Schedule O contains a response to any question in this rant v		Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ŧ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ī
	reportable gaming (gambling) winnings to prize winners?	10	Х	I
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank 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 transaction?	5b		X
С	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
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?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		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
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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.			
a	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	,_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 504(a)(00) and life the amount of the alth Insurance is a use.			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans Enter the amount of receive an head	 		
С	Enter the amount of reserves on hand	F 1		

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 in Schedule O

14a 14b

46-0350319 Form 990,(2010) Watertown Community Foundation Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filling the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done X Does the organization have a written whistleblower policy? 13 13 14 14 Does the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 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 the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 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. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the

1 1st Ave. SW

SD 57201

Form 990 (2010)

605-882-0686

Watertown

organization: Ledgers Inc.

20

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

DAA

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 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 neither the organization nor any related organization (A) (B) Name and Title Average Average Position (check a								(D) Reportable	(E) Reportable	(F) Estimated
Name and live	Average hours per week (describe hours for related organizations in Schedule O)	or director		Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Scott Olson Trustee	5.00	x						0	0	0
(2) Tyler DeBoer	3.00	^		 	┢	-	-	0		
Trustee	5.00	x						o	0	0
(3) Jan DeBerg										<u> </u>
Exc Director	40.00			X			İ	56,100	0	0
(4) Kate Benson										
Director	1.00			X				0	0	0
(5) Dr. Lesli Juttin										
Director	1.00			X	_			0	0	0
(6) Laurie Benson										
Director	1.00	<u> </u>		X				0	0	0
(7) James C. Roby								_		_
Director	1.00	ļ		X	_	<u> </u>	L.	0	0	0
(8) Dale Christenser				l						
Chair	1.00	<u> </u>		X			ļ	0	0	0
(9)										
(10)										
(11)										
(12)										·
(13)									,	
(14)	-				-					
(15)			_	_						
(16)		\vdash	-	-						

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, ar	nd Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Pos	ution i		C) k ali i	that a	oply	(D) Reportable	(E) Reportable		(F) Estimate	ed	
	raine and rice	hours per week (describe hours for related organizations in Schedule O)	or director		Officer	Key employee	Highest compensated employee		- compensation	compensation from related organizations (W-2/1099-MISC)	0	amount other ompensa from th organizati and relati	of ation e tion ted	
(17)				-										
(18)	-			<u> </u>		-		-						
(19)														
(20)														
(21)														
(22)	•													•
(23)														
(24)														
(25)														
(26)														
(27)														
(28)														
1b	Sub-total .		٠.	_				>	56,100		<u> </u>			
c d	Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, Se	CTIO	n A				>	56,100		 			
2	Total number of individuals (increportable compensation from				ose	liste	d ab	ove) who received more than \$1	00,000 in				
3	Did the organization list any for				ıstee	. ke	/ emi	olov	vee, or highest compensated	<u> </u>		,		No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedue 1a, is the sum o	ule J f rep	for s ortat	uch ole c	indiv omp	ridua ensa	l tıon	and other compensation fro			3		X
5	individual Did any person listed on line 1stor services rendered to the organization.	a receive or accri	ue co	ompe	ensal	ion f	 from	any	. v unrelated organization or in-	dıvıdual		5		X X
Sec	tion B. Independent Contracto		.s, c	Ollip	icie .	OGING	Julio	<u> </u>	or such person	·				<u> </u>
1	Complete this table for your five compensation from the organization	ration.	nsate	ed in	depe	nde	nt co	ntra					_	
	Name and	(A) business address						-	Descripti	(B) ion of services		Com	(C) pensation	<u>n</u>
	 				_			_						
		 						_						
					_									
							_	\vdash			\dashv			
2	Total number of independent c	ontractors (includ		but n	ot lin	nited	l to th	nose	e listed above) who					
	received more than \$100,000 in	,	_						·	<u> </u>		Eams (aan ,	2010

Pa	n v	III Statement of Reve	nue					400	· · · · · · · · · · · · · · · · · · ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated campaigns	1a						
Program Service Revenue Contributions, gifts, grants	h	Membership dues	1b						
ρē	٥	Fundraising events	1c						
ifts	ن ب	•	1d				,		
<u>.</u>	a	Related organizations							
sin	e	Government grants (contributions)	1e						
Ę	T	All other contributions, gifts, grants, and similar amounts not included above			361 640				
발			1f		361,649				
e de	9	Noncash contributions included in lines 1a-	If \$	i		261 642			
5	h	Total. Add lines 1a-1f			, 	361,649			
Jue					Busn. Code				
S e	2a	Program Service Reve	nue		-	8,677	8,677		
8	b								
Ϋ́	С								
Ser	d								
am	е								
ogr	f	All other program service rever	ue		l		·····		
ے	g	Total. Add lines 2a-2f			•	8,677			
	3	Investment income (including d	ividend	s, interes	st,				
		and other similar amounts)			▶ [240,153			240,153
	4	Income from investment of tax-	exemp	bond pre	oceeds 🕨				
	5	Royalties			▶				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents 29	743						
	b	Less rental exps 12	079						
	c		664						
	ď	d Net rental income or (loss)		•	17,664			17,664	
		Gross amount from (i) Securities		(11)	Other				
		sales of assets other than inventory 4,380,	255						
	h	Less cost or other							
	_	basis & sales exps 4,329,	430						
	۰		825						
	d	Net gain or (loss)			•	50,825	50,825		
	8a		s [
97	"	(not including \$	_						
9		of contributions reported on line 1c)	٠. ا						
Other Revenue		See Part IV, line 18	a						
her	h	Less direct expenses	ь						
ธี	C	Net income or (loss) from fundr		evente				j	•
		Gross income from gaming activities							
	Ja	See Part IV, line 19	a						
		Less: direct expenses	ь						
		Net income or (loss) from gami		utios	▶				
		Gross sales of inventory, less	ing activ	11100	. •				
	iva	-							
		returns and allowances	. <u>a</u>						
		Less: cost of goods sold	. p[1			
	С	Net income or (loss) from sales		entory	Buon Code				
		Miscellaneous Revenue			Busn. Code	ŧ			
	11a		•					<u></u> .	
	b				 				
	С				 				
	d	All other revenue		•	L				
	е	Total. Add lines 11a-11d		•	•				
	12	Total revenue. See instruction	3		_ _	678,968	59,502	0	257,817

Statement of Functional Expenses Part IX

Form 990.(2010)

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).

	All other organizations must not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21	283,923	283,923		
2	Grants and other assistance to individuals in			1	
	the U.S. See Part IV, line 22	105,874	105,874		
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			***************************************	
•	•				
5	Compensation of current officers, directors,	56,100	1	56,100	
_	trustees, and key employees	30,100		30,100	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1.6 000	10.
7	Other salaries and wages	16,332		16,332	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,044		5,044	
11	Fees for services (non-employees):				
a	Management	ŀ			
	_	-			 -
Ь	Legal	13,600		13,600	
С	Accounting	13,000		13,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses	5,455		5,455	
14	Information technology				
15	Royalties				
16	Occupancy	4,139		4,139	
17	Travel				
18	Payments of travel or entertainment expenses				
10	•			•	
	for any federal, state, or local public officials	8,445		8,445	
19	Conferences, conventions, and meetings	3,443		0,333	
20	Interest				
21	Payments to affiliates	0 001		0 204	
22	Depreciation, depletion, and amortization	2,391		2,391	
23	Insurance				
24	Other expenses Itemize expenses not covered	Ī		1	
	above (List miscellaneous expenses in line 24f If	Į.		1	
	line 24f amount exceeds 10% of line 25, column	Ī		1	
	(A) amount, list line 24f expenses on Schedule O.)				
а	Trust Fees	85,111		85,111	
b	Donor Development	34,526		34,526	
c	Advertising	10,181		10,181	
_	General Insurance	3,974	<u> </u>	3,974	
d		2,444		2,444	
e	Miscellaneous	3,755		3,755	
	All other expenses		200 707		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	641,294	389,797	251,497	
26	Joint costs. Check here if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA					Form 990 (2010)

Par		Balance Sheet				
	<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments	1	275,302	2	215,581
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	. [15,154	4	138,911
	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II of	•		1	
		Schedule L	. [5	
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instructions)	.		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	. <u> </u>		9	
1	l0a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	331,389			
ı	b	Less. accumulated depreciation 10b	74,232	267,060	10c	257,157
1	11	Investments—publicly traded securities]	8,337,083	11	9,003,714
1	12	Investments—other securities. See Part IV, line 11	1		12	
1	13	Investments—program-related See Part IV, line 11			13	
1	14	Intangible assets .	Ļ		14	
1	15	Other assets See Part IV, line 11		33,170	15	28,646
1	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,927,769	16	9,644,009
1	17	Accounts payable and accrued expenses		1,224	17	1,294
1	18	Grants payable .	-	171,770	18	231,116
1	19	Deferred revenue .	-		19	
2	20	Tax-exempt bond liabilities			20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D	ļ		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key				
a P		employees, highest compensated employees, and disqualified persons.				
=		Complete Part II of Schedule L	-		22	
2	23	Secured mortgages and notes payable to unrelated third parties	-		23	
ı	24	Unsecured notes and loans payable to unrelated third parties		817,751	24	962,754
- 1	25	Other liabilities. Complete Part X of Schedule D	H	990,745	25	1,195,164
_	26	Total liabilities. Add lines 17 through 25		990,743	26	1,193,104
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ► X and complete				
اڃ	_	lines 27 through 29, and lines 33 and 34.	Ī	2,089,191	~-	2,308,087
a a a	27	Unrestricted net assets	· · ·	413,842	27 28	446,400
8 2	28	Temporarily restricted net assets	· }	5,433,991	29	5,694,358
Ĕ	29	Permanently restricted net assets	-	J, 2JJ, 331	73	3,034,330
正		Organizations that do not follow SFAS 117, check here ▶ ☐ and				
ō	20	complete lines 30 through 34.	Į.		30	
ets	30	Capital stock or trust principal, or current funds	· }	·	31	<u> </u>
SS	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	ł		32	
Ž	32	• • • • • • • • • • • • • • • • • • • •	. }	7,937,024	33	8,448,845
호 [:	33	Total net assets or fund balances Total habilities and net assets/fund balances	}	8,927,769		9,644,009
<u>- 13</u>	34	Total liabilities and net assets/fund balances		5,321,103	J-4	Form 990 (2010)

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Open to Public Inspection

Watertown Community Foundation 46-0350319

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he o	orga			e it is (For lines 1 through 11, ch									
1	Ц	•		ociation of churches described in	n section	170(b)(1)(A)(i).						
2	Ц	A school des	cnbed in section 170(b)(1)(A	N)(ii). (Attach Schedule E.)									
3		•	•	e organization described in sec	-		-						
4		A medical res	search organization operated	in conjunction with a hospital d	escribed i	n section	170(b)(1)(A)(iii)	. Enter t	he hosp	oital's name,		
	_	city, and state	e :										
5		An organizati	on operated for the benefit o	f a college or university owned o	or operate	d by a gov	emmen	tal unit c	describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part I	I)									
6	\Box	A federal, sta	ite, or local government or go	overnmental unit described in se	ction 170	(b)(1)(A)(v).						
7	П	An organizati	on that normally receives a s	substantial part of its support from	m a gover	nmental u	nit or fro	m the g	eneral p	ublic			
		described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
•	ш	_		pt functions—subject to certain									
				d unrelated business taxable inc									
), 1975. See section 509(a)(2).									
10	\Box		~	exclusively to test for public safe	•		(a)(4)						
11	H	•	•	exclusively for the benefit of, to p	•			o carry o	ut the				
• •	ш	•	•	ed organizations described in se				_		ction			
		• •		e type of supporting organization									
		\Box		c Type III–Function			3 1 7 G (II		 e III–Ot	hor			
_	\Box	··	_ ··	··			or mor						
е	Ш	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)											
				mination from the IDS that it is	Type I T	ivoa II. ori	Type III	supporti	na				
f				mination from the IRS that it is a	a rype i, i	ype II, OI	ype iii	Support	ny .				
		-	check this box										
g			_	on accepted any gift or contribu	uon irom a	any or une							
		following per											T
			•	ntrols, either alone or together w	vitn persor	is describe	ea in (ii)	and				Yes	No
		• •	w, the governing body of the	·· -							11g(ı)	 	 -
			member of a person describe	•							11g(iı)	T	
			ontrolled entity of a person de		•						11g(iii)]	
h		Provide the f	ollowing information about the	e supported organization(s).									
(i) l		e of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify	(vi) organizat	Is the	(vii) Am		
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		of your		zed in the	sup	JOR	
				(see instructions))	3	T	sup	port?	U	S?			
					Yes	No	Yes	No	Yes	No			
A)					1								
						ļ		ļ	ļ	\sqcup			
B)									ļ]]			
								ļ	ļ				
C)]		l i			
D)		<u> </u>											
					_								
E)													
						ļ			ļ	ļļ			
					1								
otal			ŀ	I .	Ī	1	ł	ł	1	. 1			

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

	tion A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(6) 2008	(u) 2009	(6) 2010	(i) i otai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156,696	318,335	163,863	296,305	361,649	1,296,848
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	156,696	318,335	163,863	296,305	361,649	1,296,848
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,000
6	Public support. Subtract line 5 from line 4						1,284,848
	tion B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	156,696	318,335	163,863	296,305	361,649	1,296,848
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,621	634,089	-415,665	235,170	269,896	900,111
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			_			
11	Total support. Add lines 7 through 10						2,196,959
12	Gross receipts from related activities, etc.	(see instructions)				12	8,677
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2010 (line 6,	column (f) divided	by line 11, column	(f))		14	58.48%
15	Public support percentage from 2009 Sche					15	52.32 %_
16a	33 1/3% support test—2010. If the organiz	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, ched	ck this	
	box and stop here. The organization quali-						▶ [X]
b	33 1/3% support test—2009. If the organiz				s 33 1/3% or more	•	▶ □
	check this box and stop here. The organiz						
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fa	cts-and-circumstand	es" test. The orga	nization qualities as	s a publicly suppor	ea	▶ □
	organization				405 - 47 48		
b	10%-facts-and-circumstances test—2009					ne	
	15 is 10% or more, and if the organization					al	
	Explain in Part IV how the organization me	ets the "tacts-and-c	ircumstances" test	. The organization	quaimes as a publi	шу	▶ □
	supported organization		line 49 40- 404		this have and ass		
18	Private foundation. If the organization did	not check a box on	iiile 13, 168, 16b,	ira, or iro, check	uns DOX and See		▶ □
	instructions				· .	<u> </u>	

Page 3

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

(Complete only if you checked the box on line 9 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.)

_	in the engantzation rand to	quality cities.						
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	T	1		4) 00	40	<u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					_		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or 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 amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						\longrightarrow	
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, and 12)					•		
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	second, third, four	th, or fifth tax year	as a section 501(c)(3)		▶ □
Sec	tion C. Computation of Public Su		age					
15	Public support percentage for 2010 (line 8,			(f))		-	15	%
16	Public support percentage from 2009 Sche					•	16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2010 (lii			column (f))			17	<u> </u>
 18	Investment income percentage from 2009				•	•	18	%
19a	33 1/3% support tests—2010. If the organ			14, and line 15 is m	ore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this bo							▶ 🗌
b	33 1/3% support tests—2009. If the organ	ization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, an	ıd	
	line 18 is not more than 33 1/3%, check thi							. ▶ 🗌
20	Private foundation. If the organization did							▶ 🗀

Part IV 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. Also complete this part for any 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 **2010**

Employer identification number

Open to Public Inspection

46-0350319 Watertown Community Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a 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 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 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) Yes (i) and section 170(h)(4)(B)(ii)? 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. Part III 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 (ASC 958), 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 (ASC 958), 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 2 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 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part VI Land, Buildings, and Eq Description of investment	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		10,867		10,867
b Buildings	•	309,995	64,934	245,061
c Leasehold improvements				
d Equipment		10,527	9,298	1,229
e Other				
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colum	ın (B), line 10(c).)	. ▶	257,157

Schedule D (Form 990) 2010

962,754

(10)(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	dule.D (Form 990) 2010 Watertown Community Foundation 46-035031		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	<u>ents</u>	T
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	678,968
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	641,294
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_ 3_	37,674
4	Net unrealized gains (losses) on investments	4	530,468
5	Donated services and use of facilities .	5	
6	Investment expenses	6	ļ
7	Prior period adjustments	7	F.C. 201
8	Other (Describe in Part XIV.)	8	-56,321
9	Total adjustments (net). Add lines 4 through 8	9	474,147
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	511,821
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn	1 110 270
1	Total revenue, gains, and other support per audited financial statements	1	1,112,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 530, 468		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.) 2d 12,079	1	540 545
е	Add lines 2a through 2d	2e	542,547 569,831
3	Subtract line 2e from line 1	3	569,831
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		
b	Other (Describe in Part XIV.) 4b 109,137		100 100
С	Add lines 4a and 4b	4c	109,137
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	678,968
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro	turn	COO 557
1	Total expenses and losses per audited financial statements		600,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	1	
b	Prìor year adjustments 2b		
С	Other losses Other (Describe in Part XIV.) 2d 12,079		
d		_ 1	12 070
	Add lines 2a through 2d	2e	12,079 588,478
3	Subtract line 2e from line 1	3	300,470
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 Other (Describe in Part XIV.) 4a 52,816	. 1	
]	52,816
	Add lines 4a and 4b	4c	641,294
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	041,294
	IFT XIV Supplemental Information Diete 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 and 2!		
	y, 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 this part to prov		
	dditional information.	100	
•	art XI, Line 8 - Reconciliation of Changes - Other		
	ent expenses netted with revenues on Pg. 1 of tax return \$		12,079
Co	ontributions to agency funds \$		-109,137
Re	ent expenses netted with revenues on Pg. 1 of tax return \$		-12,079
Be	eneficiary payments made from agency funds \$		52,816
Pa	art XII, Line 2d - Revenue Amounts Included in Financials -	Oth	 er

Part XIV Supplemental Information (continued)

Rent expenses netted with revenues on Pg. 1 of tax return \$

12,079

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Contributions to agency funds

109,137

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Rent expenses netted with revenues on Pg. 1 of tax return \$

12,079

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Beneficiary payments made from agency funds

52,816

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Open to Public Inspection

OMB No 1545-0047

≗ □ 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. Part II City Improvements City Improvements Zoo Improvements (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to X Yes Education Education 13 Theatre Health Health Music Employer identification number non-cash assistance (g) Description of 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 (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of non-cash : : : : assistance ▶ Attach to Form 990. 10,000 5,443 8,800 40,000 22,333 10,989 9,039 118,207 15,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable Watertown Community Foundation ო 23-7294134 3 46-0275247 3 ന ო ന 46-6000515|3 46-6012238 46-6001273 46-0242831 47-0813269 46-0391067 46-0341725 General Information on Grants and Assistance can be duplicated if additional space is needed (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (6) Watertown Community Concert Assn. SD 57201 SD 57201 SD 57201 SD 57201 (4) Lake Area Technical Institute SD 57201 SD 57201 57201 SD 57201 SD 57201 (1) Lake Area Zoological Society (a) Name and address of organization (5) Jenkins Living Center, Inc. S (9) Watertown Park and Rec Watertown Town Players (3) Prairie Lakes Hospital (2) Human Service Agency 5 South Broadway 400 10th Ave. NW 3 South Broadway 230 11th St. NE 123 19th St. NE (8) Focus Watertown P.O. Box 332 P.O. Box 484 215 S. Maple P.O. Box 910 Department of the Treasury Internal Revenue Service Name of the organization Watertown Watertown Watertown Watertown Watertown Watertown Watertown Watertown Watertown Part II Part ! 8

Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCHEDULE 1 (Form 990)

General Information on Grants and Assistance

Part I

OMB No 1545-0047 2010

Open to Public Inspection Employer identification number 46-0350319 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Watertown Community Foundation Department of the Treasury Internal Revenue Service Name of the organization

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	he amount of the grance? nce? ntonng the use of g	ants or assis	stance, the grantees' en the United States	eligibility for the grants	or assistance, and	-	Yes No
1 4	overnments an ecipient that re e is needed	d Organi ceived m	zations in the Ur ore than \$5,000.	nited States. Corr Check this box if	plete if the org no one recipie	janization ans nt received m	wered "Yes" to ore than \$5,000. Part II
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
i A							City Improvements
	46-6000515	3	10,437				
~							Youth
Watertown SD 57201	91-1787664	3	12,625				
(3) Glacial Lakes Humane Society 1305 6th Ave. NW							Society Improvements
Watertown SD 57201	46-0343062	3	9,250				
(4) SD Symphony 301 S. Main Ave.	46-6017026	ď	900				Music
Prevention Res	₩.						
130							Health
Watertown SD 57201	46-0275247	3	5,800				
(9)							
(2)							
(8)			:				
(6)							
2 Enter total number of section 501(c)(3) and government organizations	organizations						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations

Schedule I (Form 990) (2010)

۰	•
	Φ
	0
	a
í	ı

Schedule I (Form 990) (2010) 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.

Part III can be duplicated if additional space is needed.	ditional space is neede	.pd			
(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)	
Warions and the Cree	30	53 058			
Tarrons montror of the)	200/20			
2 Various nonprofit org.	15	52,816			
m					
7					
n					
9					
4					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	emplete this part to pro	vide the information	required in Part I, I	ine 2, and any other addit	ional information.

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Watertown Community Foundation

Employer identification number 46-0350319

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Executive Director reviews the 990 and board 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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No_1545-0172

► See separate instructions. (99)

► Attach to your tax return.

Attachment Sequence No

Name	e(s) shown on return Waterto	wn Communi	ty Founda	tion					fying n -035	umber 0319
	ess or activity to which this form relates									
	<u>ndirect Depreciati</u>						-			
Pa	rt I Election To Expen									
	Note: If you have a		ty, complete Pa	art V before	you	com	iplete Pa	irt I.	т.	500,000
1	Maximum amount (see instructions	•							1	
2	Total cost of section 179 property p								2_	2,000,000
3	Threshold cost of section 179 prop	-		structions)					3	2,000,000
4	Reduction in limitation Subtract lin								4	
_5	Dollar limitation for tax year. Subtract line		less, enter -0- If marne				1		5	:
_6	(a) Description	n of property		(b) Cost (busine	ess use	only)	(c) E	lected cos	<u> </u>	
					_					
						7		_		
7	Listed property. Enter the amount f			· C 1 7			<u> </u>		8	<u> </u>
8	Total elected cost of section 179 pr	• •	• •	s o and /			•		9	<u> </u>
9	Tentative deduction. Enter the sma								10	
10	Carryover of disallowed deduction	-		AL \ I	F /	·	-4		<u> </u>	
11	Business income limitation. Enter t				ne 5 (see in	structions)		11	
12	Section 179 expense deduction A						<u>,</u>		12	
13	Carryover of disallowed deduction : Do not use Part II or Part III below					13	l			<u> </u>
				ociation (D		t incl	uda lista	d prope	arty \	(See instructions)
14	Special Depreciation Special depreciation allowance for						ude liste	и ргорс	/ Ly.,	(Occ mondono)
14	during the tax year (see instruction		nei tilali listed prop	erty) placed in	36141	CC			14	
45	· · · · · ·								15	
15	Property subject to section 168(f)(1 Other depreciation (including ACR)	•					•		16	2,391
16	art III MACRS Depreciat		ide listed prope	erty) (See	nstri	ıctior	15.)		1	
	WACKS Depicedat	ion (bo not more	Section Sectio			401101	,			
17	MACRS deductions for assets place	ed in service in tax v	ears beginning befo	ore 2010					17	0
18	If you are electing to group any assets pl				et acco	unts, cl	eck here			
	Section B—	Assets Placed in Se	rvice During 2010	Tax Year Usi	ng the	Gene	ral Depred	iation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only_see instructi	nt use	covery	(e) (Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
<u>d</u>	10-year property					<u> </u>				
<u>e</u>	15-year property					<u> </u>				
f	20-year property					<u> </u>				
g	25-year property			25	yrs	ļ		S/L	•	<u> </u>
h	Residential rental			27 5	yrs.	ļ	MM	S/L		
	property			27 5	yrs	ļ.,	ММ	S/L		
i	Nonresidential real			39	yrs.	ļ	MM	S/L		
	property					<u> </u>	MM	S/L		
		ssets Placed in Sen	vice During 2010 T	ax Year Using	the /	Alterna	tive Depre			<u> </u>
<u>20a</u>		-				 		S/L		
<u> </u>		-			yrs.			S/L		
	40-year	tructions \	L	40	yrs	<u> </u>	<u>MM</u>	S/L	-	L
	art IV Summary (See ins								24	<u> </u>
21	Listed property. Enter amount from				line Of	(Fc+-	• ho		21	
22	Total. Add amounts from line 12, li and on the appropriate lines of you	-				ı. ⊑⊓te	r nere		22	2,391
23	For assets shown above and place				UI 13		l			
	portion of the basis attributable to s		, , , , , , , , , , , , , , , , ,			23				

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

► See separate instructions.

Identifying number

	Watert	own Communi	ty Foundation	n	_		46-	<u>-035</u>	0319
	ess or activity to which this form relates								
	ents on donated part! Election To Exper		erty Under Section	170					
174			ty, complete Part V		ı con	nlete Pa	art I		
1	Maximum amount (see instruction		ty, complete r dit v	bololo you	. 0011	ipioto i i	<u> </u>	1	500,000
2	Total cost of section 179 property	•	· instructions)	•				2	<u> </u>
3	Threshold cost of section 179 projection	•	•	ions)			•	3	2,000,000
4	Reduction in limitation Subtract lin	-	•	,				4	
5	Dollar limitation for tax year Subtract lin		•	ı separately, see	instruc	tions	•	5	
6	(a) Description			ost (business use			Elected cos	t	
-					•				1
7	Listed property. Enter the amount	from line 29			7		_		
8	Total elected cost of section 179 p		s in column (c), lines 6 and	d 7				8	
9	Tentative deduction. Enter the sm	, ,	• •				•	9	
10	Carryover of disallowed deduction	from line 13 of your 2	2009 Form 4562					10	
11	Business income limitation. Enter	the smaller of busines	ss income (not less than z	ero) or line 5 (see in	structions))	11	
12	Section 179 expense deduction. A							12	
13	Carryover of disallowed deduction	to 2011 Add lines 9	and 10, less line 12	<u> </u>	13				
Note	: Do not use Part II or Part III below	for listed property In	stead, use Part V.						
Pa	rt II Special Depreciat	ion Allowance a	nd Other Depreciat	ion (Do no	t incl	ude liste	ed prope	erty.)	(See instructions)
14	Special depreciation allowance for	qualified property (ot	her than listed property) p	olaced in servi	ce				
	during the tax year (see instruction	ns) .						14	
15	Property subject to section 168(f)(1) election				•		15	
16	······································							16	8,512
P	art III MACRS Depreciat	tion (Do not inclu	ide listed property.)	(See instru	<u>uction</u>	าร.)			
			Section A	<u> </u>					
17	MACRS deductions for assets place	ced in service in tax y	ears beginning before 20	10			. С	17	0
18	If you are electing to group any assets p							<u> </u>	<u></u>
	Section B-	 -	rvice During 2010 Tax Y		Gene	rai Depre	ciation Sy	stem	Т.
	(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) (Convention	(f) Me	thod	(g) Depreciation deduction
<u>19a</u>	3-year property	_			<u> </u>				
<u>b</u>	5-year property	4							
c	7-year property								
d	10-year property	1			ļ				
<u>e</u>	15-year property								
f_	20-year property	4			<u> </u>				<u> </u>
<u>g</u>	25-year property			25 yrs			S/l		
h	Residential rental			27 5 yrs		MM	S/L		
	property			27.5 yrs		MM	S/l		
i	Nonresidential real			39 yrs.		MM	S/l		
	property	<u> </u>	<u> </u>		<u> </u>	MM	S/L		
		Assets Placed in Serv	vice During 2010 Tax Ye	ar Using the A	Alterna	tive Depr	ī		<u> </u>
<u>20a</u>	Class life	-{					S/L		
	12-year_	-		12 yrs.			S/I		
	40-year	1	<u> </u>	40 yrs.	<u> </u>	MM	S/l		<u> </u>
	irt IV Summary (See ins		<u> </u>					T	
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, l	-			ı. Ente	r nere			0 510
	and on the appropriate lines of you	•	· ·	e instructions			<u>.</u>	22	8,512
23	For assets shown above and place	•	ie current year, enter the		22				
	portion of the basis attributable to	Section 203A Costs			23				L