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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Ā	For the	2016 calen	dar year, or ta	x year be	ginning		, 20	016, and endi	ing		,	
В	Check if a	pplicable	C Name of orga	nization R	EVITALIZI	NG WA	TERBURY,	INC		D Employ	er identificat	ion number
	Addr	Address change Doing business as								03-0	0330084	1
	Nam	e change	Number and s	treet (or P O	box if mail is not de	livered to sti	reet address)	Room	n/suite	E Telepho	ne number	
	Initia	ıl return	PO BOX 4	73						(802	2) 244-	-5108
	Final	return/terminated	City or town, s	tate or provin	ce, country, and ZII	or foreign t	postal code					
	Ame	nded return	WATERBURY					/T 05676		G Gross re	aceipts \$	236,728.
	Apple	ication pending	F Name and add	dress of princi	pal officer				1 ' '	a group return		□ '''
		RICHARD BURGOYNE, MD 46 SO MAIN ST WATERBURY VT 05676						H(b) Are all	subordinates attach a list (s	included? see instruction	Yes No	
1	Tax-ex	empt status	X 501(c)(3)	501(c)		insert no.)	4947(a)(1	1) or 527				-,
J	Webs	site: > re	vitalizin	gwater	bury.org				H(c) Group	exemption nui	mber >	
K		f organization	X Corporation	Trust	Association	Other	•	L Year of forma	tion 199	1 Mis	tate of legal d	omicile VT
P		Summar										
	1 B	riefly describ	e the organiza	tion's miss	ion or most sig	nificant a	ctivities	DOWNTOWN	WATER	BURY D	EVETOW	MENT
e S									. 			
& Governance	l -											
len Ven	1 2 5	heck this bo			on discontinue				45 250/			
Ö	2 C 3 N		ting members of								sets 3	a
ಿಶ	4 N		lependent votin								4	8 8
Activities			of individuals e								5	4
Š			of volunteers (e								6	60
Ac	7a T	otal unrelate	d business reve	enue from	Part VIII, colun	nn (C), j in	ie 120 EC	EIVED.	}	[7a	-4,133.
	bΝ	et unrelated	business taxab	le income	from Form 990)-T, line 3	4,		7일	• • • • [7b	-896.
	į					Į _ž	SI OCT 6	3 2017	Φ P	rior Year		Current Year
•	8 C	ontributions	and grants (Pa	rt VIII, line	1h)	· · · · /8	EL . O.C.T. 2	\$ 30. COLL	· 2	102,3	05.	177,924.
ᇎ	9 P	rogram servi	ce revenue (Pa	ırt VIII, line	:2g)		·		⊣ ≄			
Revenue	10 In	vestment ind	come (Part VIII,	column (A	A), lines 3, 4, a	nd 7d) .	∵∷OGD	EN.UI			47.	258.
щ			(Part VIII, colu				•			-2,7		-353.
			- add lines 8 t							99,6		177,829.
			nılar amounts p							13,2	18.	6,200.
			o or for member									
Se			r compensation							52,7	34.	100,713.
ŠĒ	16a P	rotessional fi	undraising fees	(Part IX, c	column (A), line	11e)	• • • • • • •			Market Market	SOUTH AND SOUTH	Market At the second one bearing
Expenses	b To	otal fundraisi	ng expenses (F	Part IX, col	umn (D), line 2	5) >		5,055.				
ш	17 0	ther expense	es (Part IX, colu	ımn (A), lır	nes 11a-11d, 1	1f-24e)				44,90	63.	60,933.
	18 To	otal expense	s Add lines 13-	-17 (must	equal Part IX, o	olumn (A	i), line 25)		. [110,9	65.	167,846.
	19 R	evenue less	expenses Sub	tract line 1	8 from line 12		. <u></u>			-11,30	00.	9,983.
5 8									Beginnin	g of Current	Year	End of Year
alan Ba	20 To	otal assets (F	Part X, line 16)						. 1	,328,7	76.	1,273,908.
Net Assets	21 To	otal liabilities	(Part X, line 26	8)	. <i></i>			· · · · · · · ·	· [289,15	55.	224,304.
ž	22 No	et assets or f	fund balances	Subtract li	ne 21 from line	20			. 1	,039,62	21.	1,049,604.
Pa	HILL	Signatur	e Block									
Unde	r penalties	of penjury, I decl	are that I have examinate (b) their than officer)	nined this retu	rn, including accom	panying sch	edules and statem	ents, and to the b	est of my know	ledge and beli	ef, it is true, co	orrect, and
comp	iete Decla	ration of prepare	r jother than officer)	is based on a	all information of wh	ich preparer	has any knowledg	je 				
		X	aren	Ve	m				X	10/1	6/201	7
Sig	n	Signatur	e of officer						Øat	e		
He	re		NEVIN_						EXECU	TIVE D	IRECTO	R
		Type or j	print name and title									
		Print/Type pri	eparer's name		Preparer a sign	ature	\times	Date	ì	Check	if PTIN	
Pai	d	Dennis	N. Perrau	ılt, CF	ALM	2/1/2	witer	08/31/	/17	self-employed	P01	256595
Pre	parer	Firm's name	Salva	dor and	d Babıc P	C						
	e Only	Firm's addres								Firm's EIN 🏲	03-02	75888
			Barre				VT 05	641		Phone no		176-8673
May	the IRS	discuss this	return with the	preparer :	shown above?	(see instr						Yes No

Form 990 (2016)

	n 990 (2016) REVITALIZING WATERBURY, INC	03-0330084	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	DOWNTOWN WATERBURY DEVELOPMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the	Drior	
L	Form 990 or 990-EZ?		es X No
	If 'Yes,' describe these new services on Schedule O	· · · · · · · · · · · · · · · · · · ·	es X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services		ree [ii] Ne
3		' · · · · · · '	es X 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, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	as measured by expo	enses nses
	and revenue, if any, for each program service reported	anoro, ino total expo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 a	a (Code) (Expenses \$ 21,480, including grants of \$ 0.) (F	Revenue \$	54,766.)
	RESTORATION OF THE HISTORIC WATERBURY RAILROAD STATION. EXPENSES		31//001/
	INCLUDE INSURANCE, TAXES, MAINTENANCE & INTEREST ON MORTGAGES.		
	INCLUDE INSURANCE, TAXES, MAINTENANCE & INTEREST ON MORIGAGES.		
4 h	O (Code) (Expenses \$ 76,672. including grants of \$ 0.) (F	Revenue \$	
45		devenue p	0.)
	PRESERVE AND ENHANCE THE ECONOMIC, HISTORIC, AND SOCIAL VITALITY		
	OF DOWNTOWN WATERBURY AS A "DESIGNATED DOWNTOWN" THROUGH SPECIAL		
	EVENTS AND PROGRAMS.		
40	(Code) (Expenses \$ 6,200. including grants of \$ 6,200.) (R	ovenue S	
40		evenue 3	<u> </u>
	DONATIONS TO VARIOUS LOCAL ORGANIZATIONS IN WATERBURY, VERMONT.		
	2016 SUPPORT INCLUDED THE "RIVER OF LIGHT" PARADE IN CONJUNCTION		
	WITH THE THATCHER BROOK PRIMARY SCHOOL, THE WATERBURY PUBLIC		
	LIBRARY, AND THE MADRIVER COMMUNITY FUND.		
	Other and the Colonia of Colonia		
	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 104, 353		

	m 990 (2016) REVITALIZING WATERBURY, INC 03-033008	4	F	age:
P	Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	_ x	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes;' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		

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.

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Part N Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Х 24a 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 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Χ 26 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 Х 27 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 Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Χ 31 32 32 Х 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 35a X 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . 36 X X 37

Рā	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 「
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	7	300	1
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	- 32333		2
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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 2 a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	K.Fin
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		E9349/6	233
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	Mark a
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	 	
	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
İ	b If 'Yes,' enter the name of the foreign country. ►	18.64	VF AND	Trans.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	Marine .	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	of Yes, to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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 as charitable contributions?	6 a		Х
١	of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	THE S	565	
	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		X
1	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Χ
(I If 'Yes,' indicate the number of Forms 8282 filed during the year	72.7		787
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	ı İf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	505K	erici i	
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ł	
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	37.5	235	7/2 "
а	Initiation fees and capital contributions included on Part VIII, line 12	泛其	di.	1
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**************************************		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
	Note. See the instructions for additional information the organization must report on Schedule O		S AN	
b	Enter the amount of reserves the organization is required to maintain by the states in			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	建 基		
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		_X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
3AA	TEEA0105 11/16/16	Form	990 (2	016)

For	n 990 (2016) REVITALIZING WATERBURY, INC 03-0330084		S	Page 6
_	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo		id foi	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in		
	Schedule O. See instructions.			r .
80	Check if Schedule O contains a response or note to any line in this Part VI	• • •	· · ·	. X
36	ction A. Governing Body and Management		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			13.00
	authority to an executive committee or similar committee, explain in Schedule O.			i List
	b Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	The state of the s			
	officer, director, trustee, or key employee?	2	ļ	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	}	1	}
	since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6	Did the organization have members or stockholders?	6		X
7 :	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?	-	1	X
		7 a		 ^
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
ρ	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	14.50		18500
Ū	the following		100	
	a The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
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			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
10-	Did the organization have local chapters, branches, or affiliates?	400	Yes	No
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		^
	operations are consistent with the organization's exempt purposes?	10 ь		1
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		W.	3.2
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Pipeline a Mari	X
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	11 92	X
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?			
-	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization.	15b		$\frac{\lambda}{X}$
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	MATTE.	Pa Ku	
16 :	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			4940
	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?	16 b		Maria
Sec	tion C. Disclosure	.00	اـــــا	
	List the states with which a copy of this Form 990 is required to be filed ►			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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 the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

KAREN NEVIN

VT

05676

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

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

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

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee															
			(C)												
(A) Name and Title			Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation				
			or director	institutional trustee	Officer	Key employee	irmer ghest compensated nployee		Former Highest compensated employee		ormer ighest compensated imployee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_ (1)	KAREN NEVIN	30.00		1							-				
	EXEC DIRECTOR					X			54,000.	0.	0.				
_(2)	RICHARD BURGOYNE PRESIDENT	3.00			Х				0.	0.	0.				
(3)	CINDY LYONS	3.00			Х										
-/4\	SECRETARY	1 2 00		<u> </u>					0.	0.	0.				
_(4)	ROB HOFMANN CO-TREASURER	3.00			х				0.	0.	0.				
(5)	JASON WULFF	3.00													
	CO-TREASURER				Х			_	0.	0.	0.				
_(6)	JOEL BAKER DIRECTOR	2.00	х						0.	0.	0.				
(7)	BARB FARR DIRECTOR	2.00	Х						0.	0.	0.				
(8)	JEFFREY LARKIN DIRECTOR	2.00	Х						0.	0.	0.				
(9)															
(10)															
(11)															
(12)						_									
(13)					1			1							
(14)															

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Kai	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 6	a Federated campaigns . b Membership dues c Fundraising events d Related organizations .	1b						
rtributions, I Other Simi	f	 Government grants (contributions) All other contributions, gifts, gisumilar amounts not included a process of the contributions included and contributions included. 	rants, and above 1 f	110,256.					
		Total. Add lines 1a-1f		Business Code	177,924.				
Program Service Revenue		All other program service				1 - 100 ft 55 - 14 - 10 - 14 - 15 - 1 - 16 - 16 - 16 - 16 - 16 - 16	AP in all place states Alliages	Cartin ed all, Cart	
<u></u>	3	Total. Add lines 2a-2f . Investment income (incluother similar amounts) . Income from investment	iding dividends,	interest and	258.	0.	0.	258.	
		Royalties	(i) Real 54,766 58,899	(ii) Personal					
	d	Rental income or (loss). Net rental income or (loss) Gross amount from sales of assets other than inventory	-4,133		-4,133.	0.	-4,133.	0.	
	С	Less cost or other basis and sales expenses Gain or (loss)							
Other Revenue		Net gain or (loss) Gross income from fundr (not including. \$ of contributions reported See Part IV, line 18	aising events 100. on line 1c)					2005.	
Other F	С	Less direct expenses . Net income or (loss) from		a 100. b 0.	100.		0.	100.	
	b	Gross income from gamin See Part IV, line 19 Less direct expenses .		a b					
	10 a	Net income or (loss) from Gross sales of inventory, and allowances Less cost of goods sold	less returns	a					
		Net income or (loss) from	sales of invent	·					
	b	All other revenue			3,680.	3,680.			
		Total Add lines 11a-11d			3,680.	3,660.	0.		

Part X 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 or note to any line in this Part IX

Do 6b	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,200.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4					CONTRACTOR OF THE
5	Compensation of current officers, directors, trustees, and key employees	54,000.	27,000.	27,000.	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	39,556.	39,556.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>	<u> </u>		
10	Payroll taxes	7,157.	5,081.	2,076.	0.
11	Fees for services (non-employees)				
	a Management		1,113.	1,112.	0.
	_		 		
	c Accounting	1,439.	0.	1,439.	0.
	e Professional fundraising services See Part IV, line 17				
	-	 			<u> </u>
	f Investment management fees		 	 	
	(A) amount, list line 11g expenses on Schedule O)	8,741.	0.	8,741.	0.
	Advertising and promotion		0.	0.	5,055.
13	Office expenses		0.	8,839.	0.
14	Information technology	998.	ļ	998.	0.
15	Royalties		 		
16	Occupancy		122	122	
17 18	Travel	265.	133.	132.	0.
	expenses for any federal, state, or local public officials	Q.	0.	0.1	0.
19	Conferences, conventions, and meetings	2,667.	0.	2,667.	0.
20	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	384.	0.	384.	<u>0.</u>
23	Insurance	1,394.	895.	499.	0.
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)				
	P EQUIPMENT RENTAL & MAINT.	7.891.	7.891.	0.	U.
	SUPPLIES	2,176.	2,176.	0.	
	EVENT EXPENSES	8,950	8,950.	0.	0.
	POSTAGE & PRINTING	4,297.	4,297.	0.	0 -
	e All other expenses	5,612.	1,060.	4,552.	0.
	Total functional expenses. Add lines 1 through 24e.	167,846.	104,352.	58,439.	5,055.
	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			, ====	
BAA	SOP 98-2 (ASC 958-720)	TEEA0110 11/		L	Form 990 (2016)

Part X Balance Sheet Beginning of year End of year 71,078. 43,861. <u>69,</u>025. Savings and temporary cash investments 58,767 2 3 0 4 Loans and other receivables from current and former officers, directors, 5 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 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis 10a 10b 10 c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 8,703 8,281 15 15 1,595 1,489. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,328,776 1,273,908. 17 17 3,638 3,521 18 18 19 19 12,867 5,630 20 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 21 Loans and other payables to current and former officers, directors, trustees, 22 23 272,650 215,153. 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 Total liabilities. Add lines 17 through 25 289,155 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 28 29 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here > |X| and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 1,039,621 32 1,049,604. Net 33 33 1,039,621 1,049,604.

BAA

Total liabilities and net assets/fund balances

1,273,908. Form 990 (2016)

		-0330084	l	Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \bot \bot$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	77,8	329.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	67,8	346.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		9,0	983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	39,6	521.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	. 6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Garage	column (B))	10	1,0	49,6	04.
Pai	TEXIL Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				6.5 H
	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	encour.	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	_	1000	Hard.	AS, COM
	separate basis, consolidated basis, or both	1			
	Separate basis Consolidated basis Both consolidated and separate basis		37.7237	E. W. Phila	
H	Were the organization's financial statements audited by an independent accountant?		2 b		X
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			क्षेत्रकार । इतिहास	
	basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	it.	Same and	lating (all size book)	hotelmarit
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditorial review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · ·	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain				惠認
_	in Schedule O				
3 a	a 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?		3 a	1	Х
	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required a		- **		
Ь	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	1	
BAA		· · · · · · · ·	Form	000 (2016
DAA			ווווטרו	33U (2	1010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2016

Open to Public

Name of the organization						Employer identific	cation numb	Der
REVITALIZING WATERBURY,						03-033008		
Partis Reason for Public Ch	arity Status (All o	rganizations must c	omplet	e this p	oart) Se	e instructio	ns.	
The organization is not a private founda	•	•	•					
1 A church, convention of church					(A)(i).			
2 A school described in section	1 170(b)(1)(A)(ii). (Atta	ich Schedule E (Form 99	30 or 990	I-EZ))				
3 A hospital or a cooperative ho					•			
4 A medical research organizat	ion operated in conjun	ction with a hospital desc	cribed in	section	170(b)(1)	(A)(iii) Enter	the hospi	tal's
name, city, and state.								
An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a college omplete Part II)	or university owned or o	perated	by a gov	vernmenta	al unit describe	ed in	
6 A federal, state, or local gove	rnment or government	al unit described in secti	on 170(l	b)(1)(A)(v).			
An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	a govern	mental u	init or fron	n the general p	oublic des	cribed
8 A community trust described	n section 170(b)(1)(A)(vi). (Complete Part II)						
9 An agricultural research organ	nization described in si	ection 170(b)(1)(A)(ix) o	perated	ın conju	nction with	n a land-grant	college	
or university or a non-land-gra	ant college of agricultur	re (see instructions) Ent	er the na	me, city	, and state	e of the college	e or	
university:								
An organization that normally from activities related to its exinvestment income and unrelated june 30, 1975. See section 5	tempt functions—subje- ated business taxable i	ct to certain exceptions, ncome (less section 511	and (2) n	o more i	than 33-1.	3% of its supr	ont from i	nross
11 An organization organized an	d operated exclusively	to test for public safety.	See sec	tion 509	(a)(4).			
An organization organized and or more publicly supported organized	ganizations described i	in section 509(a)(1) or s	ection 5	09(a)(2)	. See sec	tion 509(a)(3)	ourposes . Check ti	of one ne box in
lines 12a through 12d that de							41	
a Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	sed, or controlled by its s ct a majority of the direct	ors or tru	s organiz istees of	tation(s), to the supp	ypically by giv orting organiza	ing the su ation You	ipported i must
b Type II. A supporting organization management of the supporting must complete Part IV, Sect	g organization vested i	itrolled in connection with in the same persons that	n its supp control o	orted or or manaç	rganization ge the sur	n(s), by having oported organiz	control c zation(s)	or You
c Type III functionally integral organization(s) (see instruction	ted. A supporting organ	nization operated in conf ete Part IV, Sections A.	nection w	/ith, and E.	functiona	lly integrated v	vith, its su	pported
d Type III non-functionally inte functionally integrated The or instructions) You must comp	ganization generally m	ust satisfy a distribution	connect requirem	ion with ient and	its suppor an attenti	ted organization	on(s) that ement (se	is not e
e Check this box if the organizal integrated, or Type III non-fun	tion received a written	determination from the li	RS that i	t is a Tyj	pe I, Type	II, Type III fur	nctionally	
f Enter the number of supported or							[
g Provide the following information							L	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go docun	on listed overning		unt of monetary see instructions)		mount of other (see instructions)
			Yes	No			ļ	
		 	103	,40	<u> </u>	 	 	
(A)								
(A)								
(B)								
10)								
(C)]					
(D)							 	
(E)		Training against an ann ann ann ann ann ann ann ann ann		गाउँ <i>सारा</i> का				
Total								

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 I the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support	T	· · · · · · · · · · · · · · · · · · ·	·		 -	
Cale beg	endar year (or fiscal year inning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1		2	
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and st						▶ 🔲
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 2016						<u>%</u>
15	Public support percentage from 20	15 Schedule A, Pa	rt II, line 14		• • • • • • • • • •	15	%
16a	33-1/3% support test—2016. If the and stop here. The organization q	e organization did ualifies as a publici	not check the box ly supported organ	on line 13, and line itation	e 14 is 33-1/3% or	more, check this bo	× ►
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did r jualifies as a public	ot check a box on ly supported organ	line 13 or 16a, and installed the second sec	d line 15 is 33-1/39	6 or more, check th	nis box · · · · · ▶ □
17a	10%-facts-and-circumstances termore, and if the organization method organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	ndstop here. Expl	lain in Part VI how	▶ []
b	10%-facts-and-circumstances teror more, and if the organization meorganization meets the 'facts-and-circumstances' facts-and-circumstances' facts-and-circumstances teror more and the circumstances teror more and the circumstances teror more facts and circumstances teror more facts and circumstances teror more facts and circumstances teror more facts and circumstances teror more facts and circumstances teror more, and if the organization meets the circumstances teror more, and if the organization meets teror more, and if the organization meets the circumstances teror more, and if the organization meets the circumstances teror more, and if the organization meets the circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more, and circumstances teror more more more more more more more	st-2015. If the orgets the 'facts-and-carcumstances' test	anization did not o circumstances' tes The organization	check a box on line t, check this box a qualifies as a publ	13, 16a, 16b, or 1 nd stop here . Expl icly supported orga	7a, and line 15 is 1 ain in Part VI how i anization	0% the ► ∏
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ıs ▶ 🗍

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

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

Cale	ndar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include						1
	any 'unusual grants ')	331,548.	112,409.	84,886.	102,305.	159,567.	790,715.
2							
	merchandise sold or services performed, or facilities			}			[
	furnished in any activity that is	-			-		•
	related to the organization's	l i					
	tax-exempt purpose	0.	0.	0.	4,052.	100.	4,152.
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	1					
5	Its behalf						
•	facilities furnished by a	ļ .					
	governmental unit to the	1					
	organization without charge						
	Total. Add lines 1 through 5	331,548.	112,409.	84,886.	106,357.	159,667.	794,867.
7a	Amounts included on lines 1,	1					
	2, and 3 received from disqualified persons	0.1	0.	0.	,	0	
h	Amounts included on lines 2	 			0.	0.	0.
D	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		0		_		•
_	Add lines 7a and 7b	J0	0.	0.	0.	0.	<u> </u>
_		0.	0.	0.	0.	0.	0,
8	Public support. (Subtract line 7c from line 6)						ma., 0.67
~		(C) #29020 (E) (E) (C) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E					794,867.
	tion B. Total Support	,					
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	331,548.	112,409.	84,886.	106,357.	159,667.	794,867.
10a	Gross income from interest, dividends,	}					
	payments received on securities loans, rents, royalties and income from			į	i		
	similar sources	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
b	Unrelated business taxable						20075751
	income (less section 511	1	1		}		
	Anican fram humanana	i I					
	taxes) from businesses			i	1		
c	acquired after June 30, 1975	19 311	55 505	52 973	53 467	55 024	266 272
	acquired after June 30, 1975 Add lines 10a and 10b	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
c 11	acquired after June 30, 1975 Add lines 10a and 10b	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
11	acquired after June 30, 1975 Add lines 10a and 10b	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
11	acquired after June 30, 1975 Add lines 10a and 10b	49,314.	55,595.	52,973.	53,467.	55,024.	266,373.
11	acquired after June 30, 1975 Add lines 10a and 10b						
11	acquired after June 30, 1975 Add lines 10a and 10b	49,314.	55,595. 0.	52,973. 1,500.	53,467. 380.	55,024. 3,680.	266,373. 5,560.
11	acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	1,500.	380.	3,680.	5,560.
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b	0. 380,862.	0.	1,500. 139,359.	380. 160,204.	3,680. 218,371.	
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b	0. 380,862.	0. 168,004. n's first, second, t	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3,680. 218,371. on 501(c)(3)	5,560. 1,066,800.
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	380,862.	0. 168,004. n's first, second, t	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3,680. 218,371. on 501(c)(3)	5,560. 1,066,800.
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	380,862. Sofor the organization here	0. 168,004. n's first, second, t	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. ▶
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	380,862. for the organizatio top here blic Support Pe	0. 168,004. n's first, second, the secontage divided by line 13	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. ► ☐
11 12 13 14 Sec	acquired after June 30, 1975 Add lines 10a and 10b	380,862. for the organizatio top here blic Support Pe	0. 168,004. n's first, second, the secontage divided by line 13	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. ► ☐
11 12 13 14 Sec 15 16	acquired after June 30, 1975 Add lines 10a and 10b	380, 862. s for the organization top here	0. 168,004. n's first, second, to ercentage divided by line 13 t III, line 15	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. ▶
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11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and station C. Computation of Pul Public support percentage for 2016 Public support percentage from 20 tion D. Computation of Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income Investm	380,862. Sofor the organization top here Solic Support Per	0. 168,004. n's first, second, the cercentage divided by line 13 at III, line 15. In the Percentage limit (f) divided by part III, line 17.	1,500. 139,359. hird, fourth, or fifth	380. 160,204. tax year as a secti	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. □ 74.51 % 78.20 % 24.97 % 21.64 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b	380,862. Sofor the organization top here Solic Support Post (line 8, column (f) 15 Schedule A, Parestment Incom 2016 (line 10c, column 2015 Schedule A ne organization did	0. 168,004. n's first, second, the secontage divided by line 13 at III, line 15. the Percentage limin (f) divided by line 17 and the check the box	1,500. 139,359. hird, fourth, or fifth , column (f))	380. 160, 204. tax year as a section	3, 680. 218, 371. on 501(c)(3)	5,560. 1,066,800. □ 74.51 % 78.20 % 24.97 % 21.64 %
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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	edule A (Form 990 or 990-E2) 2016 REVITALIZING WATERBURY, INC	03-0330084		Page 5
Pā	Itelive Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	172.00 N	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?	, the		
	b A family member of a person described in (a) above?	11b	 	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	110	 	†
	ction B. Type I Supporting Organizations		1	٠
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desc Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activity the organization had more than one supported organization, describe how the powers to appoint and/or remodirectors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year	cribe in vities ve		
2	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing st benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	n(s) uch		
Sec	tion C. Type II Supporting Organizations			
		maar	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or to feach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization.	of the		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	ax 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations play in this regard	ved 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
·		,		
t				
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	lity (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supportantiations and explain how these activities directly furthered their exempt purposes, how the organization is responsive to those supported organizations, and how the organization determined that these activities constitute substantially all of its activities.	ported 25		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
-	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	of 3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	of its 3b		

Schedule A	/Form 990 o	000.EZ\ 2016	REVITALIZING		
Scriedule A	(101111 990 0	1 990-643 2010	REVITALIZING	WATERRIEV	TNC

03-0330084

Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organization	on Nov 3	20, 1970 (explain in Part V omplete Sections A throug	i) See h E
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	4		April March
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	i Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Type	e III supporting organization	n
RAA			Schedule A (Eo	m 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2010

Pa	Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D - Distributions	_		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	e details		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		加州级建筑	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions			
	Excess distributions carryover, if any, to 2016			
b				
	From 2013		troming beautiful	
d	From 2014			
е	From 2015	32 N. S. 113 O. S. 114 A.		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)	Market Transport		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years	Belgins Hart States		
	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		在各种情報便能	
	Breakdown of line 7	Charles to the second of the second		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt III Ln 12 Other Income Part III, Line 12 Description: MISCELLANEOUS 2012: 0. 2013: 0. 2014: 1500. 2015: 380. 2016: 3680.

SCHEDULĖ D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016 m990. Coen to Public inspection.
Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

	REVITALIZING WATERBURY, INC	03-0330084
På	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) Fullus and other accounts
,	·	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coimpermissible private benefit?	sed only nferring Yes No
Pa	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		torically important land area
		tified historic structure
	Preservation of open space	tinea mistoric structure
_	light of the state	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year	a conservation easement on the
	institute of the tox your	Held at the End of the Tax Year
	a Total number of conservation easements	2 a
	L	
		2 b
•	Number of conservation easements on a certified historic structure included in (a)	2 c
(2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or tax year ▶	rganization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viol and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserve	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?	(4)(B)(ı) · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st include, if applicable, the text of the footnote to the organization's financial statements that describes the	atement, and balance sheet, and organization's accounting for
Par	conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers in Part XIII, the text of the footnote to its financial statements that describes these items	nt and balance sheet works of ance of public service, provide,
t	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items	e of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gramounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Accepts included in Form 900. Rest Y	▶ S

Schedule D (Form 990) 2016 REVT	TALIZING WATER	REIRY THE		03-0330	0084 Page
Part III Organizations Mainta			al Treasures, or C		
Using the organization's acquisition items (check all that apply)					
a Public exhibition .		d Doan or ex	change programs		
b Scholarly research		⊢ -1	criange programs		
c Preservation for future genera	tions	e Other			
Provide a description of the organ Part XIII		d explain how they fu	rther the organization's	exempt purpose in	
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or receive do	nations of art, historic	cal treasures, or other s	imilar assets	Yes No
Partive Escrow and Custodia line 9, or reported an a	Arrangements.	Complete if the	organization answe		
					
1 a is the organization an agent, trusto on Form 990, Part X?	ee, custodian or other i	ntermediary for contr	ibutions or other assets	not included	Yes No
b if 'Yes,' explain the arrangement in					7,00
					Amount
c Beginning balance				1 c	
d Additions during the year					
e Distributions during the year					
f Ending balance				1 f	
2 a Did the organization include an an					Yes No
b If 'Yes,' explain the arrangement in				·	
Part V Endowment Funds. C	complete if the ora	enization answer	ed 'Yes' on Form 9	90 Part IV line 10	
Institution Common Comm	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	(a) Contin year	(b) i nor year	(c) Two years back	(a) Three years back	(e) I our years back
b Contributions				 	
			 	 	
c Net investment earnings, gains, and losses					
d Grants or scholarships		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year end	balance (line 1g, col	umn (a)) held as		
a Board designated or quasi-endowr	nent ►	ole .			
b Permanent endowment	g g				
c Temporarily restricted endowment	•	g			
The percentages on lines 2a, 2b, a	nd 2c should equal 10				
3 a Are there endowment funds not in organization by	·	-			Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the related	d organizations listed a	s required on Schedi	ıle R?		3b
4 Describe in Part XIII the intended u	ses of the organization	's endowment funds		•	
Part VI Land, Buildings, and					
Complete if the organiz		es' on Form 990,	Part IV, line 11a. S	See Form 990, Par	t X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		1,522,086.	371,155.	1,150,931.
c Leasehold improvements				
d Equipment		5,671.	5,350.	321.
e Other				
otal. Add lines 1a through 1e (Column (d) must equi	al Form 990, Part X, colui	nn (B), line 10c)		1,151,252.

Schedule D (Form 990) 2016

BAA

(10) (11)

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

REVITALIZING WATERBURY, INC

03-0330084

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC

Pt VI, Line 19 INSPECTION AT THE ORGANIZATION'S WATERBURY OFFICE.

THE ORGANIZATION HAS THE COMPLETED FORM 990 MADE AVAILABLE TO ALL

Pt VI, Line 11b OFFICERS AND DIRECTORS AT REGULARLY SCHEDULED MEETINGS.