

**TOWN OF BROOKFIELD
NOTICE OF PUBLIC HEARING**

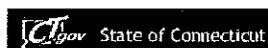
The Legal voters and residents of the Town of Brookfield are hereby notified that the Board of Selectmen will conduct a Public Hearing at the Brookfield High School Media Center, 45 Long Meadow Hill Road, Brookfield, CT, on Monday, June 2, 2014, at 7:15 p.m., for the purpose of receiving public comment and opinion concerning a proposal submitted by the Regional YMCA of Western CT, 2 Huckleberry Hill Road, Brookfield, CT, requesting Neighborhood Assistance Act funding of \$100,000 for the Greenknoll Expansion Campaign, 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 5th day of May, 2014.

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

Brookfield Board of Selectmen



Governor Dannel P. Malloy |

Search



DEPARTMENT OF REVENUE SERVICES

Select Language ▼ Translation Disclaimer

Home

About Us

Programs & Services

Publications

Forms

Contact Us

HOW DO I?

RESEARCH LIBRARY

EMPLOYMENT &
INTERNSHIPS

PRACTITIONERS

Neighborhood Assistance Act Tax Credit Program

The **Connecticut Neighborhood Assistance Act (NAA)** Tax Credit Program is designed to provide funding for municipal and tax exempt organizations by providing a corporation business tax credit for businesses who make cash contributions to these entities.

Businesses can receive a credit of 60% of their approved contribution to certain programs (or 100% in the case of certain energy conservation programs) approved by the Department of Revenue Services. Any tax credit that is not taken in the income year in which the contribution was made may be carried back to the two immediately preceding income years (beginning with the earlier of such years).

2014 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Form NAA-01

The program has several statutory limits, including the following:

- A business is limited to receiving \$150,000 in tax credit annually.
- A non-profit organization is limited to receiving \$150,000 in contributions in the aggregate.
- The minimum contribution on which credit can be granted is \$250.
- The program has a **five** million dollar cap, which, if exceeded, results in proration of approved donations.

For more information on this program see:

1. **Information Publication 2013(9)**, *The Connecticut Neighborhood Assistance Act Tax Credit Program*

and

2. The Neighborhood Assistance Act Program tax credit summary in the **Online Guide to Connecticut Business Tax Credits**.

Organizations wishing to participate:

Each municipal agency or tax-exempt organization that wishes to participate in the NAA Program must complete in its entirety **Form NAA-01**, the program proposal application. This form **must** be submitted to a participating municipality for approval. Contact the municipality for deadline information. Do not send Form NAA-01 directly to the Department of Revenue Services.

A link to a list of Neighborhood Assistance Act Municipal Liaisons from the prior program year can be found below in order to assist you. This list is not all-inclusive. You may still approach any Connecticut municipality. Please note that the municipality must submit all locally approved programs to the DRS no later than July 1, 2014.

Businesses wishing to participate:

Each business requesting a tax credit under the Neighborhood Assistance Act Program must complete a separate **Form NAA-02** for each program it wishes to sponsor. The contribution must be cash, and needs to be made in the corporation's income year that corresponds to the same year as the approved program. Form NAA-02 must have an original signature and be mailed or hand-delivered to the Department of Revenue Services on or after **September 15 but no later than October 1, 2014**. Facsimiles or e-mailed applications are not accepted.

E-mail any questions to **DRS.TaxResearch@po.state.ct.us** or contact 860-297-5687 for more information.

2014 Application Process

All forms and some DRS publications are in Adobe Acrobat format. You will need **Adobe Acrobat Reader 7.0 or higher** to view and print the forms. For additional assistance or if you are have trouble downloading a form, visit our **Adobe Information** page.

2014 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Form NAA-01

2014 NAA Business Application Form NAA-02

2013 NAA Program Sponsorship Final Summary

NAA Municipal Liaisons

[Printable Version](#)

25 Sigourney St., Ste 2, Hartford, CT 06106-5032 / Phone: 860-297-5962

[Home](#) | [CT.gov Home](#) | [Send Feedback](#) | [Search](#) | [Login](#) | [Register](#)
State of Connecticut [Disclaimer](#), [Privacy Policy](#), and [Web Site Accessibility Policy](#). Copyright © 2002-2014 State of Connecticut.





TOWN OF BROOKFIELD

BROOKFIELD, CT 06804

To: Board of Selectmen
From: Lisa Delp, HR Assistant
Date: April 17, 2014
Re: 2014 Neighborhood Assistance Act

The Town has received a program proposal for the 2014 Neighborhood Assistance Act. The proposal is from the Regional YMCA for the Greenknoll Expansion 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, 2014.

Please let me know if you need any additional information.



Municipality: Brookfield

Form NAA-01
2014 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 CT

Address: 2 Huckleberry Hill Road, Brookfield, CT 06804

Federal Employer Identification Number: 06-6051610

Program title: Greenknoll Expansion Campaign

Name of contact person: Maura Keenan

Telephone number: (203) 740-3432

Email address: mkeenan@regionalyymca.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 100,000.00

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.

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 & Wellness, Youth Development Programs

Part II — Program Information

Description of program: _____

The Regional YMCA is a cause driven social service agency serving over 12,000 local families through 40 different programs. We work with over 450 volunteers annually to provide programs in the area of Youth Development, Healthy Living, and Social Responsibility. In addition to our many programs, we provide over \$530,000 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: Maura Keenan

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, CEO

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:	<u>HUMAN RESOURCES</u> <u>TOWN OF BROOKFIELD</u> <u>PO BOX 5106</u> <u>BROOKFIELD, CT 06804</u>
Name of municipal liaison:	<u>Lisa Delp</u>
Telephone number:	<u>(203) 775-7303</u>
Fax number:	<u>(203) 775-4068</u>
Email address:	<u>ldelp@brookfieldct.gov</u>

Post-Project Review	
Is a post-project review required for this proposal?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date post-project review due:	

Date	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2012** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REGIONAL YMCA OF WESTERN CONNECTICUT AND EASTERN PUTNAM COUNTY		D Employer identification number 06-6051610
	Doing Business As REGIONAL YMCA		E Telephone number (203) 775-4444
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 HUCKLEBERRY HILL ROAD		G Gross receipts \$ 7,117,544.
	City, town, or post office, state, and ZIP code BROOKFIELD, CT 06804		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: MARIE MISZEWSKI 2 HUCKLEBERRY HILL ROAD, BROOKFIELD, CT 068		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.REGIONALYMCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 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		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	521
	6 Total number of volunteers (estimate if necessary)	6	511
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,886.
b Net unrelated business taxable income from Form 990-T, line 34	7b	29,886.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	668,850.	679,960.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,302,906.	6,213,281.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,116.	53,742.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,358.	95,600.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,117,230.	7,042,583.
	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)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	4,813,236.	4,467,642.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 206,802.	27,379.	16,279.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,763,853.	2,778,426.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,604,468.	7,262,347.	
19 Revenue less expenses. Subtract line 18 from line 12	-487,238.	-219,764.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,227,253.	6,941,877.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,657,156.	4,535,378.
		2,570,097.	2,406,499.

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			
	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 <input type="checkbox"/>	PTIN P01423868
	Firm's name ▶ WHITTLESEY & HADLEY, PC	Firm's EIN ▶ 06-0903326		Phone no. 860-522-3111	
Firm's address ▶ 147 CHARTER OAK AVENUE		HARTFORD, CT 06106			

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