

**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 6, 2016, 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 their Annual Support Campaign in the amount of \$150,000, 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 2nd day of May, 2016.

Stephen C. Dunn
Sue Slater
Martin Flynn, Jr.
Brookfield Board of Selectmen



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

TO: All Mayors and First Selectmen
 FROM: Kevin B. Sullivan, Commissioner
 DATE: February 26, 2016
 RE: 2016 Neighborhood Assistance Act (NAA) - Program Application

Enclosed is the 2016 Neighborhood Assistance Act program proposal application for distribution to interested organizations in your municipality. The application must be completed in full, approved locally, and submitted to the Department of Revenue Services (DRS) no later than **July 1, 2016**. Please note this deadline is set by statute.

A "fillable" Form NAA-01, *2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*, is available on the DRS website at www.ct.gov/DRS. Using the fillable Form NAA-01 enables you and your community organization to input information directly onto the form via computer.

Prior to your July 1 submission to DRS, your municipality must hold a public hearing on all programs, and the governing body of your municipality must vote to approve these programs. Copies of the public hearing notice and minutes of the meeting approving the programs must be submitted with your applications.

Please note that the total amount of credits is limited each year, so credits may be prorated.

Please designate a liaison to handle all Neighborhood Assistance Act matters. You must enter the name, address, email address, phone number, and fax number of your liaison in Part IV of the application. **DRS will directly notify your liaison by email of the programs that have been approved.** You must notify your participating organizations accordingly as DRS will not contact them directly.

Direct any questions you have to Susan Sherman at 860-297-5693.

Enclosure

cc: Municipal Liaison (where previously designated)
 Connecticut Conference of Municipalities
 Regional Councils of Government

NAA-CVR
 (Rev. 02/16)

TWENTY-FIVE SIGOURNEY STREET, SUITE 2

File Your Taxes Electronically
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 Affirmative Action / Equal Opportunity Employer

HARTFORD, CONNECTICUT 06106-5032



TOWN OF BROOKFIELD

BROOKFIELD, CT 06804

To: Board of Selectmen
From: Lisa Delp, HR Assistant *Lisa Delp*
Date: April 25, 2016
Re: 2016 Neighborhood Assistance Act

The Town has received one program proposal for the 2016 Neighborhood Assistance Act. The proposal is from the Regional YMCA. The 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, 2016.

Please let me know if you need any additional information.

Human Resources - PO Box 5106, Brookfield, CT 06804 (203)775-7303 Fax (203)775-4068

Department of Revenue Services
State of Connecticut
(Rev. 02/16)



Municipality: Brookfield

Form NAA-01
2016 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: Annual Support Campaign

Name of contact person: Julie Pryor-Bennett

Telephone number: (203) 740-3432

Email address: jpryorbennett@regionalmca.org

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

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 Youth Development, Community Health & 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 alongside 450 volunteers and community leaders to provide over 40 programs. We focus on youth development, healthy living and social responsibility. We turn no one away for an inability to pay regardless of age, income or background, and provide over \$500,000 in financial aid each year.

Need for program: _____
 The Y strives to meet the changing needs of our community. Chronic disease prevention, obesity, school readiness, healthy living programs and financial aid are all areas of great need and of primary focus for the Y. One third of adults in the US are at risk of diabetes and only 10% are aware of it. Without early intervention, the academic achievement gap between low-income and more affluent children widens every year resulting in increased high school drop out rates. The Y bridges the gaps to meet these needs.

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 & 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: _____

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 9349312408335

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
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 \$: 7,350,040

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

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 2014 (Part V, line 2a)	5	534
6 Total number of volunteers (estimate if necessary)	6	459
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,468,150	1,718,563
9 Program service revenue (Part VIII, line 2g)	5,816,464	5,362,788
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,657	63,217
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,749	158,551
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,421,020	7,304,119
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)	4,645,122	4,671,193
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 243,283		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,937,185	2,709,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,582,307	7,381,004
19 Revenue less expenses. Subtract line 18 from line 12	-159,287	-76,885

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,123,860	7,163,367
21 Total liabilities (Part X, line 26)	4,821,727	4,963,954
22 Net assets or fund balances. Subtract line 21 from line 20	2,302,133	2,199,413

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: MARIE MISZEWSKI, EXECUTIVE DIRECTOR
 Date: 2015-05-04

Paid Preparer Use Only
 Preparer's name: NICHOLAS YANOUZAS
 Preparer's signature: NICHOLAS YANOUZAS
 Date: if self-employed
 Firm's name: WHITTESEY & HADLEY PC
 Firm's EIN: 06-0903326
 Firm's address: 383 TRUMBULL STREET 24TH FLOOR, HARTFORD, CT 06103
 Phone no: (860) 522 3111

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11202Y Form 990 (2014)