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# Form 990

#### **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

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

2011

Openio Public

Inspection

OMB No 1545-0047

A	For the	2011 calend	dar year, or tax year beginnin	ng	, 2011, and	ending		,							
В	Check if ap	oplicable.	C Name of organization REVI	TALIZING WATERBU	RY, INC			D Employer Identifica	ation Number						
	Addre	ss change	Doing Business As					03-033008	34						
	Ħ	change	Number and street (or P O box if	f mail is not delivered to street addr	)	Room/suite	;	E Telephone number							
	Ħ	return	PO BOX 473					(802) 244	1-5108						
	<b>=</b>	nated	City, town or country	**	State ZIP	code + 4		·	<del></del>						
	<b></b>	ided return	WATERBURY		VT 05	676		G Gross receipts \$	359,325.						
	$\vdash$	cation pending	F Name and address of principal of	fficer			a) is this a	group return for affiliate							
		batton pending	M K MONLEY 8 METAY		CTR VT 05	677 H(		affiliates included?	Yes No						
<del></del>	Tay.ovo	mpt status	X 501(c)(3) 501(c) (		7(a)(1) or	527	If 'No,'	attach a list (see instruc	ctions)						
<del>'</del> -	Websi	<del></del>	evitalizingwaterbu		7(0)(1) 01 1		r) Group	exemption number							
K		organization		Association Other ►	I Year o	of Formation			al domicile VT						
		Summar		ASSOCIATION   Other	L Teal O	A T OTTIBUON	100.	L   I State of lega	in domiche V I						
i Tac			be the organization's mission	or most significant activitie	s DOWN'	TOWN W	ATER	BURY DEVELO	PMENT						
	ן ו	leny descri	be the digamzation's mission	or most significant activitie	.3			PO171 PP 1 PP 0							
Activities & Governance															
ī.	_														
Ş	2 C	 heck this bo	ox ► ☐ if the organization (	discontinued its operations	or disposed	of more t	– – – – han 25°	% of its net assets	<del></del>						
ŏ			oting members of the governir		o. 0.0p0000			.   3	7						
<b>α</b> δ			dependent voting members of		VI, line 1b)			4	9						
itie.	5 To	otal number	r of individuals employed in ca	alendar year 2011 (Part V,	lıne 2a)			5	4						
슣			r of volunteers (estimate if ne					6	60						
∢	7a To	otal unrelate	ed business revenue from Pai	rt VIII, column (C), line 12		7		7a	-14,194.						
	b N	et unrelated	d business taxable income fro	m Form 990- Dine 34	<b>∀</b> ED	<del>-</del>		7b	-4,882.						
						2	Р	rior Year	Current Year						
Φ	1		s and grants (Part VIII, line 1h	"   [2]   101 10	2012	31 }		98,449.	309,307.						
ב ב			vice revenue (Part VIII, line 2		2012	<u> </u>		68.	618.						
<b>5</b> €			ncome (Part VIII, column (A), ue (Part VIII, column (A), lines		CO-COLUMN TO THE REAL PROPERTY OF THE REAL PROPERTY	<u> </u>		-13,263.	-14,194.						
₽╙			e – add lines 8 through 11 (m					85,254.	295,731.						
Revenue Revenue	<del></del>		similar amounts paid (Part IX,			/		2,311.	110,492.						
μ	N .		to or for members (Part IX,			}		- 2,311.	110,152.						
_			50,599.												
JEC nses	15 S		other compensation, employee benefits (Part IX, column (A), lines 5-10)  25,851.  al fundraising fees (Part IX, column (A), line 11e)												
	Iba P		<del>-</del>		_										
od ×	. <b>b</b> T		sing expenses (Part IX, colun		2,	689.									
-	17 C	ther expens	ses (Part IX, column (A), line	s 11a-11d, 11f-24e)				19,963.	31,468.						
2013	18 T	otal expens	ses. Add lines 13-17 (must eq	ual Part IX, column (A), lin	e 25)			48,125.	192,559.						
<b>す</b>	19 R	evenue les	s expenses Subtract line 18	from line 12				37,129.	103,172.						
8 d	:l							ng of Current Year	End of Year						
eote	20 1		(Part X, line 16)					,484,513.	1,534,608.						
\$ 5	21 T	otal liabilitie	es (Part X, line 26)					485,049.	431,972.						
Ž	22 N	let assets o	r fund balances Subtract line	e 21 from line 20				999,464.	1,102,636.						
P	aid III	Signatu	re Block												
Ung	der penaltie	s of perjury, I o	declare that I have examined this return pare) (other than officer) is based on al	n, including accompanying schedule	s and statement	s, and to the	best of n	ny knowledge and belief,	, it is true, correct, and						
con	npiete Dec	laration of prep	parer (other trial on ter) by based on all	niorination of which preparate		$\sim$	1		<del> </del>						
		X/7	01 10V		- 20°		X	11.14.15	<del></del>						
Si	gn	Signal	ture of officer	1- (/	1	P	- 15	"1/ord L	- Co-Treasurer						
H	ere	XT	Jazy K. Montes	Treside	$\sim \!\!\!\! -$	Chi	-/3	700,00	1						
			e of print name and title												
		1	pe preparer's name												
	aid		s N. Perrault, CPA	/ / Mul	cer 1	1/14/1	.2	self-employed P	01256595						
	reparei		-	Babic PC											
U	se Only	Firm's add	ress ► <u>PO Box 593</u>		05641			Firm's EIN ► 03-							
_			Barre	VT		Phone no (802) 476-8673									
			his return with the preparer sl		ons)				X Yes No						
			Reduction Act Notice, see the			TEEA	0101 0	7/05/11	Form <b>990</b> (2011)						

		REVITALIZING WATERBURY, INC	03-033008	34 Page 2
Par	4	ement of Program Service Accomplishments		
		k if Schedule O contains a response to any question in this Part III		<u>.</u>
1		ibe the organization's mission.		
	PRESERV	E AND ENHANCE THE	- <b></b>	
	<b>-</b>			
			<del></del>	
_	Did the same	and the control of th	ho prior	
2	Form 990 or	nization undertake any significant program services during the year which were not listed on t		Yes X No
		cribe these new services on Schedule O.	· · 🗀	ies Al No
3		nization cease conducting, or make significant changes in how it conducts, any program servi	cos?	Yes X No
3	_	cribe these changes on Schedule O	CC3	163 🖺 110
4	•	e organization's program service accomplishments for each of its three largest program service	es as measured	by expenses
7	Section 501	(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the control of the contr	ount of grants ar	d allocations to
	(Code:	) (Expenses \$ 25,849. including grants of \$ 0.) (R	Revenue \$	0.)
		TION OF THE HISTORIC WATERBURY RAILROAD STATION. EXPENSE	s	
	INCLUDE	INSURANCE, TAXES, MAINTENANCE & INTEREST ON MORTGAGES.		
			<del></del>	
				. <b></b>
			_ <b></b>	. <b></b>
4+1		) (Expenses \$ 300. including grants of \$ 300.) (FUTIONS TO OTHER NON-PROFITS WITH COMPATIBLE EXEMPT PURPONATION WAS TO THE PRESERVATION TRUST OF VERMONT		0.)
				<b></b>
4	c (Code	) (Expenses \$110,192. including grants of \$110,192.) (F	Revenue \$	101,119.)
	SUSTAIN	NCE TO BUSINESSES, INDIVIDUALS AND ORGANIZATIONS THAT LED DAMAGE DUE TO THE EFFECTS OF DOWNTOWN FLOODING LNG FROM TROPICAL STORM "IRENE"		· • • • • • • • • • • • • • • • • • • •
			- <b></b>	
	d Other prog	ram services. (Describe in Schedule O.)		
-4	(Expenses			)
		ram service expenses ► 136,341.		<u>.</u>
BA		TEEA0102 07/05/11		Form 990 (2011

BAA

Form 990 (2011) REVITALIZING WATERBURY, INC.
Partitude Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		<u> </u>
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		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	973970.45	X
1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ł	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	11 b		х
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	-	х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  .	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12t		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
!	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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
	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		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	┼	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	o	<u> </u>

Form 990 (2011) REVITALIZING WATERBURY, INC
Partive Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	Search and Control	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34_		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
ì	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	(2011)

#### Form 990 (2011) REVITALIZING WATERBURY, 03-0330084 Page 5 Part Val Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X 3 b Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7dl d If 'Yes,' indicate the number of Forms 8282 filed during the year 34 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them.) . . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13: a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

14 a

14b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13c

03-0330084 Page 6 Rack Mill Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10 a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization . 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization 33 BIRCH STREET VT 05676 (802) 272-6515 TEEA0106 01/23/12 BAA

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

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization	nor any r	elated	org			n com	pen	sated any current offic	er, director, or truste	e
(A) Name and title	(B) Average hours per week		and a	Pos ck mo son is direc	tor/tr	ian one l n an offic sustee)	box, cer	(D)  Reportable compensation from	Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividual fraktee or director	กระบบการป เราระย	Officer	Key employee	Higt est compensated employee	r or nei	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JEANNE KIRBY DOWNTOWN DIRECTOR	20.00				х			28,973.	0.	0.
(2) MARY K MONLEY PRESIDENT	5.00			Х				0.	0.	0.
(3) WILL SENNING VICE-PRESIDENT	3.00			х				0.	0.	0.
(4) SARAH SCHOOLCRAFT SECRETARY	2.00			х				0.	0.	0.
(5) JOHN WULFF TREASURER	2.00			х				0.	0.	0.
(6) CHRIS NORDLE DIRECTOR	2.00	х						0.	0.	0.
(7) RICH DRILL DIRECTOR	2.00	х						0.	0.	0.
									1	
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Partivill Section A. Officers, Directors, Trust	ees, r	\ey_	Em		yee >)	es, :	and	i Hignest Com	pensated Emp	oyees (cont)
(A) Name and title	(B) Average hours per	box,	unles er an	ss pe	ition more rson i irecto	s both r/trust	i an lee)	(D)  Reportable  compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)	-									
(24)										
(25)										
1 b Sub-total	1,	1	<u>                                      </u>	J	<u> </u>	<u> </u>	<b>&gt;</b>	28,973.	0.	0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	4						<b>&gt;</b>	28,973.	0.	0.
Total number of individuals (including but not limited	to tho	se lis	sted	abo	ve)	who	rece			<del>`</del>
from the organization										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust dividua	ee, l	кеу (	emp	loye	e, o	r hig	hest compensated	i employee 	3 X
4 For any individual listed on line 1a, is the sum of related organizations greater the such individual	ortable an \$15	e cor 50,00	nper 10? /	nsat If 'Ye	ion a	and o	othe <i>lete</i>	r compensation fro Schedule J for	om 	. 4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c	ompens	sation e Sci	n fro hedu	om a	iny ι I for	ınrel suci	ated	l organization or in	ndıvıdual 	5 X
Section B. Independent Contractors	od rada		lant		tract	010	that	recoved more the	\$100,000 of	
1 Complete this table for your five highest compensation from the organization Report compensation.	sation	for t	he c	aler	ndar	yea	r end	ding with or within	the organization's	
Name and business addres	s					_		Description	of services	(C) Compensation
			_							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	but not	lımı	ted t	to th	ose	liste	d ab	ove) who received	d more than	

Page 9

Har	TWIN Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	to Helated campaigns  b Membership dues  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lins 1a-1f  h Total. Add lines 1a-1f	309,307.			
PROGRAM SERVICE REVENUE	Business Code  2 a  b  c  d  f All other program service revenue  g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	618.	618.	0.	0.
OTHER REVENUE	(i) Real (ii) Personal  6a Gross rents 49,400.  b Less rental expenses 63,594.  c Rental income or (loss) -14,194.  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)	-14,194.	0.	-14,194.	0.
	d Net gain or (loss)  8a Gross income from fundraising events (not including \$				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	e Total Add lines 11a-11d	295,731.	618	-14,194	. 0.

#### Rartix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	other organizations must complete column (A) but Check if Schedule O contains a re	· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	300.	300.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	110,192.	110,192.		
3	·				
4					
5	Compensation of current officers, directors, trustees, and key employees	28,973.	14,487.	14,486.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,128.	17,128.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	491.	337.	154.	0.
10	Payroll taxes	4,007.	2,749.	1,258.	0.
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal .				
	c Accounting	1,700.	0.	1,700.	0.
	<b>d</b> Lobbying		Control of the Contro	And the second second second second second	
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees .		6 500		
	g Other	7,985.	6,583.	1,402.	0.
_	Advertising and promotion .	2,689.	0.	0.	2,689.
13		1,515.	0.	1,515.	0.
14		2,167.	0.	2,167.	0.
15		300.	0.	300.	
16 17		300.	0.	300.	0.
	Payments of travel or entertainment expenses for any federal, state, or local				
	public officials	7.5		7.05	
	Conferences, conventions, and meetings .	765.	0.	765.	0.
20 21					
22	· · · · · · · · · · · · · · · · · · ·	549.	0.	549.	0.
23	•	313.	<u>_</u> .	313.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EQUIPMENT RENT & MAINT	4,110.	4,110.	0.	0.
	b MISCELLANEOUS	682.	0.	682.	0.
	c EVENT PERFORMERS	2,659.	2,659.	0.	0.
	d SUPPLIES	5,726.	1,851.	3,875.	0.
	e All other expenses	621.	311.	310.	0.
25	Total functional expenses. Add lines 1 through 24e	192,559.	160,707.	29,163.	2,689.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following				
	SOP 98-2 (ASC 958-720)		<u> </u>		Form <b>990</b> (2011)

Parie Balance Sheet (A) Beginning of year (B) End of year 19,858 1 126,596. Cash - non-interest-bearing 2 79,516 60,875. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 a 1,524,914 10b 188,164 1,374,331 10 c 1,336,750. b Less accumulated depreciation 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 10,808 14 10,387. 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,534,608. 1,484,513 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1.487. 17 23,929. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue. 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 483,562 23 408,043. 23 24 Unsecured notes and loans payable to unrelated third parties 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 485,049 26 431,972 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets ... 27 28 Temporarily restricted net assets 29 Permanently restricted net assets o R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,102,636. 999,464 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,102,636. 999,464. Total net assets or fund balances 33 1,534,608. 34 Total liabilities and net assets/fund balances 1,484,513.

BAA

Form 990 (2011)

ori	m 990 (2011) REVITALIZING WATERBURY, INC	03-0330084	P.	age 12
Pa	限 Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI .			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	295,	
2	! Total expenses (must equal Part IX, column (A), line 25)	. 2	192,	<u>559.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	103,	172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	999,	464.
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	1,102,	636.
Рã	所刻属 Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			$\Box$
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			44.2
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	Х
	<b>b</b> Were the organization's financial statements audited by an independent accountant?	•	2b	X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	e issued on a		
3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	required audit	3 h	

BAA

Form 990 (2011)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

**Employer Identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

REV	TLI	<u>4177</u>	ING	WATE	KROF	α,	TNC											03-03	30084			
Par	<u>, []</u>	Rea	ison	for Pu	blic (	Char	ity St	atus	(All o	orga	nızat	tions	must	СО	mple	te this	part.)	See ir	nstructi	ons.		
The c	rga	nızatı	วก เร ก	ot a priv	ate fo	undat	ion be	cause	ıt ıs: (	(For I	nes 1	throu	gh 11,	che	ck only	one b	ox)					
1	$\Box$	A ch	urch, c	onventio	on of c	church	es or a	associ	ation (	of chu	urches	desc	ribed ii	ı se	ction 1	70(b)(1	)(A)(i).					
2	П	A sci	nool de	scribed	ın se	ction	170(b)	(1)(A)(	ii <b>)</b> . (A	ttach	Sche	dule E	i.)									
3	Ħ			or a coo										ctio	n 170(	o)(1)(A)	(iii).					
4	Ħ	_					•		-						•			<b>Ь</b> Х1ХАХ	iii). Ente	r the hosp	ıtal's	
•	ш			and sta	_												,	,,,,,,,	•	•		
5		An o	rganiza		erated	for the	ne bene art II.)	efit of	a colle	ege o	r univ	ersity	owned	or o	operate	ed by a	governn	nental u	nıt descr	ibed in se	ction	
6				tate, or																		
7		An o	rganıza <b>ction</b>	ation tha 1 <b>70(b)(1</b> )	at norr <b>)(A)(v</b>	nally i <b>i).</b> (C	receive omplet	es a su e Part	ubstan : II )	itial p	art of	ıts suļ	pport fi	rom	a gove	rnmen	tal unit d	or from t	he gener	al public o	lescrib	ed
8	Ш	A co	mmuni	ty trust	descri	ibed ir	ı secti	on 170	)(b)(1)	(A)(v	i <b>).</b> (Co	mplet	e Part	II)								
9	X	An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)																				
10		An o	rganız	ation org	ganize	ed and	l opera	ited ex	clusiv	ely to	test t	for pul	blic sat	ety	See s	ection	509(a)(4	).				
11		more	public ribes t	ly supp he type	orted	organ	izátion ig orga	is desc anizatio	cribed	ın se	ction ! iplete	509(a) Imes	)(1) or 11e thi	sec oug	tion 50 <sub>I</sub> h 11h.	9(a)(2)	See se	or carry ction 50	out the 9(a)(3).	purposes Check the	box th	hat
		. –	Туре			b	Тур					• •			_	ntegra			d [	Type III		er
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																					
f		If the		iization	receiv	ed a v	written	deterr	mınatı	on fro	om the	RS t	that is	а Ту	/pe I, ገ	ype II	or Type	III suppo	rting org	anızatıon,		
g	l	Sinc	e Augu	ıst 17, 2	006, l	nas th	e orga	nızatıc	n acc	epted	l any g	gift or	contri	buti	on fror	n any o	f the foll	owing pe	ersons?			
			•				_			-											Yes	No
		(i)	A per below	son who	direc	ctly or	ındıre dy of th	ctly co ne sup	ntrols ported	, eithe I orga	er aloı anızatı	ne or t	togethe	er w	ith per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii)	A fan	nily men	nber d	of a pe	erson d	lescrib	ed in	(ı) ab	ove?									11 g (ii)	,	
		(iii)	A 35°	% contro	olled e	entity o	of a pe	rson d	lescrib	oed in	ı (ı) or	(II) al	bove?							11 g (iii	<u>)                                    </u>	
	1	Prov	ide the	followi	ng info	ormati	on abo	out the	supp	orted	orgar	nizatio	n(s).									
		(i) Na	me of su organiza	ipported tion		(	ii) EIN		(de	scribed bove or	of organi d on line r IRC se struction	es 1-9 ction	colum	ın (i)	tion in listed in erning	the orga colur	you notify inization in nn (i) of support?	organiz	Is the ration in mn (i) ed in the S ?	(vii) Amo	unt of su	pport
													Ye	5	No	Yes	No	Yes	No			
<u>(A)</u>													_	_\		<b> </b>	1	ļ				
<u>(B)</u>					$\perp$		····		-					$\dashv$							<del></del>	
(C)					_								ļ	_		-	-	ļ,				
(D)								_														
						-	•															
<u>(E)</u>		•					<b>*</b> \$1.65 (185	1 5 4 3					3 3 3 3 5 S		? - e	45.54						
Tota	J					1					EGA											

#### Pan間 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.)

Sect	tion A. Public Support						.,				
	ndar year (or fiscal year uning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3 .										
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)										
	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support			T							
Caleı begir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Tota	l			
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
	Total support. Add lines 7 through 10				de la companya de la						
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			1:	2				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, or	fifth tax year as a	section 501(c)	(3)	<u> </u>			
	tion C. Computation of Pu										
	Public support percentage for 20	• •	••	e 11, column (f))		14		<u> %</u>			
	Public support percentage from 2	•	•			1:	•	%_			
16 a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization d qualifies as a pub	id not check the to licly supported or	oox on line 13, and rganization .	the line 14 is 33-	1/3% or more, (	check this box	► 🗌			
	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances lest. The organiza	s' test, check this t ation qualifies as a	oox and <b>stop here</b> publicly supported	. Explain in Par d organization	t IV how the	<u> </u>			
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check this	box and see in	structions	<u> </u>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	to quality under the tests its		,									
	ion A. Public Support	1 2 2 2 2	41.0555	( ) 0000	( N 0010 T	(-) 0011	(O To 1 - 1					
	ar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
'	Gifts, grants, contributions and membership fees received. (Do not include				1	ļ						
	received. (Do not include any 'unusual grants')	97,604.	26,417.	41,565.	98,449.	309,307.	573,342.					
2	Gross receipts from admis-	j										
	sions, merchandise sold or services performed, or facilities		ŀ									
	furnished in any activity that is	,			ľ							
	related to the organization's tax-exempt purpose	300.	2,020.	0.	0.	0.	2,320.					
	Gross receipts from activities											
	that are not an unrelated trade or business under section 513.											
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
5	The value of services or facilities furnished by a governmental unit to the organization without charge											
	•	97,904.	28,437.	41,565.	98,449.	309,307.	575,662.					
	Total. Add lines 1 through 5 Amounts included on lines 1,	97,904.	20,437.	41,303.	30,443.	309,307.	373,002.					
	2, and 3 received from disqualified persons	10,140.	0.	0.	0.		10,140.					
	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	0.	0.	0.	0.		0.					
	for the year		0.	0.	0.		10,140.					
_	Add lines 7a and 7b	10,140.	U .	U.			10,140.					
	Public support (Subtract line 7c from line 6.)						565,522.					
	tion B. Total Support				4 11 0010	4 > 0011	40 T ) I					
	far year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
_	Amounts from line 6	97,904.	28,437.	41,565.	98,449.	309,307.	575,662.					
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,784.	49,447.	49,056.	48,803.	50,018.	241,108.					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	23, 704.	13/11/0	137 0301	10,000	3373231						
С	Add lines 10a and 10b	43,784.	49,447.	49,056.	48,803.	50,018.	241,108.					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
12	Other income. Do not include											
	gain or loss from the sale of capital assets (Explain in				1		4 100					
	Part IV)	1,217.	743.	642.	1,518.	0.	4,120.					
13	Total support. (Add Ins 9, 10c, 11, and 12)	142,905.	78,627.	91,263.	148,770.	359,325.	820,890.					
14	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>▶</b> □					
	tion C. Computation of Pu					1.1						
15	Public support percentage for 20	111 (line 8, column	(f) divided by line	13, column (f))		15	68.89 %					
_16	Public support percentage from					16	71.30 %					
Sec	tion D. Computation of Inv					<del></del>						
17	,											
18	Investment income percentage f				•	18	22.92 %					
	33-1/3% support tests – 2011. It is not more than 33-1/3%, check	t this box and <b>stop</b>	here. The organiz	zation qualifies as	s a publiciy suppoi	rted organization	🔼					
t	<b>33-1/3% support tests – 2010.</b> In line 18 is not more than 33-1/3%	6, check this box a	nd <b>stop here.</b> The	organization qua	alities as a publicly	supported organiz	1/3%, and ≥ation ► □					
20	Private foundation. If the organi	zation did not ched	ck a box on line 14	1, 19a <u>, or 19b, ch</u>	neck this box and s	see instructions .	. ▶					

Schedule A (Form 990 or 990-EZ) 2011 REVITALIZING WATERBURY, INC	03-0330084	Page 4
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for a (See instructions).	is required by Part II, line in a strong i	e 10; n.
Other Income Part III, Line 12		<del>_</del> .
Description: MISCELLANEOUS		<b>-</b>
2007: 1217.		
2008: 743.		
2009: 642.		
2010: 1518.		
2011: 0.		
	<b></b>	

# Schedule C (Form 990 or 990-EZ) 2011 REVITALIZING WATERBURY, INC [Partill Big Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
af the late was a should	Yes No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
a Volunteers?		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		20 St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Mailings to members, legislators, or the public?		· <del></del>
e Publications, or published or broadcast statements?	1 -1	
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
, and , , , a		<del></del>
i Other activities?		<u> </u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	and the second of	
		See
b If 'Yes,' enter the amount of any tax incurred under section 4912 .		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-\(\(\(\)\\ \\ \(\)	
Pardill:AM Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), or	
		Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .	•	2 X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3 X
ParellEB Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OF answered 'Yes.'	c)(5), or s R (b) Part	ection III-A, line 3, is
1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
<b>b</b> Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	
Partiva Supplemental Information		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part Also, complete this part for any additional information.	II-A, and Pa	rt II-B, line 1.
Part Value Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part		rt II-B, line 1.
	<del>-</del>	·

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Name of the organization Employer identification number

EVITALIZING WATERBURY, INC		03-0330084
Partilal Organizations Maintaining Do	nor Advised Funds or Other Similar Fι	
the organization answered 'Ye	s' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and funds are the organization's property, subjections	donor advisors in writing that the assets held in d ect to the organization's exclusive legal control?	lonor advised Yes No
6 Did the organization inform all grantees, do used only for charitable purposes and not f purpose conferring impermissible private b	onors, and donor advisors in writing that grant fun or the benefit of the donor or donor advisor, or fo enefit?	nds can be r any other Yes No
antili Conservation Easements. Cor	nplete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held	by the organization (check all that apply).	
Preservation of land for public use (e.g.	, recreation or education) Preservation	n of an historically important land area
Protection of natural habitat	Preservation	n of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribution in	the form of a conservation easement on the
last day of the tax year		~2747B
		Held at the End of the Tax Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ea		2b
c Number of conservation easements on a co	ertified historic structure included in (a) .	2c
d Number of conservation easements include structure listed in the National Register	ed in (c) acquired after 8/17/06, and not on a histo	oric 2d
3 Number of conservation easements modified tax year ▶	ed, transferred, released, extinguished, or termina	ated by the organization during the
4 Number of states where property subject to	conservation easement is located 🟲	
5 Does the organization have a written policy and enforcement of the conservation eases	regarding the periodic monitoring, inspection, haments it holds?	andling of violations, Yes No
6 Staff and volunteer hours devoted to monit ▶	oring, inspecting, and enforcing conservation eas	sements during the year
<ul><li>7 Amount of expenses incurred in monitoring</li><li>► \$</li></ul>	g, inspecting, and enforcing conservation easeme	ints during the year
8 Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)	d on line 2(d) above satisfy the requirements of s	ection Yes No
9 In Part XIV, describe how the organization include, if applicable, the text of the footnot conservation easements.	reports conservation easements in its revenue ai te to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Cantille Organizations Maintaining C	ollections of Art, Historical Treasures, answered 'Yes' to Form 990, Part IV, IIr	or Other Similar Assets. ne 8.
art, historical treasures, or other similar as	nder SFAS 116 (ASC 958), not to report in its reversets held for public exhibition, education, or resenancial statements that describes these items.	enue statement and balance sheet works of arch in furtherance of public service, provide,
b If the organization elected, as permitted ur historical treasures, or other similar assets following amounts relating to these items.	nder SFAS 116 (ASC 958), to report in its revenue is held for public exhibition, education, or research	e statement and balance sheet works of art, n in furtherance of public service, provide the
(i) Revenues included in Form 990, Part	VIII, line 1	▶\$
(ii) Assets included in Form 990, Part X .		
2 If the organization received or held works amounts required to be reported under SF.	of art, historical treasures, or other similar assets AS 116 (ASC 958) relating to these items.	for financial gain, provide the following
a Revenues included in Form 990, Part VIII,	line 1 .	▶\$
h Assets included in Form 990. Part X		▶\$

	-					•
Schedule <b>D</b> (Form 990) 2011 REVIT	ALIZING WA	rerbury, inc		03-033	0084	Page 2
Randill Organizations Maintai				Other Similar Ass	ets (contin	nued)
Using the organization's acquisition items (check all that apply):	on, accession, and	d other records, chec	ck any of the following th	nat are a significant use	of its collecti	ion
a Public exhibition		<b>d</b> ☐ Loan d	or exchange programs			
b Scholarly research		e Other	3- F - 3			
c Preservation for future genera	itions					
4 Provide a description of the organ Part XIV.		ns and explain how	they further the organiza	ation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra					Yes	No
Escrow and Custodia line 9, or reported an	Arrangement amount on For	<b>ts.</b> Complete if t rm 990, Part X,	he organization and line 21.	swered 'Yes' to For	m 990, Pa	irt IV,
1a Is the organization an agent, trus included on Form 990, Part X?	ee, custodian, or	other intermediary f	or contributions or other	assets not		
				•	Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the following	g table:		^	<del></del>
D halamaa				1-	Amount	
c Beginning balance			•	1c		
d Additions during the year				1d		
e Distributions during the year	•			1e		
f Ending balance			•	[_1f]		TT
2a Did the organization include an ai		90, Part X, line 217		•	∐ Yes	∐ No
b If 'Yes,' explain the arrangement		organization on	awarad 'Vaa' ta Ear	m 000 Port IV line	10	
Part V Endowment Funds. Co					T	
4.5	(a) Current year	(b) Prior year	r (c) Two years back	(d) Three years back	(e) Four ye	ears Dack
1a Beginning of year balance				·		
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						3):11
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>					100	
f Administrative expenses						
<b>g</b> End of year balance	_					
2 Provide the estimated percentage	of the current ye	ar end balance (line	e 1g, column (a)) held as	5		
a Board designated or quasi-endow	ment 🟲	<del>8</del>				
<b>b</b> Permanent endowment •	<del>8</del>					
c Temporarily restricted endowmer	it >	<b>%</b>				
The percentages in lines 2a, 2b,	and 2¢ should equ	ual 100%				
3a Are there endowment funds not a organization by	n the possession (	of the organization t	hat are held and admini	stered for the	Yes	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations			. ,		3a(ii)	
b If 'Yes' to 3a(ıı), are the related of	rganizations lister	d as required on Sch	hedule R?		3b	
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Rait XII Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
Description of property		Cost or other basis		(c) Accumulated	(d) Book	value
		(investment)	basis (other)	depreciation		
<b>1 a</b> Land				<b>对数据数据</b>	<del></del>	
<b>b</b> Buildings			1,522,086.	186,159.	1,33	<u>35,927.</u>
c Leasehold improvements	<u> </u>					
	1					000

**d** Equipment 823. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,336,750.

BAA

Schedule **D** (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(8) (9) (10) (11)

	dule D (Form 990) 2011 REVITALIZING WATERBURY, INC	<del> </del>	03-0330084	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial Statements		<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•		
2	Total expenses (Form 990, Part IX, column (A), line 25)			<del></del>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities	•		
6	Investment expenses	•		
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8 .		- ,,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		.	
Pa	Reconciliation of Revenue per Audited Financial Statemen	ts With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		6.	
;	Net unrealized gains on investments	2a		
	Donated services and use of facilities	2 b		
	Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIV.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV.)	4 b		
	c Add lines <b>4a</b> and <b>4b</b>		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>	5	
Pa	飛刈順 Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		The state of the s	
	a Donated services and use of facilities .	2a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIV.)	2 d	\$500 C	
	e Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	<b>b</b> Other (Describe in Part XIV)	4 b		
	c Add lines 4a and 4b		. <u>4c</u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	Supplemental Information			
Par	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pait V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line additional information	es 2d and 4b. Also	complete this part to provide	
			<del>-</del> -	<del>-</del>
BA	A TEEA3304 05/25/11		Schedule <b>D</b> (For	m 990) 2011

BAA

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Attatch to Form 990.

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

OMB No 1545-0047

**≗** □

FLOOD RELIEF (h) Purpose of grant or assistance Employer identification number Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. X Yes 限部間 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 03-0330084 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) FMV . (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,469 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) Part II can be duplicated if additional space is needed REVITALIZING WATERBURY, INC REVITALIZING WATERBURY, INC REPORT ASSISTANCE 26-3109489 (b) EIN (1) WATERBURY GOOD NEIGHBOR FUND

- 57 SO MAIN ST. STE #3

WATERBURY, VT 05676 1 (a) Name and address of organization or government Name of the organization ١ I E **2** ଫ୍ର € ତ୍ର ଷ୍ଟ ଞ୍ଚ

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011) REVITALIZING WATERBURY, INC

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FLOOD RELIEF GRANTS	38	110,192.	0.	FMV	N/A
1					
Supplemental Information. Complete this part to		provide the information required in Part	ion required in Par	I, line 2, and any	other additional information.
<u>-III, col (b) RW Business Re</u>	Relief Fund Gra	antsGrants_f	from this fund	are_related	
to business re	related flood r	relief in towns	of Waterbury	- <u>- Duxbury</u>	
Awards were ba	based on flood	impact, level	of damage and	coverage available	le
	or other mon	netary resources,	s, and commitment	ent_to	
	businesses.	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_III_L_col_(b)RW_/_ReBuild_Waterbury	11	Grants_assisted_	individuals_and	d_families_in_the	! ! ! ! ! ! ! !
05676_zip_code_who_were	ri_	need of assistance	ance to rebuild	d_their_homes	
from_the_disaster_caused	υ۱	ffects of tropical	cal storm Irene.	e. Awards up to	
	\$5,000 were re	eviewed and app	approved by 3 hired	ed_staff	
members. Other	er grants were	reviewed by a multi-member		steering committee.	66.
See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA	nformation (Continuati	on Sheet)			Schedule I (Form 990) (2011)

Schedule I (Form 990) - Part IV - Supplemental Information (continued) Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

recovery needs, relocation costs, provision of affordable housing, and a limited amount of unmet needs for rental housing.  Pt I Line 2 Waterbury Good Neighbor Fund is operated by the Community Action Service  Team, a 501(c)(3) organization that also operates the Waterbury  Food Shelf. Assistance is provided to lower income individuals, and the award was to provide relief funds in the wake of storm Irene. The
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Employer identification

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

REVITALIZING WATERBURY, INC	03-0330084
Pt_VI, Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS	S AVAILABLE
FOR PUBLIC INSPECTION AT THE ORGANIZATION'S WA	ATERBURY OFFICE
Pt VI, Line 11a THE ORGANIZATION REVIEWED THE FULLY PREPARED	990_BEFORE_IT
WAS FILED WITH THE IRS. RESPONSIBLE OFFICIALS	S WERE PROVIDED
WITH ADVANCE DRAFTS, FROM WHICH APPROPRIATE C	HANGES
WERE MADE TO FINAL FORM 990 AND 990-T PRIOR TO	O FILING.
	<b>.</b>