Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning . 2017, and ending . 20 D Employer identification number Check if applicable C Name of organization REVITALIZING WATERBURY. Address change Doing business as 03-0330084 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (802) 244-5108 Initial return City or town, state or province, country, and ZIP or foreign postal code Final retum/terminated WATERBURY, VT 05676 237,615. Amended return G Gross receipts \$ F Name and address of principal officer: H(a) Is this a group return for subordinates? Tyes X No Application pending MELISSA GORHAM, 46 SO MAIN ST, WATERBURY, VT 05676 H(b) Are all subordinates included? Yes No If "No." attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or □ 527 F Tax-exempt status Website: ▶ revitalizingwaterbury.org H(c) Group exemption number ▶ Form of organization Corporation Trust ☐ Association ☐ Other ► 1991 M State of legal domicile: VT L Year of formation Part I Summarv Briefly describe the organization's mission or most significant activities: DOWNTOWN WATERBURY DEVELOPMENT Activities & GovernaRC Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 60 7a Total unrelated business revenue from Part VIII. column (C), line 12 7a -5,475. Net unrelated business taxable income from Form 990-T, line 34 7b -966. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 177,924. 180,876. Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4 and 3d 2018 10 258 604. Other revenue (Part VIII, column (A), lines 5 60, 8c, 9c, 10c, and 11e) 11 -5,475. -353 Total revenue—add lines 8 through 11 (must equal Part XIII—cqlumn (A), line 12) 12 177,829 176,005 13 Grants and similar amounts paid (Part IX, column A) lines 128) 6,200 422 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 100,713 99,980. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ **为1962国 一次是一个** 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>60</u>,933. 103,907. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 167,846. 204,309. 19 Revenue less expenses. Subtract line 18 from line 12 . 9,983. -28,304.**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,273,908 1,239,008. 21 Total liabilities (Part X, line 26) . 224,304. 217,708. 22 Net assets or fund balances. Subtract line 21 from line 20 049,604. 1,021,300. Signature Block Part II 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 Signature of officer Here KAREN NEVIN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check 🔲 ıf 08/20/2018 Reta M. Sanders, CPA self-employed P01244758 Preparer Firm's name ► Salvador and Babic Firm's EIN ▶ 03-0275888 Use Only Firm's address ▶ PO Box 593, Barre, VT 05641 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2017) For Paperwork Reduction Act Notice, see the separate instructions, BAA REV 12/05/17 PRO

| 70 | (Oode. | | 4_2 | g grants of Ψ | |) (Lieveline & | <u> </u> |
|----|------------------|--------------------------|--------------|---------------|-------------|----------------|------------------------|
| | DONATIONS TO | VARIOUS LOCAL | ORGANIZATION | NS IN WATER | RBURY, VERM | ONT. | |
| | 2017 SUPPORT | INCLUDED THE W | INTERFEST AN | ND THE BWHU | JSCHOLARSH | IP. | |
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| 4d | Other program se | ervices (Describe in Sch | nedule O.) | | | | |
| | (Expenses \$ | including g | rants of \$ |) (Rev | enue \$ |) | |
| 4e | Total program se | rvice expenses 🕨 | 111,388 | | | | |
| | | | REV 1 | 2/05/17 PRO | | | Form 990 (2017) |
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| Form 99 | <u> </u> | 11, | F | age 3 |
|---------|--|-----|----------|-------|
| Part I | V Checklist of Required Schedules | | | |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | No |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | × |
| 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 | - | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 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 | | × |
| 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 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| p | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| 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 | 11d | | × |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 . | 11e | | × |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 11f | | × |
| þ | 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 | 12a | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | × |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | × |
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| Part | V Checklist of Required Schedules (continued) | | | |
| 20 - | Did the expensation energy one or more benefits facilities? If "Van " a smallets Cale de la Li | <u></u> | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20a 20b | | × |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | l | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | _ <u>×</u> |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | | _ <u>×</u> |
| 20 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | ĺ | v |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 25 | | <u>X</u> |
| ~ | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | , | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | 1 | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _^ |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | - 12 | | _ |
| | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | 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 | | | ļ |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | A SEPT | 新城 市 |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | 1 134 | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | × |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> , | 30 | | × |
| ٠. | Part I | 31 | | J |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | × |
| | complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | " | | <u> </u> |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | × |
| 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 | _ ' | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | <u></u> | × |
| 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 | l x | l |

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| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | <u> </u> | <u> </u> | |
| | | 1 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 8 | | | ي آءِ ڏاڙ |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | 387 | | 1,74 |
| C | Did the organization comply with backup withholding rules for reportable payments t | o vendors and | 45 | | , |
| _ | reportable gaming (gambling) winnings to prize winners? | | 1c | X | ~ , - |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 300 | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a 5 | 1.00 | 128 | **** |
| b | If at least one is reported on line 2a, did the organization file all required federal employment t | | 2b | X | The state. |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr | | 所が表 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | | 3a | × | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc | | 3b | × | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature o over, a financial account in a foreign country (such as a bank account, securities account, or | | ļ | | |
| | account)? | | 4- | | |
| L. | · | | 4a | مِهِ الْمُؤْمِّ فِي الْمُ | X Kare |
| b | If "Yes," enter the name of the foreign country: ► | | | 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir (FBAR). | ianciai Accounts | (a) | | |
| 50 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | voar? | 5a | | X |
| 5a b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | | 5b | | × |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,00 | | - | <u> </u> | <u> </u> |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such | | <u> </u> | | |
| | gifts were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 藏 | St gar | \$10 P |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for goods | 1 | | \$. ° |
| | and services provided to the payor? | | 7a | | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property f | | | | |
| | required to file Form 8282? | | 7c | | × |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 14 | | - 58 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | enefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | fit contract?. | 7f | | × |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | aintained by the | | | 1 |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | <u> </u> | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 2 | , 4 (-3 ₄) | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | <u> </u> | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers | son? | 9b | | 2 50 |
| 10 | Section 501(c)(7) organizations. Enter: | 1 1 | | P | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | - T |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | 10b | 新教 | | |
| 11 | Section 501(c)(12) organizations. Enter: | الما | | 3.1 | |
| a | Gross income from members or shareholders | 11a | | | WF (*) |
| р | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 445 | 10.00 | 企 | 上墓 |
| 40- | · · | 11b | | | 1.85 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu | | 12a | 1 | 2 72 V. |
| b 12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | 17 . 4 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | 12.21 | 13 2 E | <u> </u> |
| а | Note. See the instructions for additional information the organization must report on Schedul | | 13a | 155 | 1 |
| b | | ⊌ U. | *** | | |
| b | the organization is licensed to issue qualified health plans | 13b | | 1000 | |
| | Takes the amount of seconds on bond | 100 | 十変素 | 1 1 2 2 2 2 2 2 | |

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

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

14a

14b

| Form 99 | · | | | Page 6 |
|---------|--|-------------|---|--|
| Parť V | | | | |
| • | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | |
| Section | Check if Schedule O contains a response or note to any line in this Part VI | | <u> </u> | <u> </u> |
| Occin | on A. doverning body and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 8 | 2 5 2 | ************************************** | 12 1 |
| | If there are material differences in voting rights among members of the governing body, or | | 6.2 | |
| | if the governing body delegated broad authority to an executive committee or similar | | | 12 5 6 |
| | committee, explain ın Schedule O. | 12 Care | | .5.4 |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 8 | | | |
| 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? | 2 | 1.00 . T | × |
| 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 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | ļ | × |
| 6 7a | Did the organization have members or stockholders? | 6 | | × |
| 14 | one or more members of the governing body? | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 1a | | <u> × </u> |
| | stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 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 | 9 | | × |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Rever | าue C | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 406 | | İ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | TIA VI | 100 | X X |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 111111111111111111111111111111111111111 | × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | - | <u> </u> |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | × |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | ļ | × |
| b | Other officers or key employees of the organization | 15b | 1555. 500 | X |
| 460 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 14.1% | | |
| 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? | 16a | 2 2 2 | × |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | E. | |
| Sacti | on C. Disclosure | 16b | L | Щ. |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | n 501 | (c)(3) | s only) |
| | ☐ 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 in financial statements available to the public during the tax year. | terest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and reverse NEVIN 46 SO MAIN ST. 2ND FLOOR WATERRIDE VT. 05676 (802) 703-6029 | ecords | s: > | |

| | (2017) | |
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| (A) Name and Title | (B) Average hours per week (list any hours for | ny | | | | | one an tee) | from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
|-----------------------------------|---|----|-----------------------|-------|--------------|------------------------------|-------------------|---------------------------------|--|--|--|
| | related organizations below dotted line) | | Institutional trustee | ficer | Key employee | Highest compensated employee | rmer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| (1) KAREN NEVIN | 30.00 | | | | | | | | | | |
| EXEC DIRECTOR | | × | | | | | | 53,846. | 0. | 0. | |
| (2) MELISSA GORHAM PRESIDENT | 3.00 | | | × | | | | 0. | 0. | 0. | |
| (3) VINNY PETRARCA VICE PRESIDENT | 3.00 | | | × | | | | 0. | 0. | 0. | |
| (4) CINDY LYONS SECRETARY | 3.00 | | | × | | | | 0. | 0. | 0 | |
| (5) THERESA WOOD TREASURER | 3.00 | | | × | | | | 0. | 0. | 0. | |
| (6) HEIDI HALL DIRECTOR | 2.00 | × | | | | | | 0. | 0. | 0. | |
| (7) MARK DRUTMAN DIRECTOR | 2.00 | × | | | | | | 0. | 0. | 0. | |
| (8) KATYA D'ANGELO DIRECTOR | 2.00 | × | | | | | | 0. | 0. | 0. | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | - | - | | | - | | | | | | |
| (13) | | - | | | | - | <u> </u> | | | | |
| (14) | - | - | | | | | | | | | |

| | (A) Name and title | | (C) Position (do not check more than box, unless person is bot officer and a director/trus | | | | | an ee) | (D) Reportable compensation from | (E) Reportable compensation from related | | other | |
|--------------|--|--|--|-----------------------|---------|--------------|------------------------------|-----------------------|--|--|-------------|--|--|
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatioi (W-2/1099-M | | compensation from the organization and related organizations | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | _ | | | | | | | |
| (17) | | | | | - | | | - | | | | | |
| (18) | | | | | - | | | | | | | | |
| (19) | | | | | | _ | | | | | | | |
| (20) | | | _ | | | | | | | | | | |
| (21) | | | | - | | - | | _ | | - | | | |
| (22) | | | | | _ | - | | - | - | | | | |
| (23) | | | <u> </u> | - | L | - | | _ | | | | | |
| | | <u> </u> | 1 | | | _ | | | | | | ,u | |
| (24) | | | <u> </u> | <u> </u> | | | | | | | | | |
| (25) | | | 1 | | | | | | | | | | |
| 1b c d | Sub-total | VII, Section | n A | | | • | | > > > | 53,846. 53,846. | | 0. | 0. | |
| 2 | Total number of individuals (including bu reportable compensation from the organ | | | | | | | e) w | | ore than \$10 | | | |
| 3 | Did the organization list any former or employee on line 1a? If "Yes," complete | | | | | | | - | oloyee, or high | - | nsated | Yes No | |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | an \$ | 150 | ,000 |)? / | f "Ye | s, " | complete Sci | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue c | ompe | nsa | tion | fro | m any | y ur | related organi | zation or inc | | 4 × | |
| Section | on B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Re year. | | | | | | | | | | | | |
| | (A) Name and business add | dress | | | | | | | (B) Description of s | services | (| (C) Compensation | |
| | | | | | | | | - | | | ··· | | |
| | | | | | | | | - | | | | | |
| 2 | Total number of independent contract received more than \$100,000 of compens | | | | | | | o t | hose listed ab | ove) who | | | |

| Par | VIII | Statement of Reve | enue | | - | | | r age O |
|-------------------------------|--------------------|--|---|--------------------|----------------------|--|--|--|
| | | Check if Schedule O | contains a res | ponse or note t | o any line in this | Part VIII | <u></u> | 🖂 |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Grants | 1a b | | 1a 1b | | | | | |
| Gifts, Iar An | c d e | Fundraising events . Related organizations Government grants (con | tributions) 1e | 69,800. | | | | |
| Contributions, and Other Simi | f g | All other contributions, g and similar amounts not inc Noncash contributions include | luded above 1f led in lines 1a-1f \$ | 111,076. | | | | |
| <u>0</u> <u>8</u> | h | Total. Add lines 1a-1 | <u>f</u> | | 180,876. | | A MANAGE AND THE AND | 正的法學概念體 |
| Program Service Revenue | 2a b c d | | | Business Code | | | | |
| ᇤ | е | | | | | | | |
| ogr | f | All other program sen | vice revenue . | | | | | |
| <u> </u> | g | Total. Add lines 2a-2 | | | | 200 度髓流 | 小型型塔里 | 1. 激素型 1. 小類 |
| | 3 | Investment income and other similar amo | ounts) | • | 604. | 0. | 0. | 604. |
| | 5 6a | Royalties | (i) Real 56, 135. | ▶ (ii) Personal | | | | |
| | b b | Less: rental expenses Rental income or (loss) Net rental income or (| 61,610. -5,475. | | | | | |
| | d 7a | Gross amount from sales of assets other than inventory | (i) Securities | (II) Other | -5,475. | 0. | -5,475. | 0. |
| | b | Less: cost or other basis and sales expenses . Gain or (loss) | | | | | | |
| ۵ | d | Net gain or (loss) . | | ▶ | | | | |
| Other Revenue | 8a | Gross income from fu events (not including \$ of contributions reported | ed on line 1c). | | | | | |
| ther | b | See Part IV, line 18 . Less: direct expenses | a | | | | | |
| 0 | C | Net income or (loss) fi | | events > | 1000 | | | 以 "在是这个中国的企 |
| | 1 | Gross income from ga | | | | | | |
| | b c | Less: direct expenses Net income or (loss) f | | | | | | |
| | 10a | Gross sales of in returns and allowance | | | | | | |
| | b | Less: cost of goods s | old b | | | 13、公理学的 | | |
| | С | Net income or (loss) f | | | | 71 7 M 355 7 " | 1 | DESCRIPTION SALVANDER TO |
| | | Miscellaneous R | | | | 1124 0 124 | | · 新文章 |
| | 11a b c d | All other revenue . | | | | | | 25 25 Tip. 74 day 27 ad |
| | е | Total. Add lines 11a- | | ▶ | | 1. 建建了 T | PORTE | |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organization | ons must complete all columns. | . All other organizations mus | t complete column (A). |
|--|--------------------------------|-------------------------------|------------------------|
| | | | |

| | Olymbrit O. barble O. and Street | | | | |
|-----------------|--|-----------------------|------------------------------|---|---|
| | Check if Schedule O contains a respon | | | <u> </u> | |
| Do no 8b, 9b | ot include amounts reported on lines 6b, 7b, o, 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 | 422. | 422. | | |
| 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 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 53,846. | 26,923. | 26,923. | 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) | 39,029. | 39,029. | 0. | 0. |
| 7 8 | Other salaries and wages | | | | |
| 9 10 | Other employee benefits | 7,105. | 5,045. | 2,060. | 0. |
| 11 | Fees for services (non-employees). | | | | |
| a b | Management | 18,356. | 9,178. | 9,178. | 0. |
| С | Accounting | 1,450. | 0. | 1,450. | 0. |
| d e | Lobbying | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 16,107. | 0. | 16,107. | 0. |
| 12 | Advertising and promotion | 2,284. | 0. | 0. | 2,284. |
| 13 14 | Office expenses | 14,823. 4,128. | 0. | 14,823. 4,128. | 0. |
| 15 16 | Royalties | | | | |
| 17 18 | Travel | 217. | 109. | 108. | 0. |
| 19 20 | Conferences, conventions, and meetings . | 990. | 0. | 990. | 0. |
| 21 | Payments to affiliates | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 257. 2,562. | 0. 2,063. | 257. 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.) | | | | |
| a b | POSTAGE & PRINTING SUPPLIES | 7,276. 9,423. | 7,276. 9,423. | 0. | 0. |
| c d | SPECIAL EVENTS | 21,347. | 10,674. | 10,673. | 0. |
| е | All other expenses Total functional expenses. Add lines 1 through 24e | 4,687. 204,309. | 1,246. 111,388. | 3,441. 90,637. | 0. |
| 25 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 following SOP 98-2 (ASC 958-720) | 204,309. | 111,388. | 90,637. | 2,284. |
| | | REV 12/05/17 PRO | <u> </u> | | Form 990 (2017 |

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Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 43,861. 1 53,710. 2 2 Savings and temporary cash investments 69,025. 60,765. 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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..... Assets 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 1,151,252. 10c 1,113,999 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 8,281. 7,861. 1,489. 15 Other assets. See Part IV, line 11 15 1,224. 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,273,908. 1,239,008. 17 3,521. 17 11,309. 18 18 19 5,630. 19 10,709. 20 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, Liabilities 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 . . . 215,153. 23 195,690 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 224,304. 26 217,708 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 30 through 34. ō 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 1,049,604. 32 1,021,300. Net

1,021,300.

1,049,604.

1,273,908.

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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 O.

За

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

| iame | or the organization | | | | i | Employer identification | number | | | |
|--------|--|----------------------------------|---|-------------------------|--------------------------------------|---|---|--|--|--|
| EVI | TALIZING WATERBURY, INC | | | | | 03-0330084 | | | | |
| Par | Reason for Public Char | ity Status (All | organizations must | complet | e this pa | art.) See instruction | ns. | | | |
| | rganization is not a private foundate | | • | | - | • | 0 | | | |
| 2 3 | ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ 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 7 | ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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 F | Part II.) | | | | | | |
| 9 | An agricultural research organi or university or a non-land-grauuniversity: | nt college of agri | culture (see instructio | ns). Ente | r the nam | ne, city, and state of | the college or | | | |
| 10 | An organization that normally r receipts from activities related support from gross investment acquired by the organization at | to its exempt fur income and unr | nctions—subject to ce elated business taxal | ertain exc ole incom | eptions, e (less se | and (2) no more than ection 511 tax) from I | 1 33½% of its | | | |
| 11 | ☐ An organization organized and | operated exclus | ively to test for public | safety. S | See secti | on 509(a)(4). | | | | |
| 12 | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | |
| а | Type I. A supporting organ the supported organization supporting organization. You | (s) the power to | regularly appoint or e | lect a ma | jority of t | | | | | |
| b | Type II. A supporting organ control or management of to organization(s). You must of | the supporting o | rganizatıon vested ın | the same | | | | | | |
| С | Type III functionally integits supported organization | | | | | | lly integrated with, | | | |
| d | Type III non-functionally i that is not functionally integrequirement (see instruction | grated. The organ | nization generally mus | st satisfy | a distribu | ition requirement and | | | | |
| е | Check this box if the organ functionally integrated, or 1 | | | | | | II, Type III | | | |
| f | Enter the number of supported of | | | | | | | | | |
| g | Provide the following information | about the supp | orted organization(s). | | | , | | | | |
| | (i) Name of supported organization | (u) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization Ir governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | · | | | |
| (E) | | | | | | | | | | |
| Tota | | 6. Barrior 19 | | 沙鸡, | 987.38 | | | | | |

| Part | Support Schedule for Organization (Complete only if you checked the | ations Descr ne box on line | r ibed in Secti e 5, 7, or 8 of | i ons 170(b)(1 Part I or if the |)(A)(iv) and 1 e organizatio | 70(b)(1)(A)(vi) n failed to qual | ifv under |
|--------------|---|--|---|---|---------------------------------|--|-----------|
| | Part III. If the organization fails to | qualify unde | er the tests lis | sted below, p | lease comple | te Part III.) | <u>/</u> |
| | on A. Public Support | 1 | #1.0044 | | (" | | / |
| 1 | dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | \(a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 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 | The state of the s | * * * * * * * * * * * * * * * * * * * | in cons. on h = 20 | 1505 11700 | 5.75 Tange 2 due wo . | |
| 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 | (重量) | 2000年7月 | 公小宝藏井 。 | | | |
| | on B. Total Support | | | 1 | ··· | T | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 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 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | Υ | ear as a section | 501(c)(3) |
| <u> </u> | organization, check this box and stop he | | | · · · · | · · · <u>/</u> · | · · · · · | ▶ [|
| Secti | on C. Computation of Public Suppo Public support percentage for 2017 (line | | | I1 column (A) | | 14 | % |
| 15 | Public support percentage for 2017 (infe | | | | ` | 15 | |
| 16a | 331/3% support test-2017. If the organ | ization did not | t check the box | x on line 13, a | | I V I | |
| | box and stop here. The organization qua | | | | | | ▶ [|
| b | 331/3% support test — 2016. If the organ | ization did not | check a box o | on line 13 or 16 | Sa, and line 15 | is 33 1/3% or mo | re, check |
| 47- | this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 15 is 10% or more, and if the organiz Explain in Part VI how the organization | ation meets th | ne "facts-and- | circumstances | " test, check | this box and st | tòp here. |
| 18 | supported organization | lid not check a | box on line 13 | 3, 16a, 16b, 17a | a, or 17b, chec | ck this box and s | \ ► [|
| | maractions , , , , , , , , | | · · · · · | · · · · · | <u> </u> | · · · · · | · · • L |

Part III 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.)

| Section | on A. Public Support | | | | · · · · · · · · · · · · · · · · · · · | | |
|------------|---|----------------|-----------------|-----------------|---------------------------------------|-----------------|-------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 112,409. | 84,886. | 102,305. | 159,567. | 185,875. | 645,042. |
| 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 | 0. | 0. | 4,052. | 100. | 0. | 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 its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | <u> </u> | |
| 6 | Total. Add lines 1 through 5 | 112,409. | 84,886. | 106,357. | 159,667. | 185,875. | 649,194. |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | į į | | | | | |
| | · | 0. | 0. | 0. | 0. | 0. | 0. |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | ı |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | • | 0. | 0. | 0. | 0. | 0. | 0. |
| с 8 | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 0 | line 6.) | | | | | | C40 104 |
| Secti | on B. Total Support | 意 第 是 | | 1. \$1. TE. 1.8 | 17 - Carlot 1882 | 製 "沙堡"。 學者 | 649,194. |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | 112,409. | 84,886. | 106,357. | 159,667. | 185,875. | 649,194. |
| 10a | Gross income from interest, dividends, | 112,405. | 04,000. | 100,337. | 139,007. | 105,075. | 040,104. |
| 104 | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | 55,595. | 52,973. | 53,467. | 55,024. | 62,214. | 279,273. |
| b | Unrelated business taxable income (less | | 02/3/3. | 337107. | 33,321. | 02/22:: | 2,3,2,3. |
| | section 511 taxes) from businesses | | | } | | ļ | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 55,595. | 52,973. | 53,467. | 55,024. | 62,214. | 279,273. |
| 11 | Net income from unrelated business | | | | , | | |
| | activities not included in line 10b, whether | | | | | | 1 |
| | 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 VI.) | 0. | 1,500. | 380. | 3,680. | 0. | 5,560. |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | 160,204. | | | |
| 14 | First five years. If the Form 990 is for the | • | · | | • | | |
| <u> </u> | organization, check this box and stop here | | | | | | |
| | ion C. Computation of Public Suppo | | | (0) | | 145 | 60.5.0/ |
| 15 16 | Public support percentage for 2017 (line | | | | | | 69.5 % |
| 16 Soot | Public support percentage from 2016 Sc | | | | | 16 | 74.51 % |
| 3ect | ion D. Computation of Investment In | | | v line 12 sel·· | mp (fl) | 17 | 00.00 |
| | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 29.9 % Investment income percentage from 2016 Schedule A, Part III, line 17 | | | | | | |
| 18 19a | 331/3% support tests—2017. If the organ | | | | | | 24.97 % |
| 198 | 17 is not more than 331/3%, check this box | | | | | | • |
| b | | | - | • | | - | انت |
| ü | line 18 is not more than 331/3%, check this | | | | • | | , |
| 20 | Private foundation. If the organization d | | - | • | | • • | |
| 20 | rivate roundation. If the organization of | nu not check a | DOX OF TIPE 14 | , 19a, or 19b, | CHECK THIS DOX | and see instru | ictions 🕨 🔲 |

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 | Suppor | ting O | rganizations |
|-----------|--------|--------|--------|--------------|
|-----------|--------|--------|--------|--------------|

- 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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| Part | V Supporting Organizations (continued) | | _ |
|--------------|---|--|----------|
| | | Yes No | 0_ |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 1 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | - 14 |
| b | A family member of a person described in (a) above? | 11b | _ |
| | 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. | 11c | _ |
| <u>Secti</u> | on B. Type I Supporting Organizations | | |
| 4 | Did the directors tructors or membership of one or more supported examinations have the newer to | Yes N | <u>०</u> |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | 4 |
| | controlled the organization's activities. If the organization had more than one supported organization, | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| • | | 1 7 1 2 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 | 734 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |
| | supervised, or controlled the supporting organization. | 2 | |
| Secti | on C. Type II Supporting Organizations | | |
| | | Yes N | 0 |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | |
| | the supported organization(s). | 1 | |
| Secti | on D. All Type III Supporting Organizations | | |
| | | Yes N | 0 |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | لت |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | - 1 |
| | 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 | | |
| <u> </u> | supported organizations played in this regard. | 3 | |
| | on 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). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | |
| b c | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. | lsaa instruction | e) |
| | | · | <u>.</u> |
| 2 | Activities Test. Answer (a) and (b) below. | Yes N | io · |
| а | 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 | | · 经 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | KARA | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | |
| | that these activities constituted substantially all of its activities. | 2a | |
| b | 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 for the organization's position that its supported organization(s) would have engaged in these | | غورت |
| | activities but for the organization's involvement. | 2b | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 20 | - S |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 10000000000000000000000000000000000000 | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | |
| b | | | أنث |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|--|-------|------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | 能學數學 |
| instructions for short tax year or assets held for part of year): | 蹇: | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 | | |
| Section 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 | | 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 | | - C. |
| 7 Check here if the current year is the organization's first as a non-functional | lv in | tegrated Type III supporting | g organization (see |

Schedule A (Form 990 or 990-EZ) 2017

| Part | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|-------|--|--|--|--|
| Secti | on D - Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of suppo | rted | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 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 | n the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Se | ection E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2017 | Amount for 2017 |
| 1_ | Distributable amount for 2017 from Section C, line 6 | | い、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | 建工程 |
| 3 | Excess distributions carryover, if any, to 2017 | 建八種的「富貴」心 | 基。高 见到的" | |
| а | | TELLED BELLE | | |
| b | From 2013 | | | 建工的基础 图 |
| С | From 2014 | 1983、海水 汽车 (1) | | |
| d | From 2015 | | AND LANGE TO THE PARTY OF THE P | · (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| e | From 2016 | ************************************** | | |
| f | Total of lines 3a through e | | 对量的 "数据"的 | · 强烈 (强化)为 |
| g | Applied to underdistributions of prior years | では、一般には | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from | | 器。 语 "是" | 置了《雜學》(這種》(|
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | 1 | | 1 1 2 2 2 2 1 |
| 5 | Remaining underdistributions for years prior to 2017, if | · · · · · · · · · · · · · · · · · · · | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | · · · · · · · · · · · · · · · · · · · | |
| _ | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | CONTRACTOR CONTRACTOR | | The same of the sa |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | A MARINE STATE OF THE STATE OF |
| b | Excess from 2014 | | | · 1000 1000 1000 1000 1000 1000 1000 10 |
| c | Excess from 2015 | THE THE PARTY OF T | | · · · · · · · · · · · · · · · · · · · |
| d | Excess from 2016 | | | 三是故事 建二二 |
| e | Excess from 2017 | A CONTRACTOR OF THE PROPERTY O | | · · · · · · · · · · · · · · · · · · · |

Schedule A (Form 990 or 990-EZ) 2017

| 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.) |
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| See Sta | tement |
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SCHEDULE 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.

2017

OMB No. 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

| lame o | f the organization | | Employer identification number |
|-----------------------------|---|--|--|
| REVITALIZING WATERBURY, INC | | | 03-0330084 |
| Par | | | |
| | 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 | | |
| 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 | | |
| | funds are the organization's property, subject to the | - | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the bene- | fit of the donor or donor advisor, or f | or any other purpose |
| | conferring impermissible private benefit? | | · · · · · · · · Yes 🗌 No |
| Par | Conservation Easements. | W/ " | |
| | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recrea | | · · · |
| | Protection of natural habitat | ☐ Preservation of | f a certified historic structure |
| 0 | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he easement on the last day of the tax year. | eid a qualified conservation contribution | |
| _ | | | Held at the End of the Tax Year |
| a | | | |
| b | Total acreage restricted by conservation easement | | |
| c d | Number of conservation easements on a certified I Number of conservation easements included in | | |
| u | historic structure listed in the National Register . | | 1 1 |
| 3 | Number of conservation easements modified, trans | | · · 2d |
| • | tax year ► | sierred, released, extinguished, or terr | Timated by the organization during the |
| 4 | Number of states where property subject to conse | nyation easement is located ▶ | |
| 5 | Does the organization have a written policy re | | spection handling of |
| | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | | |
| | > | ang, nanamig ar natanana, ana amarang | |
| 7 | Amount of expenses incurred in monitoring, inspectir | ng, handling of violations, and enforcing | conservation easements during the year |
| | ▶\$ | 5, 5 , m | , |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | f section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | · · · · · · |
| 9 | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text of | of the footnote to the organization's fir | nancial statements that describes the |
| | organization's accounting for conservation easeme | ents. | |
| Par | • | The state of the s | |
| | Complete if the organization answered | · · · · · · · · · · · · · · · · · · · | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other similar | | |
| | public service, provide, in Part XIII, the text of the | | |
| þ | | | |
| | works of art, historical treasures, or other similar | r assets held for public exhibition, ed | ducation, or research in furtherance of |
| | public service, provide the following amounts relat | ing to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | ▶ \$ |
| _ | (ii) Assets included in Form 990, Part X | | · · · · ▶ \$ |
| 2 | if the organization received or held works of art | , historical treasures, or other simila | r assets for financial gain, provide the |
| | following amounts required to be reported under S | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

REV 11/13/17 PRO

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

| 3 | Using the organization's acquisition, | | | | | | | | |
|--------|---|---------------------|-------------|---------------------------------------|--------------------------|------------|-------------------------|-------------|--------------|
| | collection items (check all that apply): | accession, and or | ner recor | ds, chec | Kany or un | e lollow | ing that are a sit | jrinicani | use or its |
| а | ☐ Public exhibition | | d l | □ Loan | or exchang | e progr | ams | | |
| b | | | | | | | | | |
| С | ☐ Preservation for future generations | 3 | | | | | | | |
| 4 | Provide a description of the organizat XIII. | tion's collections | and expla | in how th | ney further | the org | anization's exem | ot purpo | ose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | es 🔲 No |
| Part | | _ | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | · | | Form |
| | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | es 🗌 No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | ete the fo | llowing ta | able: | | | | |
| | . | | | | | - | | nount | |
| C | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amou | | - | | | | • | _ | |
| | If "Yes," explain the arrangement in P | art XIII. Check her | e if the ex | kplanatioi | n has been | provide | ed on Part XIII . | <u></u> | |
| Part | | 1 (1) (| | | | | | | |
| | Complete if the organization | | | | | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two year | rs back | (d) Three years back | (e) Four | r years back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | _ | | | | | | | |
| d | Grants or scholarships | | | | | | | ļ | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | <u> </u> | <u> </u> | | <u></u> | | | | |
| 2 | Provide the estimated percentage of | the current year ei | nd balanc | e (line 1g | ı, column (a | ı)) held a | as: | | |
| а | Board designated or quasi-endowme | nt ▶ | % | | | | | | |
| b | Permanent endowment | <u></u> % | | | | | | | |
| С | Temporarily restricted endowment | | | | | | | | |
| | The percentages on lines 2a, 2b, and | | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of t | he organi | zation tha | at are held | and ad | ministered for the | • | |
| | organization by: | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related of | rganizations listed | d as requi | red on So | chedule R? | | <i>.</i> | 3b | |
| 4 | Describe in Part XIII the intended use | s of the organizatı | on's endo | owment f | unds. | | | | |
| Par | Via Land, Buildings, and Equip | oment. | | | | | | | |
| | Complete if the organization | answered "Yes | on For | m 990, I | Part IV, line | e 11a. | See Form 990, | Part X, | line 10. |
| | Description of property | (a) Cost or o | ther basis | (b) Cost of | or other basis other) | (c) | Accumulated epreciation | | ok value |
| 1a | Land | | | | | THE YE | (A) (A) (A) | | |
| b | Buildings | | | 1,5 | 22,086. | | 408,152. | 1.1 | 13,934. |
| c | Leasehold improvements | | | , - | | | | | |
| d | Equipment | | | · · · · · · · · · · · · · · · · · · · | 5,671. | | 5,606. | | 65. |
| e | Other | | | | -, -, -, - | | | | |
| Total. | . Add lines 1a through 1e. (Column (d) i | nust equal Form 9 | 90, Part . | X, columi | n (B), line 10 | 0c.) . | > | 1,1 | 13,999. |

| Part VII | Investments—Other Secu Complete if the organizatio | | orm 000 Part IV lin | o 11h Soo Form | 000 Part V line 12 |
|------------------|--|---------------------------------|--|--|--|
| | (a) Description of security or | | (b) Book value | | od of valuation |
| | (including name of security of | | (b) Book value | | of valuation of-year market value |
| • • | I derivatives | | | | ··· <u> </u> |
| | held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | - | | |
| (E) (F) | | | | | <u>.</u> |
| (G) | | | ·- | | |
| (H) | | | | | |
| | (b) must equal Form 990, Part X, col (B) line | 101 | | | |
| Part VIII | Investments—Program R | | | THE PROPERTY OF THE PARTY OF TH | CALL TOTAL CASE TO LAST |
| r art viii | Complete if the organization | | orm 990 Part IV lin | e 11c. See Form | 990 Part X line 13 |
| | (a) Description of investr | | (b) Book value | | nod of valuation |
| | (a) Document of inter- | | (b) Book value | | of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line | 13.) 🕨 | | 「產品」類別的集件 | |
| Part IX | Other Assets. | | | _ | |
| | Complete if the organization | | orm 990, Part IV, lin | e 11d. See Form | |
| | | (a) Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | · |
| (4) | | | | | |
| (5) | | | | · | ······································ |
| (6) | | | | | |
| (7) (8) | | | | | |
| (9) | | | | | |
| | umn (b) must equal Form 990, Pa | art X. col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization | n answered "Yes" on F | orm 990. Part IV. lin | ne 11e or 11f See | Form 990 Part X. |
| | line 25. | | | | |
| 1. | (a) Description of liability | (b) Book value | | | "我们是我们的人的我们 |
| (1) Federal | income taxes | | | ""是""是" | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | 超级表现了 | |
| | (b) must equal Form 990, Part X, col. (B) line | | | | |
| 2. Liability for | or uncertain tax positions. In Part X | II, provide the text of the foo | otnote to the organization | on's financial stateme | nts that reports the |
| organizatıor | n's liability for uncertain tax position | s under FIN 48 (ASC 740). C | heck here if the text of | the footnote has bee | n provided in Part XIII 🔲 |

| Part | | | Return. |
|-------------|--|------------------------------|---|
| | Complete if the organization answered "Yes" on Form 990, I | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 4 , T = 1 |
| а | Net unrealized gains (losses) on investments | 2a | 32.00 |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | Tarian and |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | | er Return. |
| | Complete if the organization answered "Yes" on Form 990, I | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | t 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | A V |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | |
| _C | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 18.) | 5 |
| | XIII Supplemental Information. | da Dad IV based O | b. D. AV b A D. AV b |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
| | · | to provide any additional in | mornation. |
| <u> 566</u> | Statement | | |
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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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number REVITALIZING WATERBURY, INC 03-0330084 Pt VI, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S WATERBURY OFFICE. Pt VI, Line 11b: THE ORGANIZATION HAS THE COMPLETED FORM 990 MADE AVAILABLE TO ALL OFFICERS AND DIRECTORS AT REGULARLY SCHEDULED MEETINGS.