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## Form **990**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements tax year beginning , 2011, and ending

| _                           |              |                   |  |                 |                    |  | · · · · · · · · · · · · · · · · · · · |  |
|-----------------------------|--------------|-------------------|--|-----------------|--------------------|--|---------------------------------------|--|
| <u> </u>                    | For the      | 2011 calen        | dar year, or tax year beginning , 2011, and end  | ıng             |                    | ,  | ·                                     |  |
| В                           | Check if ap  |                   | C Name of organization CALL BEFORE YOU DIG, INC.   |                 | D Employ           | er identif                                       | ication Number                        |  |
|                             | Addre        | ss change         | Doing Business As  |                 |                    | 9721   |                                       |  |
|                             | Name         | change            | Number and street (or P O box if mail is not delivered to street addr)   | n/suite         | E Telephone number |  |                                       |  |
|                             | Initial      | return            | 2040 WHITNEY AVENUE  |                 | (203               | 3) 28  | 31-0444                               |  |
|                             | Termi        | nated             | City, town or country State ZIP code +   | 4               |                    |  |                                       |  |
|                             | Amen         | ded return        | HAMDEN CT 06517  | 7-1025          | G Gross re         | cerots S   | 31,992,257.                           |  |
|                             | Applic       | ation pending     | F Name and address of principal officer  |                 | group return       |  |                                       |  |
|                             | Ш            |                   | ROBERT DORMEIR, TREASURE 2040 WHITNEY AVE HAMDEN CT 06517  |                 | affiliates includ  |  | Tyes No                               |  |
| _                           | Tay-eye      | mpt status        | 501(c)(3) X 501(c) (6 ) ◀ (insert no ) 4947(a)(1) or 527   | If 'No,' a      | attach a list (s   | ee instruc                                       | ctions)                               |  |
| <u>'</u><br>J               | Websi        |                   | w.cbyd.com   | <b>⊣</b>        |                    |  |                                       |  |
| <del>-</del>                |              |                   |  |                 | exemption nun      |  | ~~~                                   |  |
| K                           |              | organization      | X Corporation Trust Association Other ► L Year of Form   | ation 1978      | 3 INISI            | tate of leg                                      | gal domicile CT                       |  |
| Pa                          |              | Summar            |  |                 |                    |  | <del></del>                           |  |
|                             | ı            |                   | te the organization's mission or most significant activities  CALL BEI   |                 |                    |  |                                       |  |
| Ç                           |              |                   | ED SPECIFICALLY FOR THE PURPOSE OF PROVIDING   |                 | NICATI             | ON_  |                                       |  |
| Activities & Governance     |              |                   | TION SYSTEM OF UNDERGROUND UTILITY FACILITIES  |                 |                    |  |                                       |  |
| Ę                           |              |                   | RED BY CHAPTER 293 OF THE CT GENERAL STATUTES  |                 |                    |  |                                       |  |
| ĝ                           | ı            | neck this bo      | · · · · · · · · · · · · · · · · · ·  |                 |                    |  | 1.0                                   |  |
| ≪                           |              |                   | ting members of the governing body (Part VI, line 1a)  |                 | • • • • • • •      | 3 4  | <u>18</u>                             |  |
| les                         |              |                   | of individuals employed in calendar year 2011 (Part V, line 2a)  |                 |                    | 5  | 18                                    |  |
| ξ                           |              |                   | of volunteers (estimate if necessary)  |                 |                    | 6  | 18                                    |  |
| Ä                           | l            |                   | d business revenue from Part VIII, column (C), line 12   |                 |                    | 7 a  | 0.                                    |  |
|                             | ı            |                   | business taxable income from Form 990-T, line 34   |                 |                    | 7 b  | <del></del>                           |  |
|                             |              |                   |  | 1 -             | rior Year          |  | Current Year                          |  |
| Revenue                     | 8 Cc         | ontributions      | and grants (Part VIII, line 1h)  |                 | 97,3               | 94   | 57,891.                               |  |
|                             | ı            |                   | · · · · · · · · · · · · · · · · · · ·  | 1               | ,859,4             |  | 1,930,824.                            |  |
| Ver                         |              | ~~~~              | come (Part VIII, column (A), lines 3, 4, and 7d)   |                 | 3,3                |  | 3,542.                                |  |
| æ                           |              |                   | e (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                 |                    |  |                                       |  |
|                             |              |                   | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                 | ,960,1             | 33.  | 1,992,257.                            |  |
|                             |              |                   | nılarıamountş paid (Part IX, column (A), lines 1-3)  |                 |                    |  |                                       |  |
|                             |              |                   | to or for members (Part IX, column (A), line 4)  |                 |                    |  |                                       |  |
|                             |              |                   | r compensation, employee benefits (Part IX, column (A), lines 5-10)  |                 |                    | 0.   | 0.                                    |  |
| ė                           |              |                   | undraising fees (Part IX, column (A), line 11e)  |                 |                    | <del>-                                    </del> |                                       |  |
| Expenses                    |              |                   |  |                 |                    | -+   |                                       |  |
| X                           | l            |                   | ing expenses (Part IX, column (D), line 25) ► 0  |                 |                    |  |                                       |  |
| _                           | l            | •                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |                 | ,972,6             |  | 1,991,649.                            |  |
|                             | <b>18</b> To | tal expense       | s Add lines 13-17 (must equal Part IX, column (A), line 25)  | . 1             | ,972,6             |  | 1,991,649.                            |  |
|                             |              | evenue less       | expenses Subtract line 18 from line 12   | <u> </u>        | -12,5              | 44.  | 608.                                  |  |
| at Assets or<br>nd Balancos |              |                   |  | Beginnın        | g of Current       | Year   | End of Year                           |  |
| ala                         | <b>20</b> To | otal assets (     | Part X, line 16)   |                 | 697,3              | 21.  | 710,957.                              |  |
| Ž.                          | <b>21</b> To | ital liabilities  | (Part X, line 26)  |                 | 253,5              | 16.  | 262,176.                              |  |
| S.E                         |              | et assets or      | fund balances Subtract line 21 from line 20  |                 | 443,8              | 05.  | 448,781.                              |  |
| Pa                          | rt II        | Signatur          | e Block  |                 |                    |  |                                       |  |
| Unde                        |              |                   | lare that I have examined the return, including accompanying schedules and statements, and to the ber (other than officer) if pased on all promation of which preparer has any knowledge | est of my knowl | edge and belie     | ef. it is tru                                    | e, correct, and                       |  |
| comp                        | olete Declar | ration of prepare | er (other than officer) if based on ell in ormation of which preparer has any knowledge  |                 |                    |  |                                       |  |
|                             |              |                   | Tillia & Alliaca   |                 | 5/7                | 20   | 12                                    |  |
| Sig                         | jn           | Signatu           | re of officer  | Da              | te                 |  |                                       |  |
| He                          | re           | ROBI              | ERT DOBMETER   | TREAS           | URER               |  |                                       |  |
|                             |              |                   | pnnl name and title  |                 |                    |  |                                       |  |
|                             |              | Print/Type p      | reparer's name Preparer's signature Date   |                 | Check X            | ıf F   | PTIN                                  |  |
| Рa                          | id           | Thomas            | R Mongillo 04/28   | 1/12            | self-employed      | _  | )43-54-5443                           |  |
|                             | eparer       | Firm's name       |  |                 |                    |  |                                       |  |
|                             | e Only       |                   |  |                 | Firm's EINI        | <b>-</b> 06-                                     | 1427394                               |  |
|                             | ,            | I addie           | North Branford CT 06471  |                 |                    | (203   |                                       |  |
| Max                         | the IRS      | discuss the       | s return with the preparer shown above? (see instructions)   |                 | Phone no           | ,203   | X Yes No                              |  |

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| BAA        |  | TEEA0102 07/05/11  |                                       |                 | Form                   | 990 (2011)                                      |
|------------|--|--|---------------------------------------|-----------------|------------------------|---|
| _ 4 e      | Total program service expenses ▶   | 1,991,649.   |                                       |                 |                        |   |
|            | (Expenses \$   | ·  | /enue \$                              |                 | )                      |   |
| 4 d        | Other program services (Describe in So   | chedule O)   |                                       |                 |                        | <del></del>                                     |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 | . – – –                |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
| 4 c        | (Code) (Expenses \$  | including grants of \$   | ) (Revenue                            | \$              |                        | )   |
|            |  |  |                                       |                 |                        | <del></del>                                     |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       | <br>            |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 | . – – – –<br>. – – – – |   |
| 40         | /(C000/(Exhelises \$   | moldding grante of   | / (i.coonide                          | ٧               |                        |   |
| <i>A</i> h | (Code ) (Expenses \$   | including grants of \$   | ) (Revenue                            | \$              | ** .                   | ```   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 |                        |   |
|            |  |  |                                       |                 | ·                      |   |
|            | OF PERPETATE TOW DANAGE  | ~ m.ong 1.n.nnng .   |                                       |                 |                        |   |
|            | OF LIABILITY FOR DAMAGES   |  | 7750                                  |                 |                        |   |
|            | RESULTING FROM BLASTING  | AND EXCAVATION. TO COORDINATE THE WORK IN THE STATE AND DECREASE THE I   |                                       |                 |                        |   |
|            |  | F AWARENESS CONCERNING THE RISKS OF  | DAMAGE                                | . <del></del> . |                        |   |
|            | INFORMATION CONCERNING   | THE LOCATION OF UNDERGROUND UTILITY  | LINES                                 |                 |                        |   |
| , 4        |  | DITIONS IN THE UTILITY INDUSTRY BY   |                                       | · <del></del>   | ,                      | <u>, = 3 , , , , , , , , , , , , , , , , , </u> |
| 4 a        | (Code ) (Expenses \$   | 1,991,649. including grants of \$  | 0.)(Revenue                           | \$              | 1,992                  | ,257.)  |
|            | others, the total expenses, and revenue  | , if any, for each program service reported  |                                       |                 |                        | · <del>-</del>                                  |
| 4          | Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organization | vice accomplishments for each of its three largest program ations and section 4947(a)(1) trusts are required to report the | services, as measure amount of grants | red by and all  | expenses<br>ocations t | to  |
|            | If 'Yes,' describe these changes on Sche   |  |                                       | _               | •                      | <del>-</del>                                    |
| 3          | •  | or make significant changes in how it conducts, any program  | n services?                           | 🔲               | Yes [                  | X No  |
|            | If 'Yes,' describe these new services on   |  |                                       | Ш               |                        | <u></u>   |
| 4          | Form 990 or 990-EZ?  | ificant program services during the year which were not liste  | ed on the prior                       | 🗀               | Yes                    | X No  |
| 2          | Did the organization undertake and are   | ificant program convices during the vector which were and list   | od on the prior                       |                 |                        |   |
|            | See Form 990, Page 2, Part III, Line 1 (   | continued)   |                                       |                 |                        |   |
|            | WAS FORMED SPECIFICALLY  | FOR THE PURPOSE OF PROVIDING A COMM  | MUNICATION                            | · – – -         |                        |   |
| •          | CALL BEFORE YOU DIG, INC   | C.   |                                       |                 |                        |   |
| 1          | Briefly describe the organization's mission  |  | · · · · · · · · · · · · · · · · · · · | · · · · -       | • • • • •              | · · · ·   <u>^  </u>                            |
| rai        |  | response to any question in this Part III  |                                       |                 |                        | 🕅   |
| Par        | 990 (2011) CALL BEFORE YOU   | ervice Accomplishments   | 08-0                                  | 9/21            | 21                     | Page 2  |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 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 Х 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 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 Х 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, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II ....... Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III 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 9 Schedule D. Part IV X . . . . . . . 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 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a 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 Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e Х 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 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 12 b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 14b Х 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 16 Х 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 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 20 Х 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

|    |   |            | Yes      | No |
|----|---|------------|----------|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21         |          | x  |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22         | _        | 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<br>24b | <u> </u> | X  |
|    | 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        |          |    |
|    | 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        |          |    |
| 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         |          | 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)  | ,          |          |    |
|    | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a        |          | X  |
|    | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.   | 28b        |          | х  |
|    | 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        |          | х  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29         |          | Х  |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30         |          | х  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.   | 31         |          | Х  |
| 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         |          | х  |
| 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         |          | х  |
| 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        | ļ        | X  |
|    | 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-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36         |          |    |
| 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         |          | х  |
| 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         | х        |    |

BAA

Form 990 (2011)

| Check if Schedule O contains a response to any question in this Part V  | <u> </u>         | <u></u>  | <u>. L.</u>                                      |
|---|------------------|--|--|
|   |                  | Yes  | No   |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 9                |  |  |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | 0                |  |  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c               | х  | -  |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-  |                  |  |  |
| ments, filed for the calendar year ending with or within the year covered by this return  | <u>0</u><br>. 2b |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | - 20             | -  | <del>                                     </del> |
|   | 1,               | }  | <sub>v</sub>                                     |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3 a              |  | X  |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O   | · 3 b            |  | <del> </del>                                     |
| 4 a 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             |  | х  |
| b If 'Yes,' enter the name of the foreign country   | 4                |  |  |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |                  |  | [  |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5 a              |  | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5 b              | <u> </u>   | X  |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | . <u>5 c</u>     |  | <u> </u>   |
| 6 a 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?   | 6 a              |  | Х  |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | . 6ь             |  | ŀ  |
| 7 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              | - ^  |  |
| , , ,   | . 7b             | -  | $\vdash$   |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | ·   '   '        | <del> </del>                                     | 1  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7с               |  |  |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   |                  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | . 7e             |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | . 7f             |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899   |                  |  |  |
| as required?  | · 7 g            |  | ـــــ  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7 h              |  |  |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | . 8              |  |  |
|   | ` <b> </b>       | <u> </u>   | $\vdash$   |
| 9 Sponsoring organizations maintaining donor advised funds.   | ٠,               | i  |  |
| a Did the organization make any taxable distributions under section 4966?   | 9 a              | <del>                                     </del> | <del> </del>                                     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  | 9 b              |  | ╫  |
| 10 Section 501(c)(7) organizations. Enter   |                  |  |  |
| 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   | -                |  |  |
| 11 Section 501(c)(12) organizations. Enter  |                  |  |  |
| a Gross income from members or shareholders   | 4                |  |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources 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           | ļ  | ļ  |
| 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.   |                  |  |  |
| a is the organization licensed to issue qualified health plans in more than one state?  | . 13 a           | ļ  | ↓  |
| Note. See the instructions for additional information the organization must report on Schedule O  |                  |  |  |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |                  |  |  |
|   | ┨                |  |  |
|   | 44-              | <del> </del>                                     | T <sub>X</sub>                                   |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  | . 14a            | +  | +^   |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | - 14D            | '  | 1  |

| rai  | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes a Schedule O. See instructions.   |       | 1101  |          |
|------|---|-------|-------|----------|
|      | Check if Schedule O contains a response to any question in this Part VI   |       |       | . X      |
| Sec  | tion 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   | *     |       |          |
| Ŀ    | 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  |       |       |          |
| 2    | officer, director, trustee or key employee?   | 2     |       | X        |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?   | 3     |       | х        |
| 4    | Did the organization make any significant changes to its governing documents  | 4     |       | X        |
| _    | since the prior Form 990 was filed?   | 5     |       | x        |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets.  | 6     | X     | <u> </u> |
| ь    |   |       |       | $\vdash$ |
|      | a 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     |          |
| t    | a 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        |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  | , 4   |       |          |
| á    | a The governing body?   | 8 a   | Х     |          |
| ŧ    | Each committee with authority to act on behalf of the governing body?   | 8 b   | Х     |          |
| 9    | 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     |       | х        |
| Sec  | etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |       |       |          |
|      |   |       | Yes   | No       |
| 10 a | a Did the organization have local chapters, branches, or affiliates?  | 10 a  |       | 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?  | 10 b  |       |          |
| 11:  | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a   | Х     |          |
|      | b Describe in Schedule O the process, if any, used by the organization to review this Form 990  | . 44  | 21    |          |
|      | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13   | 12 a  | Х     |          |
|      | b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12 b  |       | х        |
|      | 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  |       | х        |
|      | Did the organization have a written whistleblower policy?   | 13    |       | Х        |
| 14   | Did the organization have a written document retention and destruction policy?  | 14    | Х     |          |
|      | 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?  |       |       |          |
|      | a The organization's CEO, Executive Director, or top management official  | 15 a  | х     | İ        |
|      | 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 )   |       |       |          |
| 16   | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16 a  | -     | X        |
|      | 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? | 16 b  | -     |          |
| Sec  | ction C. Disclosure   |       |       |          |
| 17   |   |       |       |          |
| 18   | inspection. Indicate how you make these available. Check all that apply   | for p | aplic |          |
|      | Own website Another's website X Upon request  |       |       |          |
| 19   | 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 Poblish Dobmeter 2040 WHITNEY AVE HAMDEN CT 06517 (2   |       | 281-  | 0444     |
| BΔ   |   |       |       | (2011    |

| <b>-</b> - | nα | 72  | 15 | 1 | - |
|------------|----|-----|----|---|---|
| h -        | UY | 12. | כו | 1 | - |

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Form 990 (2011) CALL BEFORE YOU DIG, INC.

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

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

- 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 employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| X | Check this box if neither the organization i | nor any related org | ganization compensated an | y current officer, director, or trustee |
|---|--|---------------------|---------------------------|---|
|   |  |                     |                           |   |
|   |  |                     |                           |   |

| (A)<br>Name and title         | (B) Average hours per week   | (C) Position (do not check more than one bo unless person is both an office and a director/trustee) |                   |          |              |                                    |                 | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|-------------------------------|--|---|-------------------|----------|--------------|------------------------------------|-----------------|--|--|--|
|                               | (describe<br>hours for<br>related<br>organiza-<br>tions in<br>Schedule<br>O) | عاطانعات بها إشاعروه<br>مد طانعات بها إشاعروه   | mshluhosel kustee | Offic #4 | Key employee | High est roinnerissted<br>employae | FUINE           | (W-2/1099-MISC)                                    | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
| (1) JAMES DIETERLE            | _  |   |                   |          |              |                                    |                 |  |  |  |
| PRESIDENT                     | 3.00   |   |                   | X        |              |                                    |                 | 0.   | 0  | 0.   |
| (2) DEAN MURATORI             | 3.00   |   |                   | х        |              |                                    |                 | 0.   | 0.   | 0.   |
| (3) JOSEPH RYZEWSKI           | -  |   |                   |          |              |                                    |                 |  |  |  |
| VP ADMINISTRATION             | 3.00   |   |                   | X        | ļ_           |                                    |                 | 0.   | 0.   | 0.   |
| (4) JOHN BONVILLE             | - , ,,,  |   |                   | х        |              |                                    |                 | 0.   | 0.   | 0.   |
| VP EDUCATION                  | 3.00   | -   | -                 | ^        |              |                                    |                 | 0.   | 0.   |  |
| _(5)_DEREK_BROWN<br>SECRETARY | 3.00   |   |                   | х        |              |                                    |                 | 0.   | 0.   | 0.   |
| (6) ROBERT DOBMEIER           |  |   |                   |          |              |                                    |                 |  |  |  |
| TREASURER                     | 3.00   |   |                   | Х        |              |                                    |                 | 0.   | 0.   | 0.   |
| (7) BRET FACTORA              |  |   |                   |          |              |                                    |                 |  |  |  |
| VP OPERATIONS                 | 3.00   |   |                   | Х        |              |                                    |                 | 0.   | 0.   | 0.   |
| (8) AL HILDRED                |  |   |                   |          |              |                                    |                 |  |  |  |
| ASST TREASURER                | 3.00   |   | L.                | Х        |              |                                    |                 | 0.   | 0.   | 0.   |
| (9) THOMAS ADAMO              |  |   |                   |          |              |                                    | 1               |  |  |  |
| DIRECTOR                      | 1.00   | Х   |                   |          | L            |                                    | $oxed{igspace}$ | 0.   | 0.   | 0.   |
| (10) BETH BANNISTER           | _  |   |                   |          |              |                                    |                 | }  |  |  |
| DIRECTOR                      | 1.00   | X   |                   |          |              |                                    | <u> </u>        | 0.   | 0.   | 0.   |
| (11) AMOS BARNES              | _  |   |                   |          |              |                                    |                 |  |  |  |
| DIRECTOR                      | 1.00   | X   | <u> </u>          | L        | <u> </u>     |                                    | <u> </u>        | 0.   | 0.   | 0.   |
| (12) THOMAS BASHAW            | _  |   |                   |          |              |                                    |                 |  |  |  |
| DIRECTOR                      | 1.00   | X   | L                 | _        | <u> </u>     |                                    | ļ               | 0.   | 0.   | 0.   |
| (13) RUSSELL DUNCAN           | 1.00   | х   |                   |          |              |                                    | l               | 0.   | 0.   | 0.   |
| DIRECTOR (14) BERNARD ELLIOTT | 1.00   | <del>  ^-</del> -   | $\vdash$          |          | $\vdash$     |                                    | +               | 1  | · · · · · · · · · · · · · · · · · · ·                  | <u> </u>   |
| DIRECTOR                      | 1.00   | x   |                   |          |              |                                    |                 | 0.   | 0.   | 0.   |
| DIRECTOR                      |  |   |                   | —        |              |                                    |                 | <u> </u>   |  |  |

| Part VII   Section A. Officers, Directors, Trust   | ees, i   | \ey                               | CII                         | ipic<br>O                        |                         | es,                            | and         | a Highest Con                                     | ipensated Emp  | loyees (com)   |
|--|--|-----------------------------------|-----------------------------|----------------------------------|-------------------------|--------------------------------|-------------|---|--|--|
| (A)<br>Name and utle   | (B)<br>Average<br>hours<br>per   | offi                              | not cl<br>, unle:<br>cer an | Posi<br>heck<br>ss pei<br>id a d | ition<br>more<br>rson i | s both<br>r/trust              | ee)         | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|  | week<br>(describ<br>e<br>hours<br>for<br>related<br>organi-<br>zations | Individual trustee<br>or director | Institutional trustee       | Officer                          | Key employee            | Highest compensate<br>employee | -<br>ormer  | (W-2/1099-MISC)                                   | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
|  | Sch O)   |                                   |                             |                                  |                         | ĝ                              |             |   |  |  |
| (15) BRADLEY FRANZESE DIRECTOR   | 1.00   | х                                 |                             |                                  |                         |                                |             | 0.  | 0.   | 0.   |
| (16) PETE_HAWLEY DIRECTOR  | 1.00   | х                                 |                             |                                  |                         |                                |             | 0.  | 0.   | 0.   |
| (17) DAVID RUTTY DIRECTOR  | 1.00   | x                                 |                             |                                  |                         |                                |             | 0.  | 0.   | 0.   |
| (18) RICHARD SAWITZKE DIRECTOR   | _  |                                   |                             |                                  |                         |                                |             | 0.  | 0.   | 0.   |
| (19)   | +  |                                   |                             |                                  |                         |                                |             |   |  |  |
| (20)   |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| (21)   |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| (22)   |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| (23)   |  |                                   |                             |                                  |                         |                                |             |   | .,,  |  |
| (24)   |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| (25)   |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| 1 b Sub-total  |  |                                   |                             |                                  | •                       | 1                              | <b>&gt;</b> | 0.  | 0.   | 0.   |
| d Total (add lines 1b and 1c)  |  |                                   |                             |                                  |                         |                                | <b>•</b>    | 0.  | 0.   | 0.   |
| 2 Total number of individuals (including but not limited to  | those  | listed                            | abo                         | ove)                             | who                     | rec                            | eive        | d more than \$100,0                               | 000 of reportable co                                   | mpensation   |
| from the organization  |  |                                   |                             |                                  |                         |                                | -           |   |  | Yes No   |
| 3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv   | trustee<br>⁄idual  | , key                             | emp                         | oloye                            | ee, c                   | or hig                         | ghes        | t compensated em                                  | ployee   | 3 X  |
| 4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than   | n \$150,   | 0007                              | ' If 'Y                     | es' (                            | com                     | plete                          | e Sch       | nedule J for                                      |  |  |
| <ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' corr</li> </ul> | pensat   | on fi                             | om a                        | any i                            | unre                    | elate                          | d org       | anization or individ                              | duat   | 5 X  |
| Section B. Independent Contractors   | ipiete 3   | cnec                              | iule .                      | 3 101                            | Suc                     | n pe                           | 1301        | ,   |  | ·  |
| Complete this table for your five highest compensated compensation from the organization. Report compens.  |  |                                   |                             |                                  |                         |                                |             |   |  | ear  |
| (A) Name and business addres:  |  |                                   |                             |                                  |                         |                                |             | (B)<br>Description                                | )  | (C)<br>Compensation                                      |
| Asplundh P. O Box 7780-5124 Ph   | ilade  | elp                               | hia                         | PA                               | <b>A</b> :              | 191                            | 82          | Center Ope  | rations  | 1,533,197.   |
|  |  |                                   |                             | ·                                |                         |                                |             |   |  |  |
|  |  |                                   |                             |                                  | -                       | -                              |             |   |  |  |
|  |  |                                   |                             |                                  |                         |                                |             |   |  |  |
| 2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶  | t not lin  | nited                             | to th                       | ose                              | liste                   | ed at                          | oove        | ) who received mo                                 | re than  |  |

, ,

| , a.   | t viii otatement of Novemae   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|----------------------|--|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e     57,891 |                      |  |   |   |
| CONTRIBUTIO<br>AND OTHER                               | f All other contributions, gifts, grants, and similar amounts not included above 1 f  g Noncash contributions included in lns 1a-1f \$  h Total. Add lines 1a-1f                                      | 57,891.              |  | 10 - 100                                |   |
| PROGRAM SERVICE REVENUE                                | Business Code   | 1,930,824.           | 1,930,824.                             | 0.                                      | 0.  |
| PROGRAM S  | e f All other program service revenue ▶ g Total. Add lines 2a-2f ▶  | 1,930,824.           |  |   |   |
|  | 3 Investment income (including dividends, interest and other similar amounts)   | 3,542.               | 0.                                     | 0.                                      | 3,542.  |
|  | b Less rental expenses  |                      |  |   |   |
|  | 7 a Gross amount from sales of assets other than inventory .  b Less cost or other basis and sales expenses .   |                      |  |   |   |
| NUE  | c Gain or (loss)  |                      |  |   |   |
| OTHER REVENUE  | of contributions reported on line 1c)  See Part IV, line 18 a  b Less direct expenses b  c Net income or (loss) from fundraising events   |                      |  |   |   |
|  | 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities   |                      |  |   |   |
|  | 10 a Gross sales of inventory, less returns and allowances  |                      |  |   |   |
|  | Miscellaneous Revenue Business Code  11 a   |                      |  |   |   |
|  | d All other revenue   | 1.992.257.           | 1.930.824                              | 0.                                      | 3.542   |

### Part IX Statement of Functional Expenses

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

|        | Check if Schedule O contains a response to any question in this Part IX  |                                       |                              |   |  |  |  |  |  |  |
|--------|--|---------------------------------------|------------------------------|---|--|--|--|--|--|--|
|        | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses                 | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses                   |  |  |  |  |  |
| 1      | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   |                                       |                              |   |  |  |  |  |  |  |
| 2      | Grants and other assistance to individuals in the United States See Part IV, line 22   |                                       |                              |   |  |  |  |  |  |  |
| 3      | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                                       |                              |   |  |  |  |  |  |  |
| 4<br>5 | Benefits paid to or for members  | 0.                                    | 0.                           | 0.  | 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   |                                       |                              |   |  |  |  |  |  |  |
| 8      | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)   |                                       |                              |   |  |  |  |  |  |  |
| 9      | Other employee benefits  |                                       |                              |   |  |  |  |  |  |  |
| 10     | Payroll taxes  |                                       |                              |   |  |  |  |  |  |  |
|        | Fees for services (non-employees)  | <del></del>                           |                              |   | <del></del>                                      |  |  |  |  |  |
| 11     | ` ' ' '  |                                       |                              |   |  |  |  |  |  |  |
|        | Management   |                                       |                              | 5.64                                      |  |  |  |  |  |  |
|        | Legal  | 564.                                  | 0.                           | 564.                                      |  |  |  |  |  |  |
| •      | : Accounting   | 19,700.                               | 0.                           | 19,700.                                   | 0.   |  |  |  |  |  |
| (      | I Lobbying   |                                       |                              |   |  |  |  |  |  |  |
| •      | Professional fundraising services See Part IV, line 17   |                                       |                              |   |  |  |  |  |  |  |
| f      | Investment management fees   |                                       |                              |   |  |  |  |  |  |  |
| ç      | ] Other  |                                       |                              |   |  |  |  |  |  |  |
| 12     | Advertising and promotion  |                                       |                              |   |  |  |  |  |  |  |
| 13     | Office expenses  | 21,213.                               | 20,111.                      | 1,102.                                    |  |  |  |  |  |  |
| 14     | Information technology   | · · · · · · · · · · · · · · · · · · · |                              | ·   |  |  |  |  |  |  |
| 15     | Royalties  |                                       |                              |   |  |  |  |  |  |  |
| 16     | Occupancy  |                                       |                              |   |  |  |  |  |  |  |
|        | _ ` '  |                                       |                              |   |  |  |  |  |  |  |
| 17     |  |                                       |                              |   | <del> </del>                                     |  |  |  |  |  |
| 18     | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                                       |                              |   |  |  |  |  |  |  |
| 19     | Conferences, conventions, and meetings.  | 26,595.                               | 1,368.                       | 25,227.                                   | <u> </u>   |  |  |  |  |  |
| 20     | Interest   |                                       |                              |   |  |  |  |  |  |  |
| 21     | Payments to affiliates   |                                       |                              |   |  |  |  |  |  |  |
| 22     | Depreciation, depletion, and amortization  | 7,644.                                | 7,112.                       | 532.                                      |  |  |  |  |  |  |
| 23     | Insurance  | 5,100.                                | 3,285.                       | 1,815.                                    |  |  |  |  |  |  |
|        | 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) |                                       |                              |   |  |  |  |  |  |  |
|        | CENTER OPERATIONS  | 1,533,197.                            | 1,533,197.                   | 0.  |  |  |  |  |  |  |
|        | TELEPHONE  | 41,262.                               | 40,038.                      | 1,224.                                    |  |  |  |  |  |  |
|        | ANS CIRCUT   | 5,901.                                | 5,901.                       | 0.  |  |  |  |  |  |  |
|        | PUBLIC AWARENESS   | 257,772.                              | 257,772.                     | 0.  |  |  |  |  |  |  |
|        | e All other expenses   | 72,701.                               | 65,554.                      | 7,147.                                    |  |  |  |  |  |  |
|        | Total functional expenses. Add lines 1 through 24e   | 1,991,649.                            | 1,934,338.                   | 57,311.                                   | 0.   |  |  |  |  |  |
|        | •  | 1,331,043.                            | 1,734,330.                   | 57,311.                                   | <del>                                     </del> |  |  |  |  |  |
| 26     | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                  |                                       |                              |   |  |  |  |  |  |  |
|        | Check here ►   |                                       |                              |   |  |  |  |  |  |  |
|        | SOP 98-2 (ASC 958-720)   |                                       | <u> </u>                     | l   | <u> </u>   |  |  |  |  |  |

Part X Balance Sheet (B) End of year (A) Beginning of year 44,949. 91,123 1 Cash - non-interest-bearing Savings and temporary cash investments . . . . . . 2 128,655. 102,110. 2 3 3 Pledges and grants receivable, net . . . . . . . . . 118,365. 112,314 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L . . . . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net . . . . 8 Inventories for sale or use . . 5,250 33,932. 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 197,762 184,635 10 b 9,750 10 c 13,127. **b** Less accumulated depreciation . . . . . . . 376,774. 11 371,929. 11 Investments — publicly traded securities . . . . . Investments – other securities See Part IV, line 11 . . . . . . 12 12 Investments - program-related See Part IV, line 11. 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) 16 710,957. 697,321 16 253,516 17 262,176. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . . 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 24 24 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 25 Total liabilities. Add lines 17 through 25.............. 253,516. 26 262,176. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 443,805 448,781. 27 27 28 28 Temporarily restricted net assets . . . Permanently restricted net assets . . 29 29 . è Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . B 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . . . 32 448,781. 33 443,805. 33 34 Total liabilities and net assets/fund balances . . . 697,321. 710,957.

BAA

| Form 990 (2011) CALL BEFORE YOU DIG, INC.   | 06-09                  | 72151 |      | Pa    | ge 12      |
|---|------------------------|-------|------|-------|------------|
| Part XI Reconciliation of Net Assets  |                        |       |      |       |            |
| Check if Schedule O contains a response to any question in this Part XI   | <del> <u> </u></del>   |       |      |       | <u>X</u>   |
|   |                        |       |      |       |            |
| 1 Total revenue (must equal Part VIII, column (A), line 12)   |                        | 1     | 1,99 | 2,2   | <u>57.</u> |
| 2 Total expenses (must equal Part IX, column (A), line 25)  |                        | 2     | 1,99 | 1,6   | <u>49.</u> |
| 3 Revenue less expenses Subtract line 2 from line 1   |                        | 3     |      | 6     | 08.        |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   |                        | 4     | 44   | 3,8   | 05.        |
| 5 Other changes in net assets or fund balances (explain in Schedule O)  |                        | 5     |      | 4,3   | 68.        |
| 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     | 44   | 8,7   | <u>81.</u> |
| Part XII Financial Statements and Reporting   | -                      |       |      |       |            |
| Check if Schedule O contains a response to any question in this Part XII  | <del></del>            |       |      |       | П          |
|   |                        | _     | ,    | Yes   | No         |
| 1 Accounting method used to prepare the Form 990 Cash X Accrual Other   |                        |       |      |       | 1          |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O  |                        |       |      |       |            |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant  | ?                      |       | 2 a  | х     |            |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?   | <i>.</i>               | [     | 2 b  |       | _X         |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant? | versight of the audit, | . [   | 2 c  | х     |            |
| If the organization changed either its oversight process or selection process during the tax year, $\boldsymbol{e}$ in Schedule O   | explain                |       |      |       |            |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year<br>separate basis, consolidated basis, or both   | er were issued on a    |       |      |       |            |
| X Separate basis Consolidated basis Both consolidated and separate basis  |                        |       | 1    | `     |            |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?  | forth in the Single    |       | 3 a  |       | <u> </u>   |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under<br>or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | rgo the required aud   | t<br> | 3 b  |       |            |
| BAA   |                        |       | Form | 990 ( | 2011)      |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, 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

2011

Open to Public Inspection

Employer identification number

| CAI | L BEFORE YOU DIG, INC.  |   |  | 06-0972151  |  |  |
|-----|---|---|--|---|--|--|
| Pa  | t I Organizations Maintaining Donor   | Advised Funds or Othe   | r Similar Fund                               |   |  |  |
|     | the organization answered 'Yes' to F  | orm 990, Part IV, line 6.   |  |   |  |  |
|     |   | (a) Donor advised f   | unds   | (b) Funds and other accounts  |  |  |
| 1   | Total number at end of year   |   |  |   |  |  |
| 2   | Aggregate contributions to (dunng year)   |   |  |   |  |  |
| 3   | Aggregate grants from (during year)   |   |  |   |  |  |
| 4   | Aggregate value at end of year  |   |  |   |  |  |
| 5   | Did the organization inform all donors and donor actions are the organization's property, subject to the  | dvisors in writing that the asse<br>e organization's exclusive lega | ts held in donor adv<br>il control?          | sed Yes No  |  |  |
| 6   | Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b purpose conferring impermissible private benefit?                  | nd donor advisors in writing the enefit of the donor or donor ac    | lvisor, or for any oth                       | e<br>er<br>No   |  |  |
| Da  | t II Conservation Easements. Complet  |   |  |   |  |  |
| 1   | Purpose(s) of conservation easements held by the  |   |  | onn ood, r dicity mio r.  |  |  |
| •   | Preservation of land for public use (e.g., recreations)   |   | _  | in historically important land area   |  |  |
|     | Protection of natural habitat   | 2   | <del></del>                                  | certified historic structure  |  |  |
|     | Preservation of open space  | ı   |  | · - · · · - · · · · · · · · · · · · · ·                                     |  |  |
| 2   | Complete lines 2a through 2d if the organization he   | eld a qualified conservation co                                     | ntribution in the form                       | n of a conservation easement on the   |  |  |
| -   | last day of the tax year  | 4   |  |   |  |  |
|     |   |   |  | Held at the End of the Tax Yea  |  |  |
|     | Total number of conservation easements  |   |  | 2 a   |  |  |
|     | Total acreage restricted by conservation easement   | ts  |  | 2 b   |  |  |
|     | Number of conservation easements on a certified I   | nistoric structure included in (a                                   |  | 2 c   |  |  |
|     | Number of conservation easements included in (c) structure listed in the National Register  |   |  | 2 d   |  |  |
| 3   | Number of conservation easements modified, transtax year ►  |   | d, or terminated by t                        | he organization during the  |  |  |
| 4   | Number of states where property subject to conser   | vation easement is located >  |  |   |  |  |
| 5   |   |   |  |   |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, in   |   |  |   |  |  |
| 7   | Amount of expenses incurred in monitoring, inspect ► \$   | cting, and enforcing conservati                                     | on easements durin                           | g the year  |  |  |
| 8   | 11 0(11)( 1)(B)(1) and 0000011 11 0(11)( 1)(B)(0)   |   |  | Yes   |  |  |
| 9   | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements   | conservation easements in its<br>organization's financial stater    | revenue and expen<br>ments that describes    | ise statement, and balance sheet, and the organization's accounting for     |  |  |
| Pa  | rt III Organizations Maintaining Collec<br>Complete if the organization answer  | tions of Art, Historical<br>red 'Yes' to Form 990, P                | Treasures, or 0 art IV, line 8               | Other Similar Assets.   |  |  |
| 1   | a If the organization elected, as permitted under SF/<br>art, historical treasures, or other similar assets hel<br>in Part XIV, the text of the footnote to its financial s | d for public exhibition, education                                  | on, or research in fu                        | ement and balance sheet works of<br>rtherance of public service, provide,   |  |  |
|     | b If the organization elected, as permitted under SFA<br>historical treasures, or other similar assets held for<br>following amounts relating to these items                | AS 116 (ASC 958), to report in<br>r public exhibition, education, o | its revenue stateme<br>or research in furthe | ent and balance sheet works of art,<br>rance of public service, provide the |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line  |   |  |   |  |  |
|     | (ii) Assets included in Form 990, Part X  |   |  |   |  |  |
| 2   |   | storical treasures, or other sim                                    | ular assets for finance                      |   |  |  |
|     | a Revenues included in Form 990, Part VIII, line 1  |   |  | <b>⊳</b> \$   |  |  |
|     | <b>b</b> Assets included in Form 990, Part X  |   |  |   |  |  |

| Schedule D (Form 990) 2011 CALL   |   |               |                       |          |                            | 06-097                       |             |           | Page 2             |
|---|---|---------------|-----------------------|----------|----------------------------|------------------------------|-------------|-----------|--------------------|
| Part III Organizations Mainta   | ining Collec                            | ctions of     | Art, Histo            | orical   | Treasures, or              | Other Similar Ass            | ets (c      | ontınu    | ed)                |
| 3 Using the organization's acquisition items (check all that apply)         | n, accession, ai                        | nd other red  | cords, check a        | any of   | the following that a       | re a significant use of its  | collect     | on        |                    |
| a Public exhibition   |   |               | d Loan o              | or exch  | ange programs              |                              |             |           |                    |
| <b>b</b> Scholarly research   |   |               | e Other               |          |                            |                              |             |           |                    |
| c Preservation for future genera  | tions                                   |               |                       |          |                            |                              |             |           |                    |
| 4 Provide a description of the organi<br>Part XIV                           |   | ,             | •                     | •        | •                          |                              |             |           |                    |
| During the year, did the organization assets to be sold to raise funds rate |   |               |                       |          |                            |                              | Yes         |           | No                 |
| Part IV Escrow and Custodia line 9, or reported an a                        |   |               |                       |          | janization answ            | erea yes to Form             | 990, F      | art IV    | •                  |
| 1 a Is the organization an agent, truste included on Form 990, Part X?      | ee, custodian, o                        | r other inter | rmediary for o        | contribu | utions or other asse       | ets not                      | ☐ Yes       | Г         | □ No               |
| <b>b</b> If 'Yes,' explain the arrangement in                               |   |               |                       |          |                            |                              |             |           |                    |
|   |   |               |                       |          |                            |                              | Amoun       | 1         |                    |
| c Beginning balance   |   |               |                       |          |                            | . 1c                         |             |           |                    |
| d Additions during the year .   |   |               |                       |          |                            | . 1d                         |             |           |                    |
| <ul> <li>Distributions during the year</li> </ul>                           |   |               |                       | •        | •                          | . 1e                         |             |           |                    |
| f Ending balance  |   |               |                       |          |                            | · [_1f]                      | <del></del> |           | ٦                  |
| 2 a Did the organization include an arr                                     |   | 990, Part X,  | line 21? .            | •        |                            |                              | Yes         | L         | _] No              |
| b If 'Yes,' explain the arrangement in                                      |   |               | -4'                   | d        | 'Vaa' ta Farm 0            | 100 Doct IV line 10          |             |           |                    |
| Part V Endowment Funds. Co  |   |               |                       |          |                            |                              | (-) (       |           |                    |
| 4 - Danisana af waar balansa  | (a) Current y                           | ear           | (b) Prior year        |          | (c) Two years back         | (d) Three years back         | (e) 1       | our years | s Dack             |
| 1 a Beginning of year balance   |   |               |                       |          |                            |                              | -           |           |                    |
| <b>b</b> Contributions  | <del></del>                             |               |                       |          |                            |                              | <u> </u>    |           |                    |
| c Net investment earnings, gains, and losses                                |   |               | _                     |          |                            |                              |             | ^         |                    |
| d Grants or scholarships  |   |               |                       |          |                            |                              |             |           |                    |
| e Other expenditures for facilities and programs                            |   |               |                       |          |                            |                              |             | ,         |                    |
| f Administrative expenses   |   |               |                       |          |                            |                              | 1           |           |                    |
| <b>g</b> End of year balance  |   |               |                       |          |                            |                              | <u></u>     |           |                    |
| 2 Provide the estimated percentage  | of the current y                        | ear end ba    | lance (line 1g        | g, colun | nn (a)) held as            |                              |             |           |                    |
| a Board designated or quasi-endow   |   |               | . <del></del> %       |          |                            |                              |             |           |                    |
| <b>b</b> Permanent endowment  | %                                       |               |                       |          |                            |                              |             |           |                    |
| c Temporarily restricted endowment  | _                                       | <del></del>   |                       |          |                            |                              |             |           |                    |
| The percentages in lines 2a, 2b, a  | nd 2c should ed                         | qual 100%     |                       |          |                            |                              |             |           |                    |
| 3 a Are there endowment funds not in<br>organization by                     | the possession                          | of the orga   | anization that        | are he   | eld and administered       | d for the                    |             | Yes       | No                 |
| (i) unrelated organizations   |   |               |                       |          |                            |                              | . 3a(ı)     |           | <u> </u>           |
| (ii) related organizations  |   |               |                       |          |                            |                              | . 3a(ii)    |           | <u></u>            |
| <b>b</b> If 'Yes' to 3a(II), are the related org                            | ganizations liste                       | d as require  | ed on Schedu          | ule R?   |                            |                              | . 3b        |           | <u> </u>           |
| 4 Describe in Part XIV the intended   |   |               |                       |          |                            |                              | _           |           |                    |
| Part VI Land, Buildings, and  | Equipment.                              | See For       | <u>m 990, Pa</u>      | rt X, I  | <u>ine 10.</u>             |                              |             |           |                    |
| Description of property   |   |               | other basis<br>tment) |          | Cost or other asis (other) | (c) Accumulated depreciation | (d)         | Book va   | lue                |
| <b>1 a</b> Land   | • |               |                       |          |                            |                              |             |           |                    |
| <b>b</b> Buildings  |   |               |                       |          |                            |                              | —           |           |                    |
| c Leasehold improvements .  | · · · .                                 | <del></del>   |                       |          |                            |                              |             |           |                    |
| d Equipment   | . }                                     |               |                       |          | 197,762.                   | 184,635.                     |             | 13,       | ,127.              |
| e Other   |   | / F 000       | D-4 Y                 | (0)      | (ma 40(a) )                |                              |             | 1.0       |                    |
| Total. Add lines 1a through 1e (Column BAA                                  | ı (a) must equa                         | r-orm 990,    | Paπ X, colur          | mn (B),  | шпө то(c) )                | ▶                            | tulo D /    |           | , 127.<br>90) 2011 |
|   |   |               |                       |          |                            | Sched                        | uic U (     | OIII 95   | ווט בינטיו         |

| Sche | dule D (Form 990) 2011 CALL BEFORE YOU DIG, INC.  | 06-0972151            | Page 4      |
|------|---|-----------------------|-------------|
| Par  | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements                                   |                       |             |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)  |                       |             |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)   |                       |             |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1  | 1                     |             |
| 4    | Net unrealized gains (losses) on investments  |                       |             |
| 5    | Donated services and use of facilities  |                       |             |
| 6    | Investment expenses   | · · ·                 | <del></del> |
|      | Prior period adjustments  | · · · ·   <del></del> |             |
| 7    | Other (Describe in Part XIV )   | · · · · <del> </del>  |             |
| 8    |   |                       |             |
| 9    | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9                                     |                       |             |
| 10   | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per   |                       |             |
|      | Total revenue, gains, and other support per audited financial statements  |                       |             |
| 1    | · · · · · · · · · · · · · · · · · · ·   | · · ·                 |             |
|      | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |                       |             |
|      | a Net unrealized gains on investments   | <del> </del>          |             |
|      | Donated services and use of facilities  |                       |             |
|      | Recoveries of prior year grants   | <del> </del>          |             |
|      | d Other (Describe in Part XIV)  |                       |             |
| •    | a Add lines 2a through 2d   |                       |             |
| 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  |                       |             |
| 1    | o Other (Describe in Part XIV )   |                       |             |
|      | c Add lines 4a and 4b   | 4c                    |             |
| 5    | Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)  | 5                     |             |
| Pa   | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses   | 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  |                       |             |
|      | a Donated services and use of facilities  |                       |             |
|      | b Prior year adjustments  |                       |             |
|      | c Other losses  |                       |             |
|      | d Other (Describe in Part XIV )   |                       |             |
|      | e Add lines 2a through 2d   | 2 e                   |             |
| 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 Other (Describe in Part XIV )   |                       |             |
|      | c Add lines 4a and 4b   | 4c                    |             |
|      | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).   | 5                     |             |
|      | rt XIV   Supplemental Information   |                       |             |
| Con  | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin | es 1b and 2b,         |             |
| Part | V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete thi    | s part to provide     |             |
| any  | additional information  |                       |             |
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| Schedule D | (Form 990) 2011 | CALL BEFOR       | E YOU DIG, IN<br>continued) | C       | 06-0972151 | Page 5    |
|------------|-----------------|------------------|-----------------------------|---------|------------|-----------|
| Part XIV   | Supplementa     | al Information ( | continued)                  |         |            |           |
|            |                 |                  |                             |         |            |           |
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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.

| Name of the organization                                      | Employer identification number $06-0972151$ |
|---|---|
| CALL BEFORE YOU DIG, INC.                                     | 100-0972131                                 |
| Pt VI, Line 6 Members   |   |
| Pt_VI, Line 7a The Governing Body of Officers & Directors ma  | y_elect_one_or_more_members                 |
| Pt VI, Line 12c Reviewed and discussed at Board Meetings      |   |
| Pt_VI, Line 15 Officers and Directors are not compensated, 1  | No_employees                                |
| Pt VI, Line 19 Presently the Organization does not make its   | governing documents,                        |
| Pt VI, Line 19 conflict of interest policy, and financial st  | tatements available                         |
| Pt VI, Line 19 to the public.                                 |   |
| Pt VI, Line 8aThe Board documents meeting minutes             |   |
| Pt VI, Line 8b The Committees document meeting minutes        |   |
| Pt VI, Line 11a Reviewed with Officers and Directors prior to | o_filing                                    |
| Pt XI Line 5 - Unrealized Gain on Investments                 |   |
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

NOTIFICATION SYSTEM OF UNDERGROUND UTILITY FACILITIES

AS REQUIRED BY CHAPTER 293 OF THE CT GENERAL STATUTES.

## Supporting Statement of:

Form 990 p 10/Line 11c col (C)

| Description                 | Amount  |  |  |
|-----------------------------|---------|--|--|
| CPA REVIEW                  | 3,500.  |  |  |
| ACCOUNTING AND TAX SERVICES | 16,200. |  |  |

Total \_\_\_\_\_19,700.