

**TOWN OF BROOKFIELD
NOTICE OF PUBLIC HEARING**

The Legal voters and residents of the Town of Brookfield are hereby notified that the Board of Selectmen will conduct a Public Hearing at the Brookfield Town Hall at 100 Pocono Road, Brookfield, CT, in Meeting Room 133, on **Monday, June 1, 2015, at 7:15 p.m.**, for the purpose of receiving public comment and opinion concerning a proposal submitted by the Regional YMCA of Western CT, 2 Huckleberry Hill Road, Brookfield, CT, requesting Neighborhood Assistance Act funding for the Greenknoll Expansion Campaign in the amount of \$125,000 and the Annual Support Campaign in the amount of \$25,000, as published by the State Department of Revenue Services.

Copies of said application are on file and available for public inspection in the office of the Town Clerk and the Town Website www.brookfieldct.gov.

Dated at Brookfield, CT, this 4th day of May, 2015.

William N. Tinsley
Martin E. Flynn, Jr.
William R. Davidson

Brookfield Board of Selectmen



TOWN OF BROOKFIELD

BROOKFIELD, CT 06804

RECEIVED

2B

APR 30 2015

Town of Brookfield
First Selectman

To: Board of Selectmen
From: Lisa Delp, HR Assistant 
Date: April 30, 2015
Re: 2015 Neighborhood Assistance Act

The Town has received two program proposals for the 2015 Neighborhood Assistance Act. The proposals are both from the Regional YMCA. The first program is for the Greenknoll Expansion Campaign and the second program is for the Annual Support Campaign.

The Board of Selectmen must hold a public hearing on all programs and must vote to approve the programs. The deadline for the Town to submit applications to the Department of Revenue Services is July 1, 2015.

Please let me know if you need any additional information.



Municipality: Brookfield, CT.

Form NAA-01
2015 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency:

Regional YMCA of Western Connecticut

Address:

2 Huckleberry Hill Road, Brookfield, CT 06804

Federal Employer Identification Number:

06-6051610

Program title:

Annual Support Campaign

Name of contact person:

Julie Pryor-Bennett

Telephone number:

203-740-3432 x201

Email address:

jpryorbennett@regionalmca.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$

\$25,000.00

Credit percentage for which your organization is applying:

60%

100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes

No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Reset Page

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for disabled persons;
- Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund; or
- Other: Specify
Community Health and Wellness Programs

Part II — Program Information

Description of program:

The Regional YMCA is a cause driven social service agency serving over 12,000 individuals throughout the Greater Danbury area. We work side by side with volunteers, donors, community leaders, and other agencies to provide over 40 programs in the areas of healthy living, youth development, and social responsibility. They Y turns no one away for an inability to pay regardless of age, income, or background. We provide financial assistance for all of our programs which include childcare, summer camp and memberships.

Need for program:

As our community needs grow and expand, the Y changes to meet the current needs of our diverse community. As the academic achievement gap grows, childhood obesity rates soar, diabetes and other chronic health issues rise, and demand for financial support increase; the Y responds. Meeting these community needs is made possible through philanthropic support.

Neighborhood area to be served:

Greater Danbury Area which includes Brookfield

Total number of recipients:

12,000

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Julie Pryor-Bennett

Address:

246 Federal Road Unit B21, Brookfield, CT 06804

Duties and responsibilities:

Vice President of Advancement

2. Name: Marie Miszewski

Address:

246 Federal Road Unit B21, Brookfield, CT 06804

Duties and responsibilities:

President and CEO

Timetable:

Program start date: 01/02/2015

Program completion date: 12/31/2015

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Month your annual accounting period ends: December

Method of accounting: Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$ 25,000.00
Other funding sources - itemized sources:	
a) Membership & Programs	\$ 3,099,973.00
b) Childcare	\$ 2,031,511.00
c) Charitable Support	\$ 693,950.00
d) Camp and Escape Programs	\$ 815,288.00

Total Funding: \$ 6,665,722.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Membership & Programs	\$ 2,139,278.00
b) Childcare	\$ 1,729,668.00
c) Facilities	\$ 877,025.00
d) Combined Heat and Energy System	\$ 300,113.00

Administrative expenses:
Professional fund-raising fees

Accounting/legal & other expenses - itemized:	
a) Administration	\$ 1,480,355.00
b) Fundraising	\$ 243,383.00
c)	
d)	

Total Proposed Expenditures: \$ 6,769,822.00

Reset Page

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:

Mailing address:

Name of municipal liaison:

Telephone number:

Fax number:

Email address:

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:

Date

Reset Page

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
 Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: REGIONAL YMCA OF WESTERN CONNECTICUT AND EASTERN PUTNAM COUNTY
 Doing Business As: REGIONAL YMCA
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 2 HUCKLEBERRY HILL ROAD
 City or town, state or province, country, and ZIP or foreign postal code: BROOKFIELD, CT 06804

D Employer identification number: 06-6051610
E Telephone number: (203) 775-4444
G Gross receipts \$ 7,483,451

F Name and address of principal officer: MARIE MISZEWSKI, 2 HUCKLEBERRY HILL ROAD, BROOKFIELD, CT 06804

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW REGIONALYMCA ORG

K Form of organization: Corporation Trust Association Other
L Year of formation: 1963 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE REGIONAL YMCA OF WESTERN CONNECTICUT & EASTERN PUTNAM COUNTY IS A VOLUNTEER LED CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. OUR MISSION IS TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES THROUGH THE DEVELOPMENT OF SPIRIT, MIND AND BODY. OUR PROGRAMS ARE VEHICLES FOR TEACHING THE VALUES OF CARING, RESPECT, HONESTY AND RESPONSIBILITY. WE ALSO HAVE A UNIQUE STAND ALONE ARTS & HUMANITIES PROGRAM CENTER WHICH INTENTIONALLY TARGETS INNER CITY MIDDLE SCHOOLERS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	560		
	6 Total number of volunteers (estimate if necessary)	6	537		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	679,960	Current Year	1,468,150
	9 Program service revenue (Part VIII, line 2g)		6,213,281		5,818,464
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,742		91,657
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,600		44,749
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,042,583		7,423,020
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,467,642		4,645,122
	16a Professional fundraising fees (Part IX, column (A), line 11e)		16,279		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,854				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,778,426		2,937,185	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,262,347		7,582,307	
19 Revenue less expenses Subtract line 18 from line 12		-219,764		-159,287	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	6,941,877	End of Year	7,123,860
	21 Total liabilities (Part X, line 26)		4,535,378		4,821,727
	22 Net assets or fund balances Subtract line 21 from line 20		2,406,499		2,302,133

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2014-05-13
 Name and title: MARIE MISZEWSKI EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: NICHOLAS YANOUZAS
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01423868
 Firm's name: WHITTLESEY & HADLEY PC
 Firm's EIN: 06-0903326
 Firm's address: 280 TRUMBULL STREET 24TH FLOOR
 Phone no: (860) 522-3111
 HARTFORD, CT 06103

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



Municipality: Brookfield, CT.

Form NAA-01
2015 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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Part I — General Information

Name of tax exempt organization/municipal agency:

Regional YMCA of Western Connecticut

Address:

2 Huckleberry Hill Road, Brookfield, CT 06804

Federal Employer Identification Number:

06-6051610

Program title:

Greenknoll Expansion Campaign

Name of contact person:

Julie Pryor-Bennett

Telephone number:

203-740-3432 x201

Email address:

jpryorbennett@regionalyymca.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$

\$125,000.00

Credit percentage for which your organization is applying:

60%

100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes

No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Reset Page

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for disabled persons;
- Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund; or
- Other: Specify
Community Health and Wellness Programs

Part II — Program Information

Description of program:

The Regional YMCA is a cause driven social service agency serving over 12,000 individuals throughout the Greater Danbury area. We work side by side with 450 volunteers, donors, community leaders, and other agencies to provide over 40 programs in the areas of healthy living, youth development, and social responsibility. They Y turns no one away for an inability to pay regardless of age, income, or background and provides more than \$500,000 in direct financial assistance each year.

Need for program:

The Y strives to meet the changing demands of our community. To continue to do this we will be expanding our programming throughout the area. Our Greenknoll facility will be expanded to enclose our outdoor pool, grow our program space and add functionality. This will also allow our camps to grow significantly. Energy efficient options for heating and cooling, as well as other structural green aspects will be incorporated.

Neighborhood area to be served:

Greater Danbury Area including Brookfield

Total number of recipients:

12,000

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Julie Pryor-Bennett

Address:

246 Federal Road Unit B21, Brookfield, CT 06804

Duties and responsibilities:

Vice President of Advancement

2. Name: Marie Miszewski

Address:

246 Federal Road Unit B21, Brookfield, CT 06804

Duties and responsibilities:

President and CEO

Timetable:

Program start date: 04/28/2015

Program completion date: 04/27/2017

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Month your annual accounting period ends: December

Method of accounting: Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$ 125,000.00
Other funding sources - itemized sources:	
a) Membership & Programs	\$ 3,099,973.00
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Total Funding:

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Administrative expenses:

Professional fund-raising fees

Accounting/legal & other expenses - itemized:

a) Administration	\$ 1,480,355.00
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c)	
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Total Proposed Expenditures:

\$ 6,769,722.00

Reset Page

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:
Mailing address:
Name of municipal liaison:
Telephone number:
Fax number:
Email address:

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Reset Page

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

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2013
 Open to Public Inspection

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 public. By law, the IRS generally cannot redact the information on the form
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: REGIONAL YMCA OF WESTERN CONNECTICUT AND EASTERN PUTNAM COUNTY
 Doing Business As: REGIONAL YMCA
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 2 HUCKLEBERRY HILL ROAD
 City or town, state or province, country, and ZIP or foreign postal code: BROOKFIELD, CT 06804

D Employer identification number: 06-6051610
E Telephone number: (203) 775-4444
G Gross receipts \$ 7,483,451

F Name and address of principal officer: MARIE MISZEWSKI, 2 HUCKLEBERRY HILL ROAD, BROOKFIELD, CT 06804

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.REGIONALYMCA.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation 1963 **M** State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE REGIONAL YMCA OF WESTERN CONNECTICUT & EASTERN PUTNAM COUNTY IS A VOLUNTEER LED CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. OUR MISSION IS TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES THROUGH THE DEVELOPMENT OF SPIRIT, MIND AND BODY. OUR PROGRAMS ARE VEHICLES FOR TEACHING THE VALUES OF CARING, RESPECT, HONESTY AND RESPONSIBILITY. WE ALSO HAVE A UNIQUE STAND ALONE ARTS & HUMANITIES PROGRAM CENTER WHICH INTENTIONALLY TARGETS INNER CITY MIDDLE SCHOOLERS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

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4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
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6 Total number of volunteers (estimate if necessary)	6	537
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
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	Prior Year	Current Year
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9 Program service revenue (Part VIII, line 2g)	6,213,281	5,818,464
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19 Revenue less expenses Subtract line 18 from line 12	-219,764	-159,287

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,941,877	7,123,860
21 Total liabilities (Part X, line 26)	4,535,378	4,821,727
22 Net assets or fund balances Subtract line 21 from line 20	2,406,499	2,302,133

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2014-05-13

MARIE MISZEWSKI EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICHOLAS YANOUZAS
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01423858
 Firm's name: WHITTLESEY & HADLEY PC
 Firm's EIN: 06-0903326
 Firm's address: 280 TRUMBULL STREET 24TH FLOOR
 Phone no: (860) 522-3111
 HARTFORD, CT 06103

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