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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization RIVERFRONT RECAPTURE INC</td> <td rowspan="2">D Employer identification number 06-1045653</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address) 50 COLUMBUS BOULEVARD 1ST FLOOR</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (860) 713-3131</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 HARTFORD, CT 061061984</td> </tr> <tr> <td colspan="2">F Name and address of principal officer JOSEPH R MARFUGGI 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 061061984</td> <td>G Gross receipts \$ 2,349,752</td> </tr> </table>	C Name of organization RIVERFRONT RECAPTURE INC		D Employer identification number 06-1045653	Doing Business As		Number and street (or P O box if mail is not delivered to street address) 50 COLUMBUS BOULEVARD 1ST FLOOR	Room/suite	E Telephone number (860) 713-3131	City or town, state or country, and ZIP + 4 HARTFORD, CT 061061984		F Name and address of principal officer JOSEPH R MARFUGGI 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 061061984		G Gross receipts \$ 2,349,752
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F Name and address of principal officer JOSEPH R MARFUGGI 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 061061984		G Gross receipts \$ 2,349,752												
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527														
J Website: WWW RIVERFRONT ORG														
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981												
		M State of legal domicile: CT												

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities RIVERFRONT RECAPTURE IS RESPONSIBLE FOR MANAGING THE RIVERFRONT PARK SYSTEM THAT SPANS HARTFORD AND EAST HARTFORD THIS INCLUDES SEVERAL FUNCTIONS FROM DEVELOPMENT OF THE PARKS, PROGRAMMING ENTERTAINMENT AND ACTIVITIES FOR YOUTH AND ADULTS, AND COORDINATION OF THE PARK MAINTENANCE AND RANGER SERVICES IN 2012, 815,000 VISITORS ENJOYED THE RIVERFRONT'S MANY OFFERINGS</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>		
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	50
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	50
	<p>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)</p>	5	104
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	0
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	8,110
	<p>b Net unrelated business taxable income from Form 990-T, line 34</p>	7b	-239,636
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,478,426	1,016,373
	9 Program service revenue (Part VIII, line 2g)	1,089,885	1,016,287
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,471	75,779
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	247,230	195,271
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,898,012	2,303,710
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,587,569	1,548,534
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>308,362</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,025,702	871,596
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,613,271	2,420,130
	19 Revenue less expenses Subtract line 18 from line 12	284,741	-116,420
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,104,249	3,205,139
	21 Total liabilities (Part X, line 26)	211,734	209,964
	22 Net assets or fund balances Subtract line 21 from line 20	2,892,515	2,995,175

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2013-05-09 Date
	JOSEPH R MARFUGGI PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Prnt/Type preparer's name Firm's name Firm's address	Preparer's signature Date Check <input type="checkbox"/> if self-employed Firm's EIN Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 RIVERFRONT RECAPTURE'S MISSION HAS THREE GOALS 1) CREATE ACCESSIBLE RIVERFRONT PARKS AND PUBLIC RECREATIONAL FACILITIES TO IMPROVE QUALITY OF LIFE IN METROHARTFORD, 2) MAKE THE RIVERFRONT AN ATTRACTIVE DESTINATION FOR VISITORS AND RESIDENTS, AND 3) USE THE REVITALIZED RIVERFRONT AS A CATALYST FOR INVESTMENT AND JOB CREATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,282,836 including grants of \$) (Revenue \$ 699,922)
 PARK RECREATION AND PUBLIC EVENTS THE ORGANIZATION PRODUCES A NUMBER OF EVENTS AND ONGOING PARK ACTIVITIES THESE RANGE FROM MAJOR FESTIVALS SUCH AS RIVERFEST - A CELEBRATION OF INDEPENDENCE DAY WITH FIREWORKS AND OTHER ENTERTAINMENT TO ATHLETIC EVENTS SUCH THE HEAD OF THE RIVERFRONT ROWING REGATTA AND OUR ASIAN FEST AND DRAGON BOAT RACE WE PARTNERED WITH GROUPS WHO USED THE STAGE PERFORMANCE FACILITY IN DOWNTOWN HARTFORD FOR CULTURAL EVENTS SUCH AS THE TASTE OF THE CARIBBEAN, PIPES IN THE VALLEY, AND SAMBA FEST 2012 ARTS EVENTS INCLUDED GUITAR UNDER THE STARS AND PERFORMANCES BY THE HARTFORD POPS AND PILOBOLUS WE OPERATE A ROPES COURSE AND TEACH ROWING AND DRAGON BOATING ALL PUBLIC EVENTS ARE FREE TO THE PUBLIC WE CHARGE FEES FOR SOME OF THE PROGRAMS AND ENTRY FEES FOR THE REGATTA AND DRAGON BOAT RACE WE PROVIDE MANY PROGRAMS AT NO CHARGE TO YOUTH, INCLUDING THE ROPES COURSE, ROWING, AND SPORTING CHANCE OVERALL, APPROXIMATELY 815,000 PEOPLE VISITED THE PARKS BOTH FOR PASSIVE ENJOYMENT SUCH AS WALKING, JOGGING, BIKING, BIRD WATCHING, OR PICNICKING, AS WELL AS PARTICIPATING IN ONE OR MORE OF THE ACTIVITIES WE OFFER

4b (Code) (Expenses \$ 373,319 including grants of \$) (Revenue \$ 232,975)
 RIVERFRONT PARK DEVELOPMENT WITH NO MAJOR ACTIVE CONSTRUCTION PROJECTS UNDERWAY, THE MAIN FOCUS WAS PLANNING FOR FUTURE DEVELOPMENT OF RIVERWALK SOUTH, THE AREA BETWEEN MORTENSEN RIVERFRONT PLAZA AND CHARTER OAK LANDING ON THE HARTFORD SIDE THE MDC PROVIDES THE DAY-TO-DAY MAINTENANCE OF THE PARK SYSTEM OUTSIDE THE RIVERFRONT RECAPTURE BUDGET, BUT EXPENSES RELATED TO THE UPKEEP OF THE BOATHOUSE ARE PAID BY RIVERFRONT RECAPTURE IN 2012, THE ONLY SIGNIFICANT UPGRADE WAS THE INSTALLATION OF AN AWNING TO PROTECT THE MAIN ENTRANCE FROM WEATHER THIS WAS FUNDED THROUGH THE MARFUGGI PARKS FUND, ESTABLISHED IN 2011 TO PROVIDE FUNDS FOR PARK IMPROVEMENTS WHICH ARE BEYOND THE SCOPE OF THE MDC AGREEMENT FOR REGULAR MAINTENANCE IN 2012, THE MARFUGGI PARKS FUND ALSO COVERED THE COST OF A LANDSCAPED AREA NEAR THE BOATHOUSE TO RECOGNIZE THE FOUNDERS OF THE ORGANIZATION IT CONSISTS OF A BENCH SURROUNDED BY TREES AND FLOWERS, WITH A BEAUTIFUL VIEW OF THE RIVERFRONT AND CITY SKYLINE THE PARK SYSTEM CONSISTS OF 148 ACRES IN HARTFORD AND EAST HARTFORD

4c (Code) (Expenses \$ 333,979 including grants of \$) (Revenue \$ 284,688)
 RIVERFRONT RANGERS RANGERS PROVIDE HOSPITALITY AND INFORMATION, IN ADDITION TO CREATING A SECURE ENVIRONMENT FOR PARK VISITORS RANGERS ARE RESPONSIBLE FOR OPENING AND CLOSING THE PARKS ON A DAILY BASIS THROUGHOUT THE YEAR BETWEEN MAY AND OCTOBER, THE BUSY SEASON FOR THE PARKS, THE RANGERS HAVE AN INCREASED PRESENCE THEY PROVIDE INFORMATION AND DIRECTIONS TO PARK VISITORS, ASSIST WITH PARKING AND BOAT LAUNCH ACTIVITIES, AND ENFORCE PARK RULES THEY ARE IN RADIO CONTACT WITH THE POLICE DEPARTMENTS OF HARTFORD AND EAST HARTFORD SHOULD A PUBLIC SAFETY ISSUE OR MEDICAL EMERGENCY OCCUR THE RANGERS PROGRAM IS FUNDED BY THE METROPOLITAN DISTRICT COMMISSION IN 2012, 19 INDIVIDUALS WERE EMPLOYED AS RANGERS, RANGING FROM SEASONAL PART-TIME TO THE YEAR-ROUND, FULL-TIME DIRECTOR OF THE PROGRAM

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,990,134

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 28		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 104		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **CT**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT (860) 713-3131

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	156,146				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	860,227				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,016,373			
Program Service Revenue	2a <u>GOVERNMENT GRANTS</u> Business Code					
		541900	517,664	517,664		
	b <u>WATER RELATED LESSONS</u>	713990	254,087	254,087		
	c <u>VENDOR FEES</u>	713990	96,789	96,789		
	d <u>ROPES COURSE TRAINING</u>	713990	74,022	74,022		
	e <u>OTHER ACTIVITY FEES</u>	713990	73,725	73,725		
	f All other program service revenue					
g Total. Add lines 2a-2f		1,016,287				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		75,779		75,779	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 156,146 of contributions reported on line 1c) See Part IV, line 18	a	30,089			
		b Less direct expenses b	44,226			
c Net income or (loss) from fundraising events			-14,137		-14,137	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	2,785				
	b Less cost of goods sold b	1,816				
	c Net income or (loss) from sales of inventory		969	969		
Miscellaneous Revenue		Business Code				
11a <u>LICENSE FEES</u>	713990	146,000	146,000			
b <u>FOOD AND BEVERAGE/BANQ</u>	722320	62,439	54,329	8,110		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		208,439				
12 Total revenue. See Instructions		2,303,710	1,217,585	8,110	61,642	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	225,111	123,811	58,675	42,625
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	1,052,154	865,539	27,137	159,478
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,951	25,130	2,715	3,106
9	Other employee benefits	115,071	84,974	9,317	20,780
10	Payroll taxes	125,247	99,809	7,582	17,856
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,200	1,200		
c	Accounting	35,823	27,817	2,134	5,872
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,911	23,157	2,599	7,155
12	Advertising and promotion	82,798	66,871	464	15,463
13	Office expenses	35,281	21,005	2,278	11,998
14	Information technology	25,607	20,651	1,321	3,635
15	Royalties				
16	Occupancy	72,204	51,160	5,609	15,435
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,723	2,841	235	647
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,952	86,422	142	388
23	Insurance	162,201	156,851	1,426	3,924
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DIRECT PROGRAM AND EVEN	310,307	310,307		
b	DESIGN AND CONSTRUCTION	22,589	22,589		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,420,130	1,990,134	121,634	308,362
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	167,557	1	53,657
	2 Savings and temporary cash investments	7,725	2	180,062
	3 Pledges and grants receivable, net	846,513	3	662,849
	4 Accounts receivable, net	38,137	4	23,437
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,767	8	4,925
	9 Prepaid expenses and deferred charges	35,040	9	23,293
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,051,628		
	b Less accumulated depreciation	10b 849,486	227,345	10c 202,142
	11 Investments—publicly traded securities	1,773,165	11	2,054,774
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,104,249	16	3,205,139	
Liabilities	17 Accounts payable and accrued expenses	109,127	17	146,794
	18 Grants payable		18	
	19 Deferred revenue	102,607	19	63,170
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	211,734	26	209,964
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,567,737	27	1,697,710
	28 Temporarily restricted net assets	1,124,778	28	1,097,465
	29 Permanently restricted net assets	200,000	29	200,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,892,515	33	2,995,175	
34 Total liabilities and net assets/fund balances	3,104,249	34	3,205,139	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,303,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,420,130
3	Revenue less expenses Subtract line 2 from line 1	3	-116,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,892,515
5	Net unrealized gains (losses) on investments	5	219,080
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,995,175

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
RIVERFRONT RECAPTURE INC

Employer identification number

06-1045653

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,331,803	2,031,321	2,066,624	2,074,521	1,534,037	10,038,306
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,331,803	2,031,321	2,066,624	2,074,521	1,534,037	10,038,306
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,252,212
6 Public support. Subtract line 5 from line 4						8,786,094

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,331,803	2,031,321	2,066,624	2,074,521	1,534,037	10,038,306
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,236	40,680	75,654	66,151	75,779	309,500
9 Net income from unrelated business activities, whether or not the business is regularly carried on	326,549	210,943	228,562	217,413	8,110	991,577
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						11,339,383

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	77.480 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	75.560 %

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization RIVERFRONT RECAPTURE INC

Employer identification number 06-1045653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Description, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Description, Revenues, and Assets. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,132,258	1,229,269	1,109,259	927,937	1,304,769
b Contributions					210
c Net investment earnings, gains, and losses	179,448	-43,392	171,857	231,592	-331,625
d Grants or scholarships					
e Other expenditures for facilities and programs	-54,755	-53,620	-51,847	-50,270	-45,417
f Administrative expenses					
g End of year balance	1,256,951	1,132,258	1,229,269	1,109,259	927,937

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 42.000 %
 - b** Permanent endowment ▶ 16.000 %
 - c** Temporarily restricted endowment ▶ 42.000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,500	1,504	7,996
c Leasehold improvements		134,637	47,412	87,225
d Equipment		907,491	800,570	106,921
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				202,142

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,532,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	219,080
b	Donated services and use of facilities	2b	9,552
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	228,632
3	Subtract line 2e from line 1	3	2,303,710
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,303,710

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,429,682
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	9,552
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,552
3	Subtract line 2e from line 1	3	2,420,130
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,420,130

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ACCORDING TO THE ENDOWMENT SPENDING POLICY, 5% OF THE AVERAGE ENDING BALANCE OF THE PREVIOUS 12 QUARTERS IS AVAILABLE TO SUPPORT PROGRAMS TWO DONORS HAVE SET SPECIFIC REQUIREMENTS ON THE USE OF PROCEEDS RELATED TO THEIR GIFTS THESE INCLUDE YOUTH PROGRAMMING (\$20,999 AVAILABLE IN 2012) AND CONCERTS IN EAST HARTFORD (\$5,271 IN 2012)
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	PART X, LINE 2 FOOTNOTE - RRI IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) HOWEVER, THE OPERATIONS OF FOOD, BEVERAGE, AND RENTAL SALES FROM PRIVATE EVENTS, AND RETAIL SALES QUALIFY AS UNRELATED BUSINESS TAXABLE INCOME AND TO THE EXTENT THAT THESE OPERATIONS GENERATE INCOME, THEY WILL BE SUBJECT TO FEDERAL AND STATE TAXES RRI HAS NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2012 AND 2011 RRI'S FEDERAL INFORMATION RETURNS PRIOR TO CALENDAR YEAR 2009 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS IF RRI HAD UNRELATED BUSINESS INCOME TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization RIVERFRONT RECAPTURE INC

Employer identification number 06-1045653

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ROWATHONS (2)</u> (event type)	<u>GALA EVENT</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	15,540	167,605	3,090	186,235
	2 Less Contributions	15,540	139,606	1,000	156,146
	3 Gross income (line 1 minus line 2)		27,999	2,090	30,089
Direct Expenses	4 Cash prizes			1,460	1,460
	5 Noncash prizes	1,083	965		2,048
	6 Rent/facility costs		14,712	447	15,159
	7 Food and beverages		5,197	177	5,374
	8 Entertainment		1,340		1,340
	9 Other direct expenses		18,794	51	18,845
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(44,226)
11 Net income summary Combine line 3, column (d), and line 10 ▶				-14,137	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
RIVERFRONT RECAPTURE INC

Employer identification number

06-1045653

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ONCE THE FORM 990 IS PREPARED BY THE FINANCE DIRECTOR AND REVIEWED BY THE AUDITORS, THE FINANCE AND HUMAN RESOURCES COMMITTEE WILL MEET TO REVIEW THE FORM IN DETAIL AND TAKE RESONSIBILITY FOR APPROVING IT PRIOR TO ITS FILING A COPY OF THE FORM 990 IS THEN FILED AND A COPY IS DISSEMINATED TO THE FULL BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS OBTAIN A COPY OF THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING IN APRIL AND IT MUST BE COMPLETED ON AN ANNUAL BASIS THE VICE CHAIR OF MANAGEMENT AND THE PRESIDENT WILL REVIEW THE DISCLOSURES TO ASCERTAIN POTENTIAL CONFLICTS OF INTEREST WHICH WILL WILL BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE THE SECRETARY WILL FILE COPIES OF ALL DISCLOSURE STATEMENTS WITH THE OFFICIAL CORPORATE RECORDS
	FORM 990, PART VI, SECTION B, LINE 15	STAFF WAS GIVEN AN ACROSS THE BOARD SALARY ADJUSTMENT OF 2% IN 2012, INCLUDING THE PRESIDENT & CEO THIS WAS APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET IN PAST YEARS, THE COMPENSATION OF THE PRESIDENT & CEO WAS DETERMINED DURING A SPECIAL SESSION OF THE EXECUTIVE COMMITTEE THE COMMITTEE CONSISTS OF INDIVIDUALS WITH STRONG BUSINESS EXPERIENCE AS WELL AS EXPERIENCE WITH OTHER NON-PROFITS
	FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC CAN INSPECT THE FORM 990 ONLINE AT RIVERFRONT RECAPTURE'S WEBSITE OR IT AND OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
	FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES IN THIS PROCESS FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 06-1045653
Name: RIVERFRONT RECAPTURE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ALFONSO BOARD MEMBER	20	X						0	0	0
ROBERT ANNON JR BOARD MEMBER, EXEC COMMITTEE	50	X						0	0	0
HAROLD BLINDERMAN BOARD MEMBER	50	X						0	0	0
JODI BRENNAN BOARD MEMBER, EXEC COMMITT	50	X						0	0	0
CHRISTOPHER BYRD BOARD MEMBER	20	X						0	0	0
PATRICK CAULFIELD BOARD MEMBER	20	X						0	0	0
RANJANA CHAWLA VICE-CHAIR	1 00	X		X				0	0	0
SUSAN CLEMOW BOARD MEMBER	20	X						0	0	0
CHRISTOPHER CLOUD BOARD MEMBER, EXEC COMMITT	50	X						0	0	0
THOMAS CODY CHAIRMAN	2 00	X		X				0	0	0
FRANK COLLINS BOARD MEMBER	20	X						0	0	0
MELODY CURREY BOARD MEMBER	20	X						0	0	0
PAUL EDDY BOARD MEMBER	20	X						0	0	0
DONNA FRITZER BOARD MEMBER	20	X						0	0	0
DONALD GERSHMAN BOARD MEMBER	20	X						0	0	0
JAMES GLEASON VICE CHAIR	1 00	X		X				0	0	0
MARGARET GREGG BOARD MEMBER	20	X						0	0	0
ASTRID HANZALEK BOARD MEMBER	20	X						0	0	0
MARY HOBART BOARD MEMBER	20	X						0	0	0
DAVID JENKINS BOARD MEMBER	20	X						0	0	0
RAQUEL KENNEDY BOARD MEMBER	20	X						0	0	0
DAVID KLEIN TREASURER	1 00	X		X				0	0	0
BARRY LASTRA BOARD MEMBER	20	X						0	0	0
ROBERT LAUTENSACK JR BOARD MEMBER	20	X						0	0	0
KATHLEEN LILLEY BOARD MEMBER	20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH MARFUGGI PRESIDENT & CEO	37 50	X		X				131,360	0	10,665
MARJORIE MORRISSEY VICE CHAIR	20	X						0	0	0
THOMAS MULLANEY JR BOARD MEMBER	20	X						0	0	0
RITA ORTIZ SECRETARY	20	X		X				0	0	0
AGNES PELLE BOARD MEMBER, EXEC COMMITT	50	X						0	0	0
LESLIE PERRY BOARD MEMBER	20	X						0	0	0
MARILYN PET BOARD MEMBER	20	X						0	0	0
KENNTN POUCH BOARD MEMBER	20	X						0	0	0
KENNETH PROVENCHER BOARD MEMBER	20	X						0	0	0
MICHAEL PUCKLY BOARD MEMBER	20	X						0	0	0
JOHN RIEGE BOARD MEMBER	20	X						0	0	0
CHRISTINA RIPPLE BOARD MEMBER, EXEC COMMITT	50	X						0	0	0
DAVID ROBB IMMEDIATE PAST CHAIR, EXEC	1 00	X		X				0	0	0
CAMILO SERNA VICE CHAIR	1 00	X		X				0	0	0
ROBERT SIMPSON BOARD MEMBER	20	X						0	0	0
JOYCE SMITH BOARD MEMBER	20	X						0	0	0
MARGARET TEDONE BOARD MEMBER	20	X						0	0	0
TOBIN TREICHEL BOARD MEMBER	20	X						0	0	0
ANDREW WALLACE BOARD MEMBER	20	X						0	0	0
DONALD WILSON JR BOARD MEMBER	20	X						0	0	0
WILLIAM DIBELLA EX-OFFICIO BOARD, EXEC COM	50		X					0	0	0
MARCIA LECLERC EX-OFFICIO BOARD, EXEC COM	50		X					0	0	0
CHARLES SHEEHAN EX-OFFICIO BOARD	20		X					0	0	0
DONALD TRINKS EX-OFFICIO BOARD	20		X					0	0	0
MARC WEINBERG EX-OFFICIO BOARD	20		X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
LYLE WRAY EX-OFFICIO BOARD, EXEC COM	50		X					0	0	0	
PETER MORSE FINANCE DIRECTOR	37 50			X				85,827	0	13,590	
MARC NICOL DIR PLANNING & DEVELOPMENT	37 50					X		108,046	0	18,223	