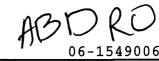
EXTENDED TO MAY 15, 2019 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made publics Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2017 A For the 2017 calendar year, or tax year beginning JUL 1, and ending JUN 30, В Check if applicable C Name of organization D Employer identification number WATERBURY DEVELOPMENT CORPORATION Name change 06-1549006 Doing business as Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number 346-2607 83 BANK STREET, 3RD FL (203)3,120,799. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return WATERBURY, CT 06702 H(a) Is this a group return Applica-F Name and address of principal officer JAMES NARDOZZI JYes X No for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► HTTP: //WDCONLINE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Year of formation: 2004 M State of legal domicile: CT Association Other > Part I Summary Briefly describe the organization's mission or most significant activities LONG RANGE PLANNING FOR ECONOMIC Activities & Governance DEVELOPMENT 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) <u>16</u> 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 RECEIVED 22 6 6 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line b Net unrelated business taxable income from Form 200-1, line 34 7a 545. 7b Current Year Prior Year 6,965,082. 2,806,642. 8 Contributions and grants (Part VIII, line 1h) Revenue 191,948. 56,847. Program service revenue (Part VIII, line 2g) 26,150. 49,665. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 145,735. 207,645. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,120,799. 7,328,915. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 651,386. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 667,290. 949,121 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,636,574. 2,477,572. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,237,081. 3,144,862. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 91,834. <24,063.> 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 12,350,637. 11,423,634. 20 Total assets (Part X, line 16) 10,967,632. 10,064,692. 21 Total liabilities (Part X, line 26) 1,383,005. 1,358,942. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and Empleted Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign INTERIM C.E.O JAMES NARDOZZI, Here

Type or print name and title Date Print/Type preparer's name Preparer's signature 05/09/19| "self-employed JOHN ZINNO JOHN ZINNO ₽00041154 Paid SHAPIRO & COMPANY, P.C., CPA'S 06-1009205 Film's name 🕨 BLUM, Firm's EIN Preparer Firm's address 29 S. MAIN STREET, P.O. BOX 272000 Use Only Phone no. 860 561 - 4000 WEST HARTFORD, CT 06127-2000 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2017)

Form	1990 (2017) WATERBURY DEVELOPMENT CORPORATION	06-1549006	Page 2
Pai	rt III 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	NTM WITMUTH ME	T C
	TO STIMULATE AND SUPPORT ECONOMIC AND HOUSING DEVELOPMEN	NI MITHIN IL	16
	COMMUNITIES OF THE CITY OF WATERBURY.	·	
	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	∟ Yes	NO LALI
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
	Describe the organization's program service accomplishments for each of its three largest program services, as	managered by avagance	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 2,931,321 • including grants of \$) (Reveni	.es 264,	492.)
	TO STIMULATE AND SUPPORT ECONOMIC AND HOUSING DEVELOPMENT	NT WITHIN TH	IE
	COMMUNITIES OF THE CITY OF WATERBURY.		
	COMMONITIES OF THE CITY OF WATERBOXT.		
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenu	ue \$)
		· · · · · · · · · · · · · · · · · · ·	
		···········	
4c	(Code) (Expenses \$ including grants of \$) (Revenu	ue \$	<u> </u>
		· 	
			•
4-4	Other program conjuges (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 2,931,321.		
		Form C	990 (2017)



1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
^	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			٠,,
	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			_v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			l
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
В	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	 ``~		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	X	L
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		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	140		
15	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	17		X
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		_X
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		X
		Form	990	(2017)

Form	990 (2017) WATERBURY DEVELOPMENT CORPORATION 06	-1549006	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currently section A.	ent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No", go to line 25a	24a	<u> </u>	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	se		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	Schedule L, Part I	25b		X
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 disqualified persons? If "Yes			۱.,
	complete Schedule L, Part II	26		X
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	L		١,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Par			Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an or			.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	x	
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I		- 11	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	Į.	х	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	-
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent			х
00	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 organ	36		х
07	If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	and that is treated as a partnership for lederal income tax purposes? If the second reduced in the second reduced reduced in the second reduced reduce	<u>_3/</u> _		

Form **990** (2017)

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

to Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable be Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	je 5
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b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	<u>X</u>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
Su Was the digularation a party to a promotion data of other transaction at any time data year.	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X
	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	
any contributions that were not tax deductible as charitable contributions?	<u>X</u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).	
a bit the organization records a paymont in success of the state of the state of the organization records a paymont in success of the state of the s	<u> </u>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	х
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	 -
7 I I I I I I I I I I I I I I I I I I I	x
bid the organization receive any lander, directly of intercently, to pay promise the personnel terms of the personnel terms.	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
sponsoring organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the sponsoring organization make any taxable distributions under section 4966?	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. Enter	- 1
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1
11 Section 501(c)(12) organizations. Enter	ļ
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	1
amounts due or received from them)	لــــ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	—
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	!
a is the organization licensed to issue qualified health plans in more than one state?	 -
Note. See the instructions for additional information the organization must report on Schedule O	ļ
b Enter the amount of reserves the organization is required to maintain by the states in which the)
organization is licensed to issue qualified health plans	}
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?	<u>'</u>
14aDid the organization receive any payments for indoor tanning services during the tax year?14a4bIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	
Form 990 (20	

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Form 990 (2017) WATERBURY DEVELOPMENT CORPORATION 06-1549006 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI		***			LX.
<u>Sec</u>	tion A. Governing Body and Management				,	
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					-
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			l
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	t 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 since the prior Form	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	lders, or			
_	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following			
	The governing body?	•	J	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	t the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code)	•		
		-	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters	. affiliates.		ļ	
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befo	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	3			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
-	in Schedule O how this was done	-		12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approx	al by in	dependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'		÷	İ		
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		·-			
	List the states with which a copy of this Form 990 is required to be filed ▶CT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s only) availat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	nd finar	rcial	
	statements available to the public during the tax year		, ,,,			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks an	d records			
	JAMES NARDOZZI - (203) 346-2607		- 			
	83 BANK ST, 3RD FL, WATERBURY, CT 06702			_		
	the state of the s					

Part VII 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

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	J.g.		(((D)	(E)	(F)
Name and Title	Average	(do	not c	Pos:	ition	than	one	Reportable	Reportable	Estimated
	hours per					s bot or/trus		compensation	compensation from related	amount of other
	week (list any	ğ					Ė	from the	organizations	compensation
	hours for	trustee or director				<u>a</u>		organization	(W-2/1099-MISC)	from the
	related	o age	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	dwo _a ;				and related
	below line)	Individual	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES H. GATLING, PH.D.	0.50									
CHAIRMAN	0.00	X		X				0.	0.	0.
(2) JOSEPH R. MCGRATH	0.50									
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(3) FREDERICK L. LUEDKE	0.50									_
TREASURER	0.00	X		X				0.	0.	0.
(4) CATHERINE AWWAD	0.50									
SECRETARY	1.00	X		Х		<u></u>		0.	0.	0.
(5) BRIAN AMERO	0.50							_		
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) MICHAEL BATISTA	0.50									•
BOARD MEMBER	0.00	Х					<u> </u>	0.	0.	0.
(7) CICERO BOOKER	0.50							•		
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) ROBERT BURNS	0.50							_		•
BOARD MEMBER	0.00	Х			_	<u> </u>	ļ	0.	0.	0.
(9) JOSEPH D'ORSO	0.50							_	0.	_
BOARD MEMBER	0.00	Х		Ш			<u> </u>	0.	0.	0.
(10) JOSEPH A. GEARY	0.50	,,						_	0	^
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) DOMENIC GIGLIO	0.50	,,						0.	0.	0.
BOARD MEMBER	0.00	Х					lacksquare	0.		<u> </u>
(12) MICHAEL GUISTO	0.50	.						0.	0.	0.
BOARD MEMBER	0.00	Х					<u> </u>	0.	0.	<u> </u>
(13) MARK HOLTZ	0.00	x						0.	0.	0.
BOARD MEMBER		Λ						<u> </u>	U •	<u></u>
(14) MICHAEL NOVAK	0.50	x						0.	0.	0.
BOARD MEMBER	0.50	^		_		-	-	<u> </u>	0.	<u> </u>
(15) MICHAEL L. O'CONNOR	0.00	x						0.	0.	0.
BOARD MEMBER	0.50	^	_				_	<u> </u>	0.	
(16) JERRY PADULA BOARD MEMBER	0.00	y						0.	0.	0.
(17) PAUL K. PERNEREWSKI, JR.	0.50	^					-	0.	- 0.	
BOARD MEMBER	0.00	x						0.	0.	0.
DUARD MEMBER	1 0.00	Δ				<u> </u>	Ĺ		<u> </u>	- 000 (sec. =)

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Form 990 (2017)

Part VII Section A. Officers, Directors, Trus	1	blo	/ees			ghe	st C			_		
(A)	(B)			_ '	C)			(D)	(E)	(F)		
Name and title	Average		not c	heck		than		Reportable	Reportable		Estimat	
	hours per week					ıs bot or/trus			compensation from related		amount othe	
	(list any	ō						from the	organizations	Ì	compens	
	hours for	direc				-		organization	(W-2/1099-MISC)		from th	
	related	20 83	şe			nsate		(W-2/1099-MISC)	,		organiza	ition
	organizations	East	al tu) yee	e				and related		ited
	below	Incombual trustee or director	institutional trustee	<u> </u>	кеу етріоуее	Highest compensated em vioyee	Former				organizat	lions
	line)	를	턀	Officer	Š	불통	호			4		
(18) ANTHONY T. PICCOCHI	0.50						ĺ			ı		
BOARD MEMBER	0.00	Х	_		 _	<u> </u>		0.	0	4		0.
(19) CARL W. ROSA	0.50	,,							0			^
BOARD MEMBER	0.00	Х			L	<u> </u>	_	0.	0	4		0.
(20) JACK TRAVER, JR.	0.50								0			0
BOARD MEMBER	0.00	X	├			⊢	<u> </u>	0.	0	╬		0.
(21) LYNN G. WARD	0.00	x					ĺ	0.	0			0.
BOARD MEMBER (22) BETTEJANE WESSON	0.50	Δ			\vdash	├	-	· · · · · · · · · · · · · · · · · · ·		+		
BOARD MEMBER	0.00	x						0.	0			0.
(23) JAMES NARDOZZI	37.50	^				╁	_	0.		┿		
INTERIM C.E.O	1.00			Х				91,827.	0			0.
THIRTH C.D.O	1.00	┢				\vdash		31,027		┿		
		l				l						
		ļ	1					<u> </u>		十		
		l										
			_			Г				十		
		1										
1b Sub-total	•						<u> </u>	91,827.	0			0.
c Total from continuation sheets to Part V	I, Section A						•	0.	0			0.
d Total (add lines 1b and 1c)	•							91,827.	0	$\cdot \mathbb{L}$		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	mplo	yee,	or	highest compensated ei	mployee on			
line 1a? If "Yes," complete Schedule J for s										L	3	X
4 For any individual listed on line 1a, is the su									the organization			- -
and related organizations greater than \$150										\vdash	4	X
5 Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services		_ -	۰ ــ ا
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son		,		_	5	<u> X</u>
Section B. Independent Contractors									<u></u>			
1 Complete this table for your five highest co	-									ısat	ion from	
the organization Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	itnir		rear	—	(C)	
(A) Name and business	address							(B) Description of s	ervices	Cor	npensatio	วก
GREEN HUB DEVELOPMENT CON		M					┪	CONSTRUCTION		_		
20 EAST MAIN STREET, WATE			r (67	72:	1		MANAGEMENT		1.	928,7	84.
20 Bibl Initi Single, Will	JILDOILL ,						T					
							┪					
							┪					
							- [
		•					\dashv				_	
2 Total number of independent contractors (i	ncluding but n	ot lı	mite	d to	tho	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the organi	_					1			<u></u> L			
									-	Fo	orm 990	(2017)

Ра	rt VI							
		Check if Schedule O conta	ains a response	or note to any lii	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
ts	1 a	Federated campaigns	1a					
irar	b		1b		1			
Α,ς		Fundraising events	1c		1			
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d		1			
		Government grants (contributi		796,294.	1			
	f	All other contributions, gifts, grant			1			
	·	similar amounts not included abov	1 1	10,348.				
ξĒ	a	Noncash contributions included in lines			1			
Col	_	Total. Add lines 1a-1f	· <u> </u>		2,806,642.			
				Business Code				
e l	2 a	PROGRAM REVENUE		900099	56,847.	56,847.		
ž "	ь							
SE	С	:						
eve	d	I						
Program Service Revenue	е	•						
<u>r</u>	f	All other program service rever	nue	900099		-		
	g	Total. Add lines 2a-2f		.	56,847.			
	3	Investment income (including	dıvıdends, ıntere	est, and				
		other similar amounts)		>	49,665.			49,665.
	4	Income from investment of tax	exempt bond p	roceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	207,645.			1		
	b	Less rental expenses	0.					
	С	, ,	207,645.	<u></u>				
	d	Net rental income or (loss)		<u> </u>	207,645.	207,645.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	_					
	b	Less cost or other basis						
		and sales expenses		ļ				
		Gain or (loss)		L				
		Net gain or (loss)		_				
enne	в а	Gross income from fundraising						
ě		including \$	of					
Other Rev		contributions reported on line Part IV, line 18						
直	h	Less direct expenses	a b					
δ		: Net income or (loss) from fund						-
		Gross income from gaming act	_					
	Ju	Part IV, line 19	a					
	b	Less direct expenses	b		1			
		: Net income or (loss) from gami						
		Gross sales of inventory, less i	-		-			
		and allowances	а					
	b	Less cost of goods sold	ь		ĺ			
		Net income or (loss) from sales	s of inventory	.				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue See instructions		<u> </u>	3,120,799.	264,492.	0.	49,665.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. Management and Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 94,600. 15,400. 110,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 433,106. 372,471. 60,635. Other salaries and wages Pension plan accruals and contributions (include 3,487 24,905 21,418 section 401(k) and 403(b) employer contributions) 7,024. 43,144. 50,168. Other employee benefits 49,111. 42,235. 6,876. Payroll taxes 10 Fees for services (non-employees) a Management 14,792. 99,961. 85,169. Legal 61,245 23,579. 37,666. Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 41,099 31,958. 9,141 column (A) amount, list line 11g expenses on Sch O.) 4,318. 4,318. Advertising and promotion 12 15,363. 24,897. 9,534. Office expenses 13 8,339. 927. 9,266. Information technology 14 Royalties 15 211,797. 22,935. 234,732. 16 Occupancy 3,149 3,149 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 5,403. 5,403. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 1,572 4,083 2,511 Depreciation, depletion, and amortization 22 26,592. 20,315. 6,277. 23 Insurance 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.) 741,425 NEW CONSTRUCTION 1,741,425 89,248. 89,248. ARCH & ENGR SERVICES 68,471. ENVIRONMENTAL SERVICES 68,471. 27,476. 27,476. RELOCATION d 36,207. 31,103. 5,104. All other expenses 213,541. 3,144,862, 2,931,321. 0. Total functional expenses Add lines 1 through 24e 25 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 ____ if following SOP 98-2 (ASC 958-720)

732010 11-28-17

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,252,094. 1,333,109. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 53,961. 1,218,283. 3 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 5,091,303. 4,489,124. 7 Notes and loans receivable, net 8 Inventories for sale or use 2,196. 76,269. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 45,688 basis Complete Part VI of Schedule D 10a 19,598. 4,414. 26,090. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 4,627,259. 4,600,169. 15 15 Other assets See Part IV, line 11 12,350,637. 11,423,634. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,300,510. 219,966. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,007,844. 13,353. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 of 8,836,882. 9,653,769 Schedule D 10,967,632. 10,064,692. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,383,005. 1,358,942. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 1,383,005. 1,358,942. 33 33 Total net assets or fund balances 11,423,634. 12,350,637. Total liabilities and net assets/fund balances

Form 990 (2017)

Form	1990 (2017) WATERBURY DEVELOPMENT CORPORATION	06-1	5 <u>49006</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	•	_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,120	0,7	<u>99.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,14		
3	Revenue less expenses Subtract line 2 from line 1	3			63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,383	3,0	05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
. 7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,358	B,9	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u></u> ,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	<u> </u>		<u> </u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	.		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u>X</u> _	
			Form 9	990 ((2017)

SCHEDUL'E 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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization WATERBURY DEVELOPMENT CORPORATION Employer identification number 06-1549006

Pa	ırt İ	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	ee instructions				
The 1 2 3 4	organ	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state	urches, or association 170(b)(1)(A)(ii). (a hospital service orga	on of churches describe Attach Schedule E (Fornanization described in se	d in section 990 or 99 ection 170	n 170(b) (1 90-EZ)) 9 (b)(1)(A) (ii	I)(A)(i). ii).	the hospital's name,			
5 6 7		An organization operated for section 170(b)(1)(A)(iv). (C) A federal, state, or local goden organization that normal	Complete Part II) vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
8 9		section 170(b)(1)(A)(vi). (C A community trust describe An agricultural research or or university or a non-land-g	ed in section 170(b) ganization described	in section 170(b)(1)(A)(ix) operate	-		=			
10		university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11 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									
a b	_	Type I. A supporting orgathe supported organization organization You must of Type II. A supporting org	on(s) the power to re complete Part IV, Se anization supervised	gularly appoint or elect a ections A and B. I or controlled in connec	a majority o	of the direct	ctors or trustees of the sed organization(s), by ha	supporting			
С		control or management or organization(s) You mus Type III functionally interests supported organization	t complete Part IV, grated. A supporting n(s) (see instructions	Sections A and C. g organization operated b) You must complete !	in connect	tion with, a	and functionally integrat D, and E.	ed with,			
d e	_	Type III non-functionally that is not functionally int requirement (see instruct Check this box if the organical control con	egrated The organizions) You must con	cation generally must sa nplete Part IV, Sections	tisfy a disti s A and D,	ribution re and Part	quirement and an attent V .	riveness			
f g	Pro	functionally integrated, or er the number of supported of yide the following information i) Name of supported	organizations		(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization	.,	(described on lines 1-10 above (see instructions))	iń your governi Yes	ng document? No	support (see instructions)	support (see instructions)			

Schedule A (Form 990 or 990-EZ) 2017 WATERBURY DEVELOPMENT CORPORATION 06-1549006 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support								
Cale	ndar 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 ")	9,955,834.	9,960,146.	8,139,445.	6,965,082.	2,806,642.	37,827,149.		
2	Tax revenues levied for the organ-								
	ızatıon'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	9,955,834.	9,960,146.	8,139,445.	6,965,082.	2,806,642.	37,827,149.		
5	The portion of total contributions								
	by each person (other than a	'							
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4						37,827,149.		
	ction B. Total Support	,	·						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	9,955,834.	9,960,146.	8,139,445.	6,965,082.	2,806,642.	37,827,149.		
8	8 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	0.055	п 000	12 040	104 150	057 340	460 006		
	and income from similar sources	8,867.	7,239.	13,240.	174,150.	257,310.	460,806.		
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			455 650	0.065		155 405		
	assets (Explain in Part VI)			157,670.	<2,265.	>	155,405.		
	Total support. Add lines 7 through 10	L				ļ	38,443,360.		
	Gross receipts from related activities,					12	773,707.		
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	<u> </u>		
20	organization, check this box and storection C. Computation of Publ	here	roontage			-			
				-1 (0)		44	98.40 %		
	Public support percentage for 2017 (column (t))		15	99.15 %		
	Public support percentage from 2016	•	-	a line 12 and line :	14 io 22 1/204 or n				
102	33 1/3% support test - 2017. If the c	_			14 15 33 1/3/0 01 11	iore, crieck triis be	▶ 🛣		
	stop here. The organization qualifies 33 1/3% support test - 2016. If the organization are stopped as the stopped are stopped as		-		line 15 is 33 1/30/	or more check th			
K.		=			IIIIE 13 IS 33 1/3/0	o or more, check tr	II3 00∧		
47-	and stop here. The organization qual				12 162 or 16b	and line 14 is 10%	or more		
1/8	10% -facts-and-circumstances test and if the organization meets the "factorial factorial factori								
	-					it viriow the organ	▶ □		
	meets the "facts-and-circumstances"					17a and line 15 is	10% or		
	 10% -facts-and-circumstances tes more, and if the organization meets the 								
	organization meets the "facts-and-circ						·		
1Ω	Private foundation. If the organization						s T		
10	Trivate roundation. If the organization	TI GIO HOL GHECK A I	50X 011 III 6 10, 10	u, 100, 174, 01 17L		dule A (Form 990			
					23.70		,··		

(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.)

_	quality under the tests listed b	elow, please comp	piete Part II)				
Sec	ction A. Public Support						
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		, , ,				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			/			
6	Total. Add lines 1 through 5			/			
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			<u> </u>	ļ	ļ	
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			<u> </u>	<u>l</u>		
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	•					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<i></i>				
þ	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses 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)		L	<u></u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	zation,
	check this box and stop/here						<u> </u>
	tion C. Computation of Publi					•	
	Public support percentage for 2017 (li		-	column (f))		15	<u>%</u>
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage)			
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2			• **		18	%
	33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	▶□
	line 18 is not more than 33 1/3%, che-	ck this box and st e	op here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20_	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
,	3 10-06-17						0 or 990-EZ) 2017

Part IV | Supporting Organizations

Section A. All 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)

			Yes	No
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			<u> </u>
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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	1		
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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	3c		
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	4a		
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	4b		
С	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	4c		
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,	İ		
	(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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			l
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			

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)

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

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)

Schedule A (Form	990 or	990-EZ)	201
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8

9b

9c

10a

10b

	emer	rgency temporary reduction (see instructions)	0	L	
7		Check here if the current year is the organization's first as a non-functionally in	ntegr	rated Type III supporting org	janization (see
		inetructions)			

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2017

3

<u>4</u> 5

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 WATER	BURY I	DEVELOPMENT	CORPORATION	06-1549006 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5, (See instructions)	Information. P lines 1, 2, 3b, 3c, 4 stion D, lines 2 and 3 6, and 8, and Part	rovide the b, 4c, 5a, 6 3, Part IV, 5 V, Section	explanations required 6, 9a, 9b, 9c, 11a, 11t Section E, lines 1c, 2a E, lines 2, 5, and 6 Al	by Part II, line 10, Part II, line 13, and 11c, Part IV, Section B, lir 2b, 3a, and 3b, Part V, line 1, F so complete this part for any ad	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, lart V, Section B, line 1e, Part V, ditional information
	(See instructions)	<u> </u>				
					. <u>.</u>	
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			•			
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		.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WATERBURY DEVELOPMENT CORPORATION

Employer identification number 06-1549006

Pa	rt I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 advisors in	writing that the assets held in donor advised	funds
	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 a	_	ed only
	for charitable purposes and not for the benefit of the donor	-	•
	impermissible private benefit?	, , , ,	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
۰	Number of conservation easements included in (c) acquired	• •	20
d	listed in the National Register	arter 7723/00, and not on a mistoric structure	2d
2	Number of conservation easements modified, transferred, re	loaced extinguished or terminated by the or	
3	year	neased, extinguished, or terminated by the or	gariization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	·	
3	violations, and enforcement of the conservation easements	- · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	Stan and volunteer riours devoted to morntoning, inspecting,	Thanking of violations, and emorcing conserv	ration casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing conservation	a easements during the year
•	S	Jillig of violations, and emotoring conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h)/	4)(B)(i)
·	and section 170(h)(4)(B)(ii)?	to satisfy the requirements of eschen in strip	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	
3	include, if applicable, the text of the footnote to the organization		
		tion's imancial statements that describes the	organization's accounting for
Pai	conservation easements † III Organizations Maintaining Collections o	f Art Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		t and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	•		of public service, provide, in Fait Alli,
	the text of the footnote to its financial statements that descr		d b. d
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		. .
	(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 tre	· · ·	ıın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		<u> </u>
	For Donassial Deduction Ast Notice and the Instruction		Sahadula D (Farm 000) 2017

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Par	t III Organizations Maintaining C	Collections of A	<u>rt, Hist</u>	orical Tr	easures, c	or Other	Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following tha	t are a sigr	nificant	use of its	collection if	tems
	(check all that apply)									
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	(Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co							ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımılar a	ssets		٦.,	—
Da	to be sold to raise funds rather than to be m								J Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	'Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa					aata nat in	ماريطامط			
па	is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	sets not in	ciuaea		Yes	□ No
	on Form 990, Part X?	and complete the fa	ا مصددها	abla					J 162	140
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing t	aoie					Amount	
_	Beginning balance						1c		Amount	
	Additions during the year						1d			
	Distributions during the year						1e			
•	Ending balance						1f			
) 2a	Did the organization include an amount on F	orm 990 Part X line	21 for e	scrow or ci	istodial acco	unt liability			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			
Par										
·		(a) Current year		rior year	(c) Two year		Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	(4)			1-1	<u> ``</u>				
b	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships					-				
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organization	ation tha	t are held a	nd administe	red for the	organiz	ation		
	by								Y (s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par										
	Complete if the organization answere		· ·							
	Description of property	(a) Cost or o		(b) Cost		(c) Acci		d	(d) Book v	alue
		basis (investr	пепт)	basis (orner)	aepre	ciation		-	
	Land									
	Buildings			· · · · · · · · · · · · · · · · · · ·				 		
	Leasehold improvements						_	-		
	Equipment				5,688.	1	9,5	98.	26	090.
	Other Add lines 1a through 1e (Column (d) must e	aual Form 900 Port	X colum				- , 5.			090.
TOTAL	· And in test in thirough the (Column to) those e	quari onni 330, i arc	A, COIGH	<u>(D), III (C 1</u>	· · · · · · · · · · · · · · · · · · ·	444		· F		

	Complete if the organization answered the official 1990, Fart	IV, mile the of the oce follows 300, i air	7, 1116 20
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	RESTRICTED CASH- DECD LOAN		
(3)	ASSISTANCE .	4,048,734.	
(4)	REVOLVING LOAN - DECD ASSISTANCE	4,776,027.	
(5)	DUE TO 698 SOUTH MAIN STREET	12,121.	
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	8,836,882.	

Schedule D (Form 990) 2017 -

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WATERBURY DEVELOPMENT CORPORATION	06-1549006
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AN	D MEMBERS OF THE
EXECUTIVE COMMITTEE. AFTER THE REVIEW PROCESS IS COMPLETED	, A COPY OF THE
FORM 990 IS SENT TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TO REGULARLY AND CONSISTENTLY ENFORCE COMPLIANCE WITH ITS	CONFLICT OF
INTEREST POLICY, WDC ENSURES THAT ALL BOARD MEMBERS MUST R	EVISIT, RENEW,
AND RESIGN THE CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
A COMMITTEE CONSISTING OF THE CHAIRMAN AND TWO BOARD MEMBE	RS DISCUSS THE
CEO'S PERFORMANCE AND DISCUSS APPROPRIATE COMPENSATION LEV	EL BASED ON
BUDGETARY ALLOWANCE. A MEMORANDUM IS THEN DRAWN UP AND SIG	NED BY THE
CHAIRMAN OF THE BOARD STATING THE CEO'S APPROVED COMPENSAT	ION LEVEL.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.	
,	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Open to Public Inspection 2017

OMB No 1545-0047

Employer identification number $06-154\,9006$

WATERBURY DEVELOPMENT CORPORATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

WATERBURY DEVELOPMENT WATERBURY DEVELOPMENT Direct controlling Ξ CORPORATION CORPORATION End-of-year assets <u>e</u> Ö ö Total income 9 Legal domicile (state or foreign country) CONNECTICUL CONNECTIOUT BEHALF OF CITY OF WATERBURY REAL PROPERTY ON BEHALF OF ENTITY FORMED TO REMEDIATE MANAGEMENT OF PROPERTY 26-3731438, 83 BANK ST, WATERBURY, CT 06702 THE CITY OF WATERBURY RELATED TO NSP III ON Primary activity WATERBURY BROWNFIELDS REDEVELOPMENT, LLC -Name, address, and EIN (if applicable) WATERBURY NSP III, LLC - 46-3245513 of disregarded entity 06702 CŢ WATERBURY BANK ST Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a)	(q)	(0)	(P)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entrty	entity?	U
				501(c)(3))		Yes	<u>ې</u>
698 SOUTH MAIN STREET INC 82-1219894	DEMOLITION OF ANAMET INC.				WATERBURY		
83 BANK STREET, 3RD FLOOR	INDUSTRIAL FACILITY AND				DEVELOPMENT		
WATERBURY, CT 06702	REMEDIATION OF PROPERTY	CONNECTICUT	501(C)(3)	LINE 7	CORPORATION	×	
	1					•	
							
:							
	_						
	:						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

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06-1549006

Page 2

WATERBURY DEVELOPMENT CORPORATION Schedule R (Form 990) 2017 Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(u)	(1)	(1)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate altocations?	Code V-UBI amount in box	General o managing partner?	General or Percentage managing ownership
		country)	,	sections 512-514)		docto	Yes No	K-1 (Form 1065)	Yes	
							_			
								-		
									1	
									_	
[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ganizations Taxable	as a Corpo	oration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, Pa	art IV, line 34	1, because it had	one or n	ore related
learned organizations treated as a corporation or trust during the tax year	rporation or trust durir	ig the tax	year							

(a)	(q)	(0)	(p)	(e)	€	(6)	(£)	€	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sha	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	^8 <u>3</u> 3°
		country)		or musty		assets		Yes	٤
									1
								-	
							•		
			:						
								-	
							!		
								_	
732162 09-11-17		31				Sche	Schedule R (Form 990) 2017	990) 2	017

Part V _ Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	:		9	Yes	S.
During the tax year, did the organization engage in any of the foliow	ns with one or more re	lated organizations listed	in Parts II:IV?		
a Heceipt of (I) interest, (II) annuties, (III) royatties, or (IV) rent from a controlled entity	ıţ			19	4
 b Gift, grant, or capital contribution to related organization(s) 				₽	×
c Gift, grant, or capital contribution from related organization(s)				ا	×
d Loans or loan quarantees to or for related organization(s)				₽	×
o loans or loan quarantees by related organization(s)					×
e Logis of logi guarances by related organization(s)				<u>e</u>	4
(3)====================================				, ,	-
F Dividends from related organization(s)				=	4
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				£	×
i Exchange of assets with related organization(s)				į	×
j Lease of facilities, equipment, or other assets to related organization(s)				įΞ	×
k Lease of facilities, equipment, or other assets from related organization(s)				 	×
	nanization(s)			Ŧ	×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			. <u>E</u>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			ţ	╁
	(c)			+	_
				+-	
b Reimbursement baid to related organization(s) for expenses				, 5	×
	•			. 5	×
				2	-
r Other transfer of cash or property to related organization(s)				- 1]×
m				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					
(5)					
(4)					
(5)					
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71-11-00 701 77-	1		Schedule	S ELO-L	25.5

Page 4

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN Primary activity of entity	Legal domicile (state or foreign country)	Predominant income paint (related, unrelated, 501) excluded from tax under 202 sections 5 12-5 14) Ves	And the second of the second o	Share of total income	Share of end-of-year assets	Dispropor- honate	amount in box 20 managing ownership of Schedille K-1 partner?	General manage partne	or Percentage
	country)	sections 512-514) Yes		come	end-or-year assets	allocations	of Schodilla K-1	partne	
						Yes	(Form 1065)	Yes	ownersnip
						L			
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Schedule R	(Form 990) 2017	WATERBURY	DEVELOPMENT	CORPORATION	06-1549006 Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.			
	Provide additional informa	ation for responses t	o questions on Schedule	R See instructions	
	7 TO TIGO GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	THO PROPERTY OF	o quodiono on conocale	711 CGG WINGWIGHTO	
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