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Form	

### EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and er	nding		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	DICKINSON AREA COMMUNITY FOUNDATION			
	Name Chang			38-32189	90
	nitial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return		UITE	906-774-3	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,667,289.
X	Amen	ded IRON MOUNTAIN, MI 49801		H(a) Is this a group re	turn
	Applied	F Name and address of principal officer:MATTHEW LUTZ		for subordinates	? 🖸 Yes 🔀 No
	pendi	<sup>19</sup> 220 E HUGHITT STREET, IRON MOUNTAIN, MI	498	H(b) Are all subordinates in	cluded? Yes No
IT	ax-ex	empt status: $X$ 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527	lf "No," attach a	list. See instructions
		te: > WWW.DICKINSONAREACOMMUNITYFOUNDATION.OF		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1994 N	State of legal domicile: MI
Pa	art I	Summary			2
ø	1	Briefly describe the organization's mission or most significant activities:	RT CO	MMUNITY CHAI	RITIES
Activities & Governance					
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			12
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	3
viti	6	Total number of volunteers (estimate if necessary)		6	30
(cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		409,333.	360,134.
'nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		898,170.	493,640.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,067.	44,022.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,319,570.	897,796.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		447,801.	413,663.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,339.	110,662.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
е б		Total fundraising expenses (Part IX, column (D), line 25)	4.		
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,088.	197,840.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		699,228.	722,165.
	19	Revenue less expenses. Subtract line 18 from line 12		620,342.	175,631.
or ces		·		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		13,968,845.	15,439,714.
dB	21	Total liabilities (Part X, line 26)		24,411.	13,435.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		13,944,434.	15,426,279.
Pa	art II	Signature Block		· · · ·	
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of my	/ knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			- , ,

Sign Here	Signature of officer           MATTHEW         LUTZ         TREASURE           Type or print name and title         Type or print name and title         Type or print name and title	R		ate
Paid	Print/Type preparer's name ANTHONY E FLAMINIO	Preparer's signature	Date	Check PTIN if self-employed P01914768
Preparer		& CO., P.C.	Fi	rm's EIN <b>38-2180715</b>
Use Only	Firm's address 301 STEPHENSON A			
	IRON MOUNTAIN, M	11 49801	PI	hone no. (906)774-0833
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form <b>990</b> (2021)

	1 990 (2021) DICKINSON AREA COMMUNITY FOUNDATION 38-3218990 Pa rt III Statement of Program Service Accomplishments	ige
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO SUPPORT COMMUNITY CHARITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
_	If "Yes," describe these new services on Schedule O.	
3	If "Yes," describe these changes on Schedule O.	JN
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 226,965.       including grants of \$ 165,145.) (Revenue \$	
4b	(Code: ) (Expenses \$ 314,440. including grants of \$ 248,518.) (Revenue \$ DONATIONS GIVEN TO VARIOUS COMMUNITY ORGANIZATIONS FOR THE PURPOSE OF	
	IMPROVING THE LOCAL COMMUNITY	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
44	Other program services (Describe on Schedule O.)	
4u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►       541,405.         Form 990 (	202
32002	<sup>12</sup> 12-09-21 <b>3</b>	
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DICKINSON AREA COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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	Х	
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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. See instructions	17		Х
18	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
22	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	<u>^</u>	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
-14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		- 11
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "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
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
,,	Part V, line 1	34		x
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		185	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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2021)	DICKINSON	AREA	COMMUNITY	FOUNDATION
Statements	Regarding Other	IRS Filin	gs and Tax Con	npliance (continued)

Form 990 (2021)

Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.0	3			
h	filed for the calendar year ending with or within the year covered by this return	<b>2a</b>		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			20	- 23	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20		X
				3a 3b		- 23
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a farcian country (such as a bar), account accurities account as other financial			10		x
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt) ?	4a		
D	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			<b>5</b> .		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	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					x
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?		•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
в.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			0.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100 10b				
	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		י ?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	l	12.0		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D		13b	I			
~						
	Enter the amount of reserves on hand			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		
				140		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year?			15		
~	If "Yes," see the instructions and file Form 4720, Schedule N.			40		x
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	nt inco	me?	16		
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Section A. Governing Body and Management

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

AREA COMMUNITY FOUNDATION

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Х

Yes No

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

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L 2			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent	1b	-	12			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	L					
	officer, director, trustee, or key employee?			2	2		x
	Did the organization delegate control over management duties customarily performed by or under th			··			
	of officers, directors, trustees, or key employees to a management company or other person?		-	3	3		x
							X
	Did the organization become aware during the year of a significant diversion of the organization's as				-		X
	Did the organization have members or stockholders?				_		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			7	ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e followina:		-		
	The governing body?	-	-	8	a	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8	_	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			¨	$\dashv$		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			g	,		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R						
			,			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	ю	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boc				la	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-	-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe				
	on Schedule O how this was done			. 12	2c	Х	
13	Did the organization have a written whistleblower policy?			1:	3	Х	
4	Did the organization have a written document retention and destruction policy?			14	4	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	5a	Х	
b	Other officers or key employees of the organization			. 15	ib i		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			. 16	ia)		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's				
	exempt status with respect to such arrangements?			16	ib i		
iect	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MI}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	D-T (section 501(c	)(3)s o	nly)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy,	and fi	nan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bound CAROL HAVENS $-906-774-3131$	oks ar	nd records				
	220 E HUGHITT STREET, IRON MOUNTAIN, MI 49801						
					hrm	990	(202
32006	12-09-21			F			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average			(C Pos	<b>C)</b> itior	1		(D) Reportable	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated
	hours per week	box offi	, unle cer an	ss pe	erson	is bot	h an	compensation from the		amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TAMARA JUUL EXECUTIVE DIRECTOR	29.00	x		x				63,309.	0.	0.
(2) MATTHEW LUTZ	1.00									
TREASURER		x		x				0.	0.	0.
(3) JEFF SMITH TRUSTEE	1.00	x						0.	0.	0.
(4) FAITH PETERSON	1.00							0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(5) AL ANDERSON	1.00									
TRUSTEE		x						0.	0.	0.
(6) KAYE MIZNIAK	1.00									
TRUSTEE		x						0.	0.	0.
(7) JACOB LYNCH	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) DUANE MANIER	1.00									_
VICE PRESIDENT		Х		х				0.	0.	0.
(9) JENNIFER GORDON	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(10) CINDY GUSTAFSON	1.00							0	0	0
SECRETARY (11) MEGAN EASTERLING	1.00	X		X				0.	0.	0.
(II) MEGAN EASTERLING TRUSTEE	1.00	x						0.	0.	0.
(12) MIKE ROELL	1.00									
TRUSTEE		x						0.	0.	0.
(13) BROCK VANOSS	1.00									
TRUSTEE		x						0.	0.	0.
		╞								
132007 12-09-21										Form <b>990</b> (2021)

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Form 990 (2021)

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		DICKINSON	AREA	CC	)MM	IUN	1I.J	ΓY	F	OUNDATION	38-32	218	990	Pa	age <b>8</b>
Par	t VII Section A. Officers	, Directors, Truste	ees, Key Emp	oloy	ees,	and	d Hig	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title		<b>(B)</b> Average hours per	box,	not ch unles	ss per	i <b>tion</b> more rson i	than o s both	h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	n		<b>(F)</b> timate nount	
		с	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Dfficer		Highest compensated	Eemer Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	com fr orga and	other pensa om the anizat d relat anizatio	e ion ed
					_										
										62 200		0			0
	Subtotal Total from continuation	sheets to Part VII.								63,309.		0.			0.
	Total (add lines 1b and 1									63,309.		0.			0.
2	Total number of individual	ls (including but no	t limited to th	ose	liste	d ab	oove	e) wh	no re	eceived more than \$100	,000 of reportabl	е			
	compensation from the or	ganization 🕨													0
3	Did the organization list a	av <b>formor</b> officar d	liroctor truct	no k		mol		0 0r	bio	abost componented omr		I		Yes	No
3	Did the organization list an line 1a? If "Yes," complete												3		х
4	For any individual listed or and related organizations	n line 1a, is the sun	n of reportabl	e co	mpe	ensa	ation	anc	d otl	her compensation from			4		x
5	Did any person listed on li	-									dual for services				
	rendered to the organizati		lete Schedule	e J fo	or su	ich p	oers	on .					5		Х
	tion B. Independent Cont										\$100.000 of a sec		- 4' 6		
1	Complete this table for yo the organization. Report of											ipens	ation	rom	
	Na	<b>(A)</b> me and business a	address	NC	NE	2				(B) Description of s	ervices	С	(C omper		n
2	Total number of independ		•	ot lir	nited	d to	-		stec	d above) who received m	nore than				
	\$100,000 of compensatio	n from the organiza	ation 🕨				(	J					Form	<b>990</b> (:	2021)

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Form 990 (2021	ľ
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 Form 990 (2021)
 DICKINSON
 AREA
 COMMUNITY
 FOUNDATION

 Part VIII
 Statement of Revenue
 Foundation
 Foundation
 Foundation

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Povonuo oveludad
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanotion revenue		sections 512 - 514
nts its	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Ğå		c Fundraising events 1c	28,174.				
ar /		d Related organizations 1d	-				
s, °		e Government grants (contributions) 1e					
<u>is</u> i		F All other contributions, gifts, grants, and					
but the		similar amounts not included above <b>1f</b>	331,960.				
ĒĐ		g Noncash contributions included in lines 1a-1f	, -				
aŭ		h Total. Add lines 1a-1f		360,134.			
			Business Code	,			
e	2 :	a –					
š		b					
Program Service Revenue		c					
ж Э		d					
2 2 2 2 2		e					
Pres 1		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	Ŭ	other similar amounts)		276,140.			276,140.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6	a Gross rents	(				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,962,146.	(				
		b Less: cost or other basis					
e		and sales expenses					
ther Revenue		c         Gain or (loss)         7c         217,500.					
ş		d Net gain or (loss)		217,500.			217,500.
e		a Gross income from fundraising events (not		,			
£	0	including \$ 28,174. of					
Ũ		contributions reported on line 1c). See					
		Part IV, line 18	38,936.				
		b Less: direct expenses 8b	24,847.				
		c Net income or (loss) from fundraising events	<u> </u>	14,089.			14,089.
		a Gross income from gaming activities. See					,005.
	5	Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10	and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11	a GRANT - PPP LOAN	561000	18,900.	18,900.		
ane.		b MISCELLANEOUS INCOME	561000	11,033.	11,033.		
ella 3Vel		c		,,.	,		
Sc.		d All other revenue					
Σ		e Total. Add lines 11a-11d	<b></b>	29,933.			
	12	Total revenue. See instructions		897,796.	29,933.	0.	507,729.
13200					,	· · ·	Form <b>990</b> (2021)

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DICKINSON AREA COMMUNITY FOUNDATION

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).

Do no	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	irants and other assistance to domestic organizations	040 510	240 510		
	nd domestic governments. See Part IV, line 21	248,518.	248,518.		
	Grants and other assistance to domestic	165 145	165 145		
	ndividuals. See Part IV, line 22	165,145.	165,145.		
	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	60,791.	21,276.	18,238.	21,277
	rustees, and key employees	00,791.	21,270.	10,230.	21,277
	compensation not included above to disqualified				
	ersons (as defined under section $4958(f)(1)$ ) and				
	ersons described in section 4958(c)(3)(B)	41,230.	2,062.	34,163.	5,005
	Other salaries and wages ension plan accruals and contributions (include	==,250•	2,002.	51,103.	5,005
	ection 401(k) and 403(b) employer contributions)	8,641.	1,977.	4,438.	2,226
	Other employee benefits	0,0110	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,1000	2,220
	Payroll taxes				
	ees for services (nonemployees):				
	lanagement				
	egal				
		35,925.		35,925.	
	obbying	/		,	
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	74,733.	74,733.		
	Other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)				
	dvertising and promotion	21,431.			21,431
	Office expenses	20,795.	12,477.	5,199.	3,119
	nformation technology				
	Royalties				
	Decupancy	12,000.	8,400.	3,000.	600
	ravel	1,286.		1,286.	
<b>8</b> P	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
9 C	Conferences, conventions, and meetings				
<b>0</b> Ir	nterest				
<b>1</b> P	ayments to affiliates				
<b>2</b> D	Depreciation, depletion, and amortization	5,260.		5,260.	
-	nsurance	2,847.	1,993.	712.	142
4 0	ther expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
a	mount, list line 24e expenses on Schedule 0.)				
	OVING EXPENSES	9,205.		9,205.	
	DUES AND SUBSCRIPTIONS	5,815.		5,815.	
	TELEPHONE	3,677.	2,574.	919.	184
d <u>Y</u>	AC EXPENSES	2,250.	2,250.		
	Il other expenses	2,616.		2,616.	
	otal functional expenses. Add lines 1 through 24e	722,165.	541,405.	126,776.	53,984
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
С	heck here here if following SOP 98-2 (ASC 958-720)				

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Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3

DICKINSON

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

4,100. 2,652. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 3,000. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 38,209. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 22,413. 7,642. 15,796. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12,540,484. 13,629,866. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 13,968,845. 15,439,714. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5,511. 13,435. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 18,900. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 24,411. 13,435. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 216,089. 239,151. Net assets without donor restrictions 27 27 13,728,345. 15,187,128. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 13,944,434. 15,426,279. Total net assets or fund balances 32 32 13,968,845. 15,439,714. 33 33 Total liabilities and net assets/fund balances ...

AREA COMMUNITY FOUNDATION

(A)

Beginning of year

973,503.

440,116.

1

2

3

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(B)

End of year

1,176,993.

614,407.

Form **990** (2021)

Form 990 (2021)

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       897,796.         2       Total expenses (must equal Part IX, column (A), line 25)       2       722,165.         3       1775, 631.       4       13,944,434.         5       Revenue less expenses. Subtract line 2 from line 1       3       1775, 631.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,434.         5       Net unrealized gains (losses) on investments       6       .       .         6       Other changes in net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI)       .       In 5,426,279.         Part XII       Financial Statements and Reporting       .       .       .       .         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       <	Form	990 (2021) DICKINSON AREA COMMUNITY FOUNDATION	38-3	218990	Page	12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       897,796.         2       Total expenses (must equal Part IX, column (A), line 25)       2       722,165.         3       Revenue less expenses. Subtract line 2 from line 1       3       175,631.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,433.         5       Net unrealized gains (losses) on investments       6       6         7       7       7         8       Prior period adjustments       6       7         9       Otter changes in net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       15,426,279.         Part XII       Financial Statements and Reporting       7       7         Check if Schedule O contains a response or note to any line in this Part XII       7       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Yees       No       1       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       722,165.         3       Revenue less expenses. Subtract line 2 from line 1       3       175,631.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,434.         5       Net unrealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7       6         7       Investment expenses       7       6         8       Prior period adjustments       8       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       15,426,279.         Check if Schedule 0 contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         1       Accounting method used to prepare the form 990:       Cash       A Accrual       Other       2a       X         If the organization is financial statements compiled or reviewed by an independent accountant?       Yes       No       2a       X		Check if Schedule O contains a response or note to any line in this Part XI			X	<u>(</u>
2       Total expenses (must equal Part IX, column (A), line 25)       2       722,165.         3       Revenue less expenses. Subtract line 2 from line 1       3       175,631.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,434.         5       Net unrealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7       6         7       Investment expenses       7       6         8       Prior period adjustments       8       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       15,426,279.         Check if Schedule 0 contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         1       Accounting method used to prepare the form 990:       Cash       A Accrual       Other       2a       X         If the organization is financial statements compiled or reviewed by an independent accountant?       Yes       No       2a       X						_
3       Revenue less expenses. Subtract line 2 from line 1       3       175,631.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,434.         5       Net unrealized gains (losses) on investments       5       1,308,870.         6       0       6       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       15,426,279.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,944,434.         5       Net unrealized gains (losses) on investments       5       1,308,870.         6       5       1,308,870.         7       8       9         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       15,426,2779.         Part XII       Financial Statements and Reporting       10       15,426,2779.         Part XII       Financial Statements and Reporting       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb X       Zb X       Za         If "Yes," to hice 2a or 2b, does the organization have a com	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       1,308,870.         6       0nated services and use of facilities       7         7       1       6         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -2,656.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       15,426,279.         Part XII       Financial Statements and Reporting       10       15,426,279.         Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization s financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -2,6556.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       15,426,279.         Part XIII       Financial Statements and Reporting       10       15,426,279.         Part XIII       Financial Statements and Reporting       10       15,426,279.         Check if Schedule O contains a response or note to any line in this Part XII       11       12         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization s financial statements compiled or reviewed by an independent accountant?       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate whether the financial statements and separate basi	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 15,426,279.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis   Separate basis Consolidated basis   b Were the organization 's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	5	Net unrealized gains (losses) on investments	5	1,308	3,870	).
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 15,426,279.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis   Separate basis Consolidated basis   b Were the organization 's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis   C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	6		6			
9 Other changes in net assets or fund balances (explain on Schedule O)   9 -2,656.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 15,426,279.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization did not undergo the required audit or audits, explain on Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain on Schedule O. 3a X	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       15,426,279.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       15,426,279.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	2,656	; <b>.</b>
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a <th></th> <td>column (B))</td> <td>10</td> <td>15,426</td> <td>5<u>,</u>279</td> <td>).</td>		column (B))	10	15,426	5 <u>,</u> 279	).
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting			_	_
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the construction of the construction construction of the construction construction of the construction constructin construction construction construction const		Check if Schedule O contains a response or note to any line in this Part XII			L	
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b <th>1</th> <td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td> <td></td> <td></td> <td></td> <td></td>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis						
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Xes," a bas a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       If we are audited audit or audits?       If the organization did not undergo the required audit       If "Xes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Xes," did the organization undergo the required audit or audits?       If the organization did not undergo the required audit       If "Xes," did the organization undergo the required audit or audi	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       X         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X       X       X       X         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 on Schedule O and describe any steps taken to undergo such audits       3b       X						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:						
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis       Image: Consolidated basis       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b       3b						
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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 on Schedule O and describe any steps taken to undergo such audits	С					-
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b				2c	<u> </u>	<u> </u>
Act and OMB Circular A-133?       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b						
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 on Schedule O and describe any steps taken to undergo such audits       3b	3a		ngle Audi			-
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				······	<u> </u>	<u> </u>
	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

(Form 990)

Total

# 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.

OMB No. 1545-0047
2021
Open to Public Inspection
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Department of Internal Reven	of the Treasury nue Service		Go to www.irs.gov	Open to Public Inspection							
Name of t	the organizati		do to www.ii3.go					Employer	identification number		
			INSON ARE	A COMMUNITY	FOIND		•		8-3218990		
Part I	Reason			(All organizations must c					0 5210550		
r		•		(For lines 1 through 12, c		,					
			•	on of churches describe		on 170(b)(*	1)(A)(ı).				
2				Attach Schedule E (Forn							
3	•	•		anization described in se							
4		-	ation operated in co	njunction with a hospita	describe	d in <b>sectio</b>	on 170(b)(1)(/	<b>(iii).</b> Enter	the hospital's name,		
	city, and stat	-									
5	An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in		
			Complete Part II.)								
6	A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	rernmental	unit or from	the general	public described in		
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
	or university	or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	je or		
	university:										
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, member	ship fees, a	nd gross receipts from		
				ct to certain exceptions;							
				e (less section 511 tax) fr							
	See section 509(a)(2). (Complete Part III.)										
11 🗌	An organizati	on organized	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).				
12	-	-	-	sively for the benefit of, to	-			arrv out the	e purposes of one or		
				ed in section 509(a)(1) o							
				of supporting organizatio							
a				supervised, or controlled					/ aivina		
				egularly appoint or elect a							
			complete Part IV, Se		amajonty				apporting		
b 🗌				d or controlled in connec	tion with it	te sunnort	od organizati	on(e) by be	avina		
				anization vested in the s							
		-	at complete Part IV,		ame perso		Shu or man	age the sup	poned		
•	¬ -		-		in connoc	tion with	and function	ally integrat	ad with		
c 🗆				g organization operated				any megrate	ea with,		
	- ··	e		s). <b>You must complete l</b>	,						
d 🗌		-		porting organization oper				-			
				zation generally must sa				id an attent	iveness		
	- ·			nplete Part IV, Sections							
e 🗆		•		written determination fro			а Туре I, Тур	∃II, Type III			
	-	-		onally integrated support	ing organi	zation.					
			organizations								
			n about the supporte		(iv) is the ora	anization listed	(1) ( 100 01 100 1 0	f man atom (	(ui) Amount of other		
(	<ul> <li>i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)		
	organization	I		above (see instructions))	Yes	No	support (see	nstructions)			
				1		1			1		

# Schedule A (Form 990) 2021 DICKINSON AREA COMMUNITY FOUNDATION 38-3218990 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	547,521.	1775621.	261,332.	409,334.	360,134.	3353942.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	547,521.	1775621.	261,332.	409,334.	360,134.	3353942.
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)						1886703.
	Public support. Subtract line 5 from line 4.						1467239.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	547,521.	1775621.	261,332.	409,334.	360,134.	3353942.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	239,335.	288,391.	298,467.	274,256.	276,251.	1376700.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					18,900.	18,900.
11	Total support. Add lines 7 through 10						4749542.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	50,613.
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					<b>&gt;</b>
See	ction C. Computation of Publ	ic Support Pe	rcentage				20.00
	Public support percentage for 2021 (I					14	30.89 %
	Public support percentage from 2020					15	29.51 %
<b>1</b> 6a	33 1/3% support test - 2021. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•	•	VI how the organiz	
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th				• •		
40	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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Schedule A (Form 990) 2021	DICKINSON	AREA	COMMUNITY	FOUNDATION	38-3218990	Page <b>3</b>
Part III Support Schedule for	or Organizations	Describe	ed in Section 50	)9(a)(2)		

-

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

	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	2021	(f) Total	
	Gifts, grants, contributions, and	(,,	(3) 2010						
•	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that							·	
-	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
F								,	
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5			ļ					
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support						I		_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	) 2021	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								_
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)				1				
	First 5 years. If the Form 990 is for th	le organization's f	irst second third	fourth or fifth tay	Vear as a section P	1 501(c)(?	) organizati		
	check this box and stop here	-			-				
Ser	ction C. Computation of Publ								
	Public support percentage for 2021 (I			column (f))		15			%
15 16	Public support percentage from 2020					16			- <u>%</u> %
	ction D. Computation of Invest			•					70
	-					17			0/
	Investment income percentage for 20					17			%
	Investment income percentage from 2 33 1/3% support tests - 2021. If the						and line 1	7 is not	%
199							, and line I		
Ŀ	more than 33 1/3%, check this box at 22 1/2% curport tooto						00 1 /00/	<b>P</b> L	
D	<b>33 1/3% support tests - 2020.</b> If the								
<u></u>	line 18 is not more than 33 1/3%, che								$\dashv$
	Private foundation. If the organizatio	n ala not check a	box on line 14, 19	a, or 19b, check t	his box and see ins				
3202	23 01-04-22			16			schedule A	(Form 990) 20	J21
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, , , ,	2000 /JET26 0I06/	20.	T. O. O. T.	DTCI/TIDOIN	ANDA CON	TO DIA	<b>T T T T</b> .	····	- <u>+</u>

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

17

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

Yes No

#### 38-3218990 Page 5 DICKINSON AREA COMMUNITY FOUNDATION Schedule A (Form 990) 2021 Part IV Supporting Organiz atione

14	Continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	l				
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,					
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	l				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported					
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2	Did the organization operate for the benefit of any supported organization other than the supported	Γ				

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	bid the organization operate for the benefit of any supported organization other than the supported

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	

	the supported organization(s).	1		
See	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	วทร	s).
		-	

- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported	a governmental entity	. Describe in Part VI how	you supported a	governmental entity	(see instructions

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

1

2

Yes No

No

Yes

18

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Schedule A (Form 990) 202				FOUNDATION	38-3218990	Page <b>6</b>		
Part V Type III No	rganizations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions								
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	<b>1</b> a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 DICKINSON AREA COMMUNITY FOUNDATION

Fai	t v Type in Non-Functionally integrated 509		anizations (contin	<u>ued)</u>	
Secti	on D - Distributions			$ \downarrow$	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
۹	Excess from 2021				

Schedule A (Form 990) 2021

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38-3218990 Page 8 DICKINSON AREA COMMUNITY FOUNDATION Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: THE ORGANIZATION RECEIVES APPROXIMATELY 16% OF ITS REVENUES FROM PUBLIC THE ORGANIZATION HOLDS A LARGE DOLLAR AMOUNT OF ENDOWED FUNDS AS SUPPORT. A RESULT OF GENEROUS PUBLIC SUPPORT OVER THE LAST 25 YEARS. IN 2018, THERE WAS A LARGE DONATION FROM AN ESTATE OF OVER \$1 MILLION, MOST OF WHICH HAS BEEN CONSIDERED EXCESSIVE AND NOT USED IN THE PUBLIC SUPPORT TEST. THE FOUNDATION OFTEN RECEIVES LARGE DONATIONS FROM A SMALL GROUP OF DONORS WHICH ARE CONSIDERED EXCESSIVE, AND THEREFORE ALSO DO NOT FACTOR INTO THE PUBLIC SUPPORT TEST. ANOTHER REASON THE ORGANIZATION DID NOT MEET THE33 1/3 TEST IN 2021 IS DUE TO THE INVESTMENT INCOME FROM THE ENDOWED FUNDS. THE ORGANIZATION HAS TRADITIONALLY ADVERTISED FOR MULTIPLE FUNDRAISING EVENTS AND CONTINUES TO DO SO ON SOCIAL MEDIA PLATFORMS AS WELL AS THROUGH TRADITIONAL PLATFORMS. THE BOARD OF DIRECTORS MAKES A CONCERTED EFFORT TO ENSURE THAT THE COMPOSITION OF THE BOARD REPRESENTS DIVERSITY OF THE COMMUNITY AND ITS LEADERS.

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Schedule A

### **Identification of Excess Contributions** Included on Part II, Line 5

2021

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	1.0	357
		-
		20
I Excess Contributions to Schedule A, Part II, Line 5		20

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

## **Schedule of Contributors**

AREA COMMUNITY FOUNDATION

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

OMB No. 1545-0047

2021

Employer identification number

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	0		~	÷.	v	~	~	v

DICKINSON

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

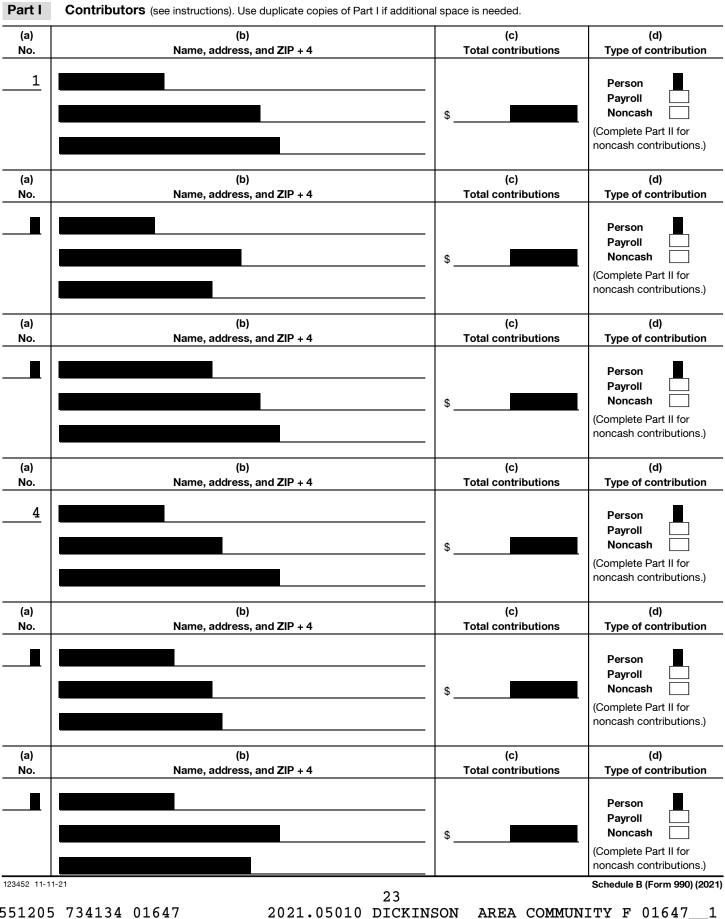
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Employer identification number

DICKINSON AREA COMMUNITY FOUNDATION 38-3218990



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Employer identification number

DICKINSON AREA COMMUNITY FOUNDATION 38-3218990

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.										
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
		\$•	Person Payroll Noncash (Complete Part II for noncash contributions.)								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution								
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)								
123452 11-1	1-21 24		Schedule B (Form 990) (2021)								

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Name of organization

38-3218990

#### DICKINSON AREA COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

- - -		(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-   -		     \$	

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2021.05010 DICKINSON AREA COMMUNITY F 01647\_1

ame of organiz	zation		Employer identification
ICKINSO	N AREA COMMUNITY FO	UNDATION	38-3218990
fro com	m any one contributor. Complete columns (an appleting Part III, enter the total of exclusively religious,	a) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 entry. For organizations or less for the year. (Enter this info. once.) \$
a) No. from	e duplicate copies of Part III if additiona		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hele
		(e) Transfer of g	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	 gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hele
		(e) Transfer of g	 
	Transferee's name, address, a		Relationship of transferor to transferee
3454 11-11-21		26	Schedule B (Form

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization
--------------------------

AREA COMMUNITY FOUNDATION DICKINSON

Employer identification number 38-3218990

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Accounts. Complete if the
	organization answered fes on Form 990, Part IV, in	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	
1	Total number at end of year Aggregate value of contributions to (during year)	80,000.	206,484.
2 3	Aggregate value of grants from (during year)	38,500.	462,130.
4	Aggregate value of grants norm (during year)	79,306.	14,244,273.
5	Did the organization inform all donors and donor advisors in		
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		anization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea	sement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
_	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Par	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		rance of public
_	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	· · · ·	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		<b>N</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N A</b>
-			
2	If the organization received or held works of art, historical tre	-	n, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	S 101 FORM 990.	Schedule D (Form 990) 2021
13205	10-28-21	27	

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2021.05010 DICKINSON AREA COMMUNITY F 01647\_1

Sche	dule D (Form 990) 2021 DICKINS	ON AREA C	OMMUN	ITY F	OUNDAT:	ION	38-	321899	0 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, c	or Other	Similar As	sets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following tha	t make sigi	nificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d		an or exc	hange progra	ım				
b	Scholarly research	е	0	her						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	he organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	zation's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatic	n answered '	'Yes" on Fo	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontribution	ns or other as	sets not in	cluded			_
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	t	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII				]
Par	t V Endowment Funds. Complete i	f the organization an	swered "\	∕es" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year	<b>(b)</b> Pric	or year	(c) Two year	s back (d)	Three years ba	ack <b>(e)</b> Fou	r years	back
1a	Beginning of year balance	12,980,600.	11,9	56,229.	10,320	),304.	10,227,23	38. 8	,748,	054.
b	Contributions	206,484.		58,952.	215	5,131.	1,495,70	68.	378,	276.
с	Net investment earnings, gains, and losses	1,727,081.	1,1	.91,991.	1,965	5,294.	-556,60	66. 1	,303,	833.
d	Grants or scholarships	462,130.		55,521.	374	1,655.	680,34	40.		
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	207,762.	1	.71,051.	169	9,845.	165,69	96.	202,	925.
g	End of year balance	14,244,273.	12,9	80,600.	11,956	5,229.	10,320,30	04. 10	,227,	238.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment > 68.2900	%								
с	Term endowment  31.7100	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	and administe	red for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accı	umulated	(d) Boo	k value	e
		basis (investn	nent)	basis	(other)	depre	ciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			3	8,209.	2	2,413.	1	5,7	96.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 1	10c.)		<b>&gt;</b>	1	5,7	96.
		. ,	,		,		Sched	dule D (Fori		
									,	

	AREA COMMUNITY	FOUNDATION	38-3218990 Page <b>3</b>
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1b See Form 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITIES - AMERIPRISE	11,751,621.	END-OF-YEAR	MARKET VALUE
(B) FIXED INCOME - AMERIPRISE		END-OF-YEAR	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	12 (20 0()		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,629,866.		
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 000 Port IV line 1	1a Saa Farm 000 Dart V	line 19
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, I	Part X, line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 25 )		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			
organization's liability for uncertain tax positions under		-	

_	dule D (Form 990) 2021 DICKINSON AREA COMMUNITY		-	-		3218990 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		th Reve	nue per F	Return	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements				1	2,129,278.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	<b>J</b> ( )		1,30	8,870.		
b	Donated services and use of facilities					
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d	- 7	4,733.		
е	Add lines <b>2a</b> through <b>2d</b>				2e	1,234,137.
3	Subtract line 2e from line 1				3	895,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b		2,655.		
	Add lines <b>4a</b> and <b>4b</b>				4c	2,655.
с						
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	897,796.
_5					•	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents W			•	irn.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>nents W</b> a.	/ith Expo	enses per	•	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>nents W</b> a.	/ith Expo	enses per	Retu	irn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	nents W a.	/ith Expo	enses per	Retu	irn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W a. 2a	/ith Expo	enses per	Retu	irn.
5 Par 1 2 a	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents W a. 2a 2b	/ith Expo	enses per	Retu	irn.
5 Par 1 2 a b	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents W a. 	/ith Expo	enses per	Retu	irn.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	nents W a. 	/ith Expo	enses per	Retu	ırn. 647,433. 0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	nents W a. 2a 2b 2c 2c 2d	/ith Expo	enses per	1	irn. 647,433.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	nents W a. 2a 2b 2c 2c 2d	/ith Expo	enses per	1 2e	ırn. 647,433. 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents W a. 2a 2b 2c 2d	/ith Expo	enses per	1 2e 3	ırn. 647,433. 0.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	nents W a. 2a 2b 2c 2d	/ith Expo	enses per	1 2e 3	urn. 647,433. 0. 647,433.
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other statements       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	nents W a. 2a 2b 2c 2d  2d	/ith Expo	enses per	1 2e 3	rn. 647,433. 0. 647,433. 74,733.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	nents W a. 2a 2b 2c 2d  2d	/ith Exp	enses per	1 2e 3	urn. 647,433. 0. 647,433.

20 2010000

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

то	PROVIDE	GRANTS	&	SCHOLARSHIPS	то	PEOPLE	IN	NEED	IN	DICKINSON	COUNTY,
----	---------	--------	---	--------------	----	--------	----	------	----	-----------	---------

NORWAY, AND CRYSTAL FALLS TO FULFILL THE MISSION OF THE FOUNDATION TO

ENHANCE THE COMMUNITY.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### MISC

PART XII, LINE 4B - OTHER ADJUSTMENTS:

132054 10-28-21

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Schedule D (Form 990) 2021

-74,733.

2,655.

hedule D (Form 390) 2021         DICKINSON         AREA COMMUNITY FOUNDATION         38-3218990         Page           art XIII Supplemental Information (continued)         NVESTMENT FEES         74,733
Schedule D (Form 990) 20
31

12551205 734134 01647

SCHEDULE G (Form 990)		ntal Information Regarding e organization answered "Yes" on						OMB No. 1545-0047
		rganization entered more than \$1	5,000	on Fo	rm 990-EZ, line 6a.			2021
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instru				ion.		Open to Public Inspection
Name of the organization							Employer ide 38-3218	ntification number 990
		Complete if the organization answe	red "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
<ol> <li>Indicate whether the a Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and</li> <li>Phone solicitation</li> <li>In-person solicitation</li> <li>Did the organization</li> <li>key employees list</li> </ol>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit (	contrib	<b>b</b> ution:	s or has been notified	d it is	exempt from re	egistration
or licensing.								
	aduction Act Not	ica, sao tha Instructions for Form (	000 or	000-	<b>E7</b>		Schodulo	G (Earm 990) 2021

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

Schedule G (Form 990) 2021

132081 10-21-21

DICKINSON AREA COMMUNITY FOUNDATION

38-3218990 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 FALL TAILGATE	(b) Event #2 CHRISTMAS IN THE WIZARDI	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
неvenue	1	Gross receipts	37,098.	22,460.		59,558
	2	Less: Contributions	28,174.			28,174
	3	Gross income (line 1 minus line 2)	8,924.	22,460.		31,384
	4	Cash prizes				
n	5	Noncash prizes				
aci iad	6	Rent/facility costs				
urect Expenses	7	Food and beverages				
د	8	Entertainment				
	9	Other direct expenses		1,589.		22,447
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	22,447
		Net income summary. Subtract line 10 from				8,937
'a	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
			(a) Dingo	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (ad
Ś			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (d
•	1	Gross revenue				
3	2	Cash prizes				
2	_					
λ L	3	Noncash prizes				
הוובתו דעהבווזבי	4	Rent/facility costs				
	5	Other direct expenses				
			Yes_%	Yes%	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	<u> </u>	Het gaming moorne sammary. Subtract inter				
		ter the state(s) in which the organization cond	ucts gaming activities:			
•	Ent		ctivitios in each of these	states?		Yes N
		he organization licensed to conduct gaming a	cuvilles in each of these			
а	ls t					
а	ls t	he organization licensed to conduct gaming a				
a b	Is t If "	he organization licensed to conduct gaming a No," explain:				
a b Da	Is t If " We	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax y		Yes N
a b Da	Is t If " We	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax y		YesN
a b	Is t If " We	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax y		Yes N
a b a b	Is t If " We If "	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax y		Yes N

	edule G (Form 990) 2021				FOUNDATION		218990	Page 3
	Does the organization conduct g Is the organization a grantor, ber						Yes	No
	to administer charitable gaming? Indicate the percentage of gamin	, ,		•			Yes	🗌 No
	The organization's facility						13a	%
	An outside facility							<u> </u>
	Enter the name and address of t						I	
	Name 🕨							
	Address 🕨							
<b>1</b> 5a	Does the organization have a co	ntract with a third party	from who	m the organization re	eceives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gar	ning revenue received b	by the orga	anization 🕨 \$	and the a	mount		
	of gaming revenue retained by the	ne third party 🕨 \$						
c	: If "Yes," enter name and address	s of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	▶ \$						
	Description of services provided	►						
	Director/officer	Employee		Independent contr	actor			
17	Mandatory distributions:							
	Is the organization required under	er state law to make cha	aritable dis	stributions from the g	aming proceeds to			
	retain the state gaming license?			-			. 🗌 Yes	🗌 No
k	Enter the amount of distributions	-		istributed to other ex	empt organizations or spe	ent in the		
Pa	organization's own exempt activ			ons required by Part	I, line 2b, columns (iii) and	(v): and Pa	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, a					(v), and r a	n in, in ies 9,	30, 100,
1320	83 10-21-21					Schedu	ule G (Form	990) 2021
				34				

Schedule G	(Form 990) Supplemental Info	DICKINSON	AREA	COMMUNITY	FOUNDATION	38-3218990 Page 4
Part IV	Supplemental Info	rmation (continued)				
						Schedule G (Form 990)
132084 11-18-	21			_		
				35		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	irants and Oth vernments, an ete if the organization Go to www.ir	d Individua	<b>ls in the Ŭni</b> ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization			-				Employer identification number
DICKINSON		MMUNITY FOU	NDATION				38-3218990
Part I General Information on Grants a							
1 Does the organization maintain records to criteria used to award the grants or assist	stance?						
2 Describe in Part IV the organization's pro						( " E 000 D )	
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	'es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NODMUEDNI I TOUMO VMON							
NORTHERN LIGHTS YMCA 800 CRYSTAL LAKE BLVD							GRANT TO BE USED FOR
IRON MOUNTAIN, MI 49801	38-2615035		22,849.	0.			OPERATING EXPENSES.
IRON MOUNTAIN, MI 49801	30-2013035		22,049.	0.			OPERATING EXPENSES.
SALVATION ARMY							
145 ROSELAND ST							GRANT TO BE USED FOR
KINGSFORD, MI 49802	36-2167910		27,585.	0.			OPERATING EXPENSES.
DICKINSON IRON COMMUNITY SERVICES			,				
AGENCY AND AFFILIATE - 1238							
CARPENTER AVE - IRON MOUNTAIN, MI							GRANT TO BE USED FOR
49801	38-2889846		11,198.	0.			OPERATING EXPENSES.
DICKINSON COUNTY MEMORIAL HOSPITAL 1721 S STEPHENSON AVE							GRANT TO BE USED FOR
IRON MOUNTAIN, MI 49801	38-6093161		65,000.	0.			HOSPITAL IMPROVEMENTS.
ALMOST HOME ANIMAL SHELTER 5060 LINCOLN ST							GRANT TO BE USED FOR
QUINNESEC, MI 49876	23-7063345		8,991.	0.			OPERATING EXPENSES.
GRACE UNITED METHODIST CHURCH 130 ODILL DR NORWAY, MI 49970	38-2125635		13,115.	0.			GRANT TO BE USED FOR MEALS SERVED FOR LOCAL HOMELESS POPULATION.
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				18.
3 Enter total number of other organizations	s listed in the line <sup>-</sup>	1 table					
LHA For Paperwork Reduction Act Notice	, see the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

### Schedule | (Form 990) DICKINSON AREA COMMUNITY FOUNDATION

|--|

		MMONIII FOC					00-3210990 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CAMP BATAWAGAMA							
PO BOX 482							GRANT TO BE USED FOR
IRON RIVER, MI 49935	34-1832902		6,319.	٥.			OPERATING EXPENSES.
DICKINSON COUNTY CANCER UNIT							
201 E BREITUNG AVE							GRANT TO BE USED FOR
KINGSFORD, MI 49802	38-3534172		6,925.	0.			OPERATING EXPENSES.
BAY CLIFF HEALTH CAMP							
N4175 BAYCLLIFF DRIVE							GRANT TO BE USED FOR
	38-6000167		5,908.	0.			OPERATING EXPENSES
BIG BAY, MI 49808	38-0000107		5,500.	0.			OFERALING EXFENSES
CRYSTAL FALLS COMTEMPORARY CENTER							
PO BOX 243							GRANT TO BE USED FOR
CRYSTAL FALLS, MI 49920	38-2486756		6,184.	٥.			OPERATING EXPENSES
,			,				
CRYSTAL THEATRE							
PO BOX 275							GRANT TO BE USED FOR
CRYSTAL FALLS, MI 49920	38-3161460		11,574.	0.			OPERATING EXPENSES
FOREST PARK SCHOOL DISTRICT							
801 FOREST PKWY							GRANT TO BE USED FOR
CRYSTAL FALLS, MI 49920	38-1849080		5,008.	0.			OPERATING EXPENSES
FRIENDS OF THE BRAUMART							
PO BOX 156							GRANT TO BE USED FOR
IRON MOUNTAIN, MI 49801	26-4342498		6,146.	0.			OPERATING EXPENSES
	20 1312190		0,140.				
LIGHT AT THE INN							
PO BOX 551							GRANT TO BE USED FOR
IRON MOUNTAIN, MI 49801	81-3511512		5,537.	0.			OPERATING EXPENSES
MASTODON TOWNSHIP							
1371 HWY US-2	20 1046050		44 800	_			GRANT TO BE USED FOR
CRYSTAL FALLS, MI 49920	38-1846259		11,700.	0.			OPERATING EXPENSES

Schedule I (Form 990)

#### DICKINSON AREA COMMUNITY FOUNDATION Schedule I (Form 990)

38-3218990 Page 1
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Part II Continuation of Grants and Other		mestic Organization		overnments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RTHWOODS AIRLIFELINE LTD							
0 BOX 2973							GRANT TO BE USED FOR
INGSFORD, MI 49802	38-2883309		5,880.	0.			OPERATING EXPENSES
UR PLACE COMMUNITY CENTER							
217 W HUGHITT ST							GRANT TO BE USED FOR
RON MOUNTAIN, MI 49801	83-1861223		14,500.	٥.			OPERATING EXPENSES

Schedule I (Form 990)

#### Schedule | (Form 990) 2021 DICKINSON AREA COMMUNITY FOUNDATION

38-3218990

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	129	165,145.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

### GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A FINAL REPORT ON GRANT

EXPENDITURES.

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

AREA COMMUNITY FOUNDATION



Employer identification number 38-3218990

FORM 990, PART VI, SECTION B, LINE 11B:

DICKINSON

A COPY OF THE FORM 990 IS REVIEWED BY THE SIGNING OFFICER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY YEARLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PERSONNEL COMMITTEE, WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS, FILLS

OUT REVIEW FORMS YEARLY AND DETERMINES THE EXECUTIVE DIRECTOR'S

COMPENSATION BASED ON THEM. THIS PROCESS IS DOCUMENTED IN THE MEETING

MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MISC

-2,656.

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

Schedule O (Form 990) 2021

12551205 734134 01647

40 2021.05010 DICKINSON AREA COMMUNITY F 01647\_1

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	C o Lin n No	Unadjusted Cost Or Basis	Bus	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
1		03/01/96	ADC	5.00	v НY17	250.	Excl			250.	Depreciation	Expense	0.	Depreciation
											-			-
2	DESK AND CHAIR	03/01/96	SL	5.00	HY17	625.				625.	625.		0.	625.
8	DESK/CHAIR/COMPUTER	12/15/03	200DB	5.00	MQ17	600.				600.	600.		0.	600.
9	COMPUTER	07/12/04	200DB	5.00	HY17	831.				831.	831.		0.	831.
10	OFFICE EQUIPMENT	10/26/04	200DB	7.00	HY17	2,800.				2,800.	2,800.		0.	2,800.
14	LAPTOP COMPUTER & PROJECTOR	06/22/10	200DB	5.00	HY17	2,659.				2,659.	2,658.		٥.	2,658.
15	LEASEHOLD IMP - CARPET	04/20/11	SL	7.00	16	2,026.				2,026.	2,023.		٥.	2,023.
16	BOARD ROOM TABLE	05/16/11	SL	7.00	16	661.				661.	658.		0.	658.
17	DELL COMPUTER	11/29/12	SL	5.00	16	755.				755.	755.		٥.	755.
18	CONFERENCE ROOM CHAIRS	04/12/12	SL	7.00	16	1,950.				1,950.	1,950.		0.	1,950.
19	LAPTOP COMPUTER	12/17/14	SL	5.00	16	975.				975.	975.		٥.	975.
20	DESKTOP COMPUTER	01/14/15	SL	5.00	16	534.				534.	534.		0.	534.
21	TWO COMPUTERS	12/30/19	200DB	5.00	MQ17	3,493.				3,493.	1,502.		796.	2,298.
22	AKOYA SOFTWARE	12/11/19	200DB	3.00	MQ17	13,420.				13,420.	9,319.		2,734.	12,053.
23	ACER LAPTOPS	11/04/20	200DB	5.00	HY17	1,938.				1,938.	388.		620.	1,008.
25	OUTSIDE SIGN	06/22/21	150DB	15.00	НҮ19	E 10,485.				10,485.			524.	524.
26	SOUND SYSTEM FOR CONFERENCE ROOM	06/03/21	200DB	5.00	НҮ19	B 2,929.				2,929.			586.	586.
				.000	НҮ16									

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

FORM 550 FAGE 10						990		*	i i i						
Asset No.	Description	Date Acquired	Method	Life	C ∟ n ↑ v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY1	.6									
				.000	HY1	.6									
	* TOTAL 990 PAGE 10 DEPR						46,931.				46,931.	25,868.		5,260.	31,128.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						33,517.			0.	33,517.	25,868.			30,018.
	ACQUISITIONS						13,414.			0.	13,414.	Ο.			1,110.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						46,931.			0.	46,931.	25,868.			31,128.
	ENDING ACCUM DEPR											31,128.			
	ENDING BOOK VALUE											15,803.			

Form <b>4562</b>
Department of the Treasury Internal Revenue Service (99

# Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

20

Attach to your tax return.

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

	KINSON AREA COMMUI				M 990 PA		V before v	38-321899
							1	1,050,00
	aximum amount (see instructions) otal cost of section 179 property plac	od in convice (coo						1,050,00
	reshold cost of section 179 property plac						····	2,620,00
	eduction in limitation. Subtract line 3							2,020,00
	llar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pr			(b) Cost (busine		(c) Elected	•	
7 Lis	sted property. Enter the amount from	line 29			7			
	otal elected cost of section 179 prope						8	
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the s							
	ection 179 expense deduction. Add li							
	arryover of disallowed deduction to 2							
lote:	Don't use Part II or Part III below for	listed property. Ir	nstead, use P	Part V.				
Part	II Special Depreciation Allowa	nce and Other D	epreciation	(Don't include	e listed property	r.)		
4 Sp	pecial depreciation allowance for qua	lified property (otl	her than liste	d property) pla	aced in service	during		
the	e tax year						14	
5 Pr	operty subject to section 168(f)(1) ele	ection					15	
	her depreciation (including ACRS)						16	
Part	III MACRS Depreciation (Don't	include listed pro	perty. See in	nstructions.)				
			-					
			-	ection A				
	ACRS deductions for assets placed i		ears beginnin	ng before 2021			17	4,15
	ou are electing to group any assets placed in serv	vice during the tax year	ears beginnin	ng before 202	ounts, check here	► 🗌		-
		vice during the tax year Placed in Servic	ears beginnin into one or more <b>e During 20</b>	ng before 202 <sup>-</sup> general asset acco <b>21 Tax Year U</b>	Dunts, check here Jsing the Gene	► 🗌		-
	ou are electing to group any assets placed in serv	vice during the tax year	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir	ng before 202	ounts, check here	► 🗌	ation Syst	em
<b>8</b> If y	ou are electing to group any assets placed in sen Section B - Assets	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir	ng before 202 <sup>-1</sup> general asset accor <b>21 Tax Year L</b> r depreciation nvestment use instructions)	unts, check here	ral Deprecia	(f) Method	em (g) Depreciation deduction
<b>8</b> If y	ou are electing to group any assets placed in sen Section B - Assets (a) Classification of property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir	ng before 202 <sup>-</sup> general asset acco <b>21 Tax Year U</b> r depreciation nvestment use	Jsing the Gene	► ral Deprecia	ation Syst	em (g) Depreciation deduction
8 lf y	ou are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir	ng before 202 <sup>-1</sup> general asset accor <b>21 Tax Year L</b> r depreciation nvestment use instructions)	unts, check here	ral Deprecia	(f) Method	em (g) Depreciation deduction
8 lf y 9a b	ou are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene (d) Recovery period 5 YRS .	ral Deprecia (e) Convention HY	ation Syst	em (g) Depreciation deductio 58
8 lf y 9a b c	ou are electing to group any assets placed in service of the section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-1</sup> general asset accor <b>21 Tax Year L</b> r depreciation nvestment use instructions)	unts, check here	ral Deprecia	(f) Method	em (g) Depreciation deduction 58
8 If y 9a b c d	ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene (d) Recovery period 5 YRS .	ral Deprecia (e) Convention HY	ation Syst	em (g) Depreciation deductio 58
8 lfy 9a b c d e	ou are electing to group any assets placed in service of the section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene (d) Recovery period 5 YRS • 15 YRS • 25 yrs.	ral Deprecia (e) Convention HY HY	ation Syst (f) Method 200DB 150DB S/L	em (g) Depreciation deduction 58
8 lf y 9a b c d e f g	ou are electing to group any assets placed in service of the section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene (d) Recovery period 5 YRS. 15 YRS.	ral Deprecia (e) Convention HY	ation Syst (f) Method 200DB 150DB S/L S/L	em (g) Depreciation deduction 58
8 lfy 9a b c d e f	ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	vice during the tax year <b>Placed in Servic</b> (b) Month and year placed	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene (d) Recovery period 5 YRS • 15 YRS • 25 yrs.	ral Deprecia (e) Convention HY HY	ation Syst (f) Method 200DB 150DB S/L S/L S/L	em (g) Depreciation deduction 58
8 lfy 9a b c d f g h	ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	/ice during the tax year Placed in Servic (b) Month and year placed in service	ears beginnin into one or more ce During 20 (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accor <b>21 Tax Year U</b> r depreciation nvestment use instructions) <b>2 , 9 2 9 .</b>	Jsing the Gene         (d) Recovery         5 YRS         15 YRS         25 yrs.         27.5 yrs.	HY MM	ation Syst (f) Method 200DB 150DB S/L S/L S/L S/L	em (g) Depreciation deductio 58
8 lf y 9a b c d e f g	ou are electing to group any assets placed in service of the section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c)	ears beginnir into one or more <b>ce During 20</b> (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accr <b>21 Tax Year I</b> r depreciation rvestment use instructions) <b>2</b> ,929. <b>10</b> ,485.	Jsing the Gene         (d) Recovery period         5 YRS.         15 YRS.         25 yrs.         27.5 yrs.         27.5 yrs.         39 yrs.	In the second se	ation Syst (f) Method 200DB 150DB S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 58 52
8 If y 9a b c d e f g h i	ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 20-year property 25-year property Residential rental property Residential rental property Nonresidential real property Section C - Assets F	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c)	ears beginnir into one or more <b>ce During 20</b> (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accr <b>21 Tax Year I</b> r depreciation rvestment use instructions) <b>2</b> ,929. <b>10</b> ,485.	Jsing the Gene         (d) Recovery period         5 YRS.         15 YRS.         25 yrs.         27.5 yrs.         27.5 yrs.         39 yrs.	In the second se	ation Syst (f) Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deductio 58 52
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8 If y 9a b c d e f f f f i i 00a b c	ou are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed (c) Month (c	ears beginnir into one or more <b>ce During 20</b> (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accr <b>21 Tax Year I</b> r depreciation rvestment use instructions) <b>2</b> ,929. <b>10</b> ,485.	Jsing the Gene (d) Recovery period 5 YRS • 5 YRS • 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna 12 yrs. 30 yrs.	ral Deprecia (e) Convention HY HY MM MM MM MM MM MM MM MM MM	ation Syst (f) Method 200DB 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 58 52
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8 fy 9a b c d e f g h i u 0a b c d Part	Section B - Assets         Section B - Assets         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         25-year property         25-year property         Residential rental property         Nonresidential real property         Section C - Assets F         Class life         12-year         30-year         40-year         Summary (See instructions.)	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed (c) Month (c) Mon	ears beginnir into one or more <b>ce During 20</b> (c) Basis fo (business/ir only - see	ng before 202 <sup>-</sup> general asset accr <b>21 Tax Year I</b> r depreciation rvestment use instructions) <b>2</b> ,929. <b>10</b> ,485.	Jsing the Gene (d) Recovery period 5 YRS • 5 YRS • 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna 12 yrs. 30 yrs.	ral Deprecia (e) Convention HY HY MM MM MM MM MM MM MM MM MM	ation Syst (f) Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 58
8 fy 9a b c d e f g h i u 0a b c d Part 1 Lis	Section B - Assets         Section B - Assets         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         10-year property         20-year property         20-year property         20-year property         20-year property         25-year property         Residential rental property         Residential real property         Section C - Assets F         Class life         12-year         30-year         40-year <b>Summary</b> (See instructions.)         sted property. Enter amount from line	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed (c) Month (c) Mon	ears beginnin into one or more <b>c During 20</b> (business/ir only - see	ng before 202 <sup>-</sup> general asset accr 21 Tax Year I r depreciation rvestment use instructions) 2,929. 10,485. 11 Tax Year Use	Jsing the Gene (d) Recovery period 5 YRS 5 YRS 15 YRS 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna 12 yrs. 30 yrs. 40 yrs.	ral Deprecia (e) Convention HY HY MM MM MM MM MM MM MM MM MM	ation Syst (f) Method 200DB 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 58
8 If y 9a b c d e f g h i i b c d b c d b c d b c l l l l i l l l l l l l l l l l l l l	Section B - Assets         Section B - Assets         (a) Classification of property         3-year property         5-year property         7-year property         10-year property         15-year property         20-year property         25-year property         25-year property         25-year property         25-year property         Residential rental property         Residential real property         Class life         12-year         30-year         40-year         Summary (See instructions.)         sted property. Enter amount from line         total. Add amounts from line 12, lines	Vice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed (c) Month and (c) Month (	ears beginnin into one or more ce During 200 (c) Basis fo (business/ir only - see During 202 During 202 During 202	ng before 202 <sup>-</sup> general asset accr <b>21 Tax Year I</b> r depreciation rvestment use instructions) <b>2 , 929 .</b> <b>10 , 485 .</b> <b>1 Tax Year Us</b> <b>0</b> in column (g)	Jsing the Gene (d) Recovery period 5 YRS • 5 YRS • 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna 12 yrs. 30 yrs. 40 yrs.	ral Deprecia         (e) Convention         HY         HY         MM	ation Syst (f) Method 200DB 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 58 52 52 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5
8 #y 9a b c d e f g h i i b c d b c d b c c l 1 Lis 2 To En	ou are electing to group any assets placed in series Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Nonresidential real property Class life 12-year 30-year 40-year <b>EV</b> Summary (See instructions.) sted property. Enter amount from line total. Add amounts from line 12, lines ther here and on the appropriate lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service (c) Month and year placed (c) Month and (c) Month (c) M	ears beginnin into one or more <b>ce During 20</b> (c) Basis fo (business/ir only - see <b>During 202</b> <b>During 202</b> enes 19 and 20 artnerships a	ng before 202 <sup>-</sup> general asset accor 21 Tax Year U r depreciation vestment use instructions) 2,929. 10,485. 10,485. 1 Tax Year Use 1 Tax Year Use 0 in column (g) and S corporat	Jsing the Gene (d) Recovery period 5 YRS • 5 YRS • 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna 12 yrs. 30 yrs. 40 yrs.	ral Deprecia         (e) Convention         HY         HY         MM	ation Syst (f) Method 200DB 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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Fo	rm 4562 (2021)	DIC	KINSON	ARE	A CO	MMUI	YTIN	FOU	NDATI	ON		38-	3218	990	Page 2
Ρ	art V Listed Proper				ner vehio	cles, ce	rtain airc	raft, ar	nd propert	y used fo	or				
	entertainment, <b>Note:</b> For any	,		,	standar	rd milez	nde rate d	or dedi	ucting leas	se expen	se com	nolete <b>on</b>	lv 24a		
	24b, columns (	a) through (a	c) of Section A	, all of S	ection B	, and S	ection C	; if app	licable.						
		-	on and Other			ution:	See the	instruc	tions for li	mits for p	bassenę	ger autor	nobiles.	)	
24a	a Do you have evidence to s			nt use cla	aimed?	<u> </u>	/es	No	24b If "Y	′es," is th	e evide	nce writt	ten?	_ Yes ∟	No
	<b>(a)</b> Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta <u>c</u>	ie ot	<b>(d)</b> Cost or her basis	(h	(e) sis for depr usiness/inve use onl	estment	<b>(f)</b> Recovery period	Met	<b>g)</b> hod/ ention	Depre	( <b>h)</b> eciation uction	Ele sectio	(i) octed on 179 ost
25	Special depreciation allo				/ placed	in serv	ice durin	a the t	I ax vear ar	l nd					001
	used more than 50% in							0	,		25				
26	Property used more that														
			9	6											
		: :	9	6											
		: :	9	6											
27	Property used 50% or le	ess in a qual	fied business	use:						_					
		: :	9	6						S/L ·					
		: :	9	6						S/L ·					
		: :	9	-						S/L ·					
	Add amounts in column														
29	Add amounts in column	i (i), line 26. E	nter here and	on line	7, page <sup>-</sup>	1							. 29		
							on Use								
	mplete this section for ve your employees, first ans		, , ,	· •	,				,		•		•		S
				(	a)		(b)		(c)	(0	d)	(	e)	(1	f)
30	Total business/investment	miles driven d	uring the		nicle		hicle	V	/ehicle	Veh	-		nicle		nicle
	year ( <b>don't</b> include commu	ting miles)													
31	Total commuting miles of														
32	Total other personal (no	ncommuting	) miles												
	driven														
33	Total miles driven during	g the year.													
	Add lines 30 through 32	<u>.</u>													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	, ,													
	than 5% owner or relate														
36	Is another vehicle availa														
	use?							<u> </u>							
A			- Questions f	-	-					-					
	swer these questions to o bre than 5% owners or rel		•	xceptior	1 to com	pleting	Section	B for v	enicles us	sed by er	npioyee	es who al	rent		
	Do you maintain a writte			obibite c			ofvobic	los inc		mmuting	by you	r		Yes	No
57	employees?		-		-				-	-				103	
38	Do you maintain a writte													·	
	employees? See the ins		-					-							
39	Do you treat all use of v			•											
	Do you provide more th														
	the use of the vehicles,													.	
41	Do you meet the require														
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Sec	tion B fo	r the c	overed ve	hicles.					
Ρ	art VI Amortization														
(a)				(b) amortization begins	nortization Amortizable Code A				(e) Amortiza period or pe	ation	(f) mortization or this year				
42	Amortization of costs th	at begins du	ring your 2021	tax yea	ar:										
				: :											
				: :											
	Amortization of costs th											43			
	Total. Add amounts in o	column (f). Se	ee the instruct	ons for	where to	o report						44			- /6
116	252 12-21-21						10						F	orm <b>456</b>	<b>2</b> (2021)
55	1205 734134	01647		2023	1.050	010	42 DICK	INSC	ON A	REA (	COMM	UNITY	YF	01643	71