



Municipality: Brookfield

## Form NAA-01

### 2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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 Rd, Brookfield, CT 06804

Federal Employer Identification Number: 06-6051610

Program title: Annual Support Program

Name of contact person: Marie Miszewski

Telephone number: (203) 740-3432

Email address: mmiszewski@regionalyymca.org

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

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.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; **or**  
 Other (specify): Youth Development, Community Health & Wellness Programs

Description of program: \_\_\_\_\_

The Regional YMCA of Western CT is a community service organization committed to building healthy lives through programs that strengthen the spirit, mind and body for all. In 2019, The Regional Y reached over 45,000 residents in the Greater Danbury area by focusing on its core areas of Youth Development, Healthy Living and Social Responsibility. In 2019, 8,245 members worked towards achieving a healthier lifestyle at our Greenknoll branch in Brookfield, CT. (see attached)

Need for program: \_\_\_\_\_

The Regional Y provides over 40 different programs from three different facilities throughout Greater Danbury each year. We serve nearly every segment of the population with programs that include chronic disease prevention, school readiness, before and afterschool care, healthy living programs, youth leadership, senior wellness, and more. The need for these programs has never been higher and especially now with the COVID-19 pandemic, the Y has been significantly impacted along with the economy and other nonprofits. The support and services that the Y provides to the community will be more important than ever before as our community works to recover from these unprecedented circumstances. (See attached)

Neighborhood area to be served: \_\_\_\_\_

The Regional YMCA of Western CT services the Greater Danbury area, including the towns of Bethel, Bridgewater, Brookfield, Danbury, Kent, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, Warren, and Washington.

Plan to implement the program: \_\_\_\_\_

The ASC is an ongoing fundraising initiative that runs throughout the fiscal year. Two formal fundraising appeals are coordinated in the Spring and Fall. In addition to these coordinated appeals, our staff and volunteers continue to spread the Y's message and mission throughout the community in an effort to encourage new ASC donors, while working to elevate our current donor base.

**Timetable:**

Program start date: 1/01/2020

Program completion date: 12/31/2020

**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.**

**Part III — Financial Information**

**Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	<u>\$100,000.00</u>
Other funding sources - itemized sources:	
a) <u>Memberships and Programs</u>	<u>\$3,567,708.00</u>
b) <u>Child Care</u>	<u>\$1,743,120.00</u>
c) <u>Charitable Support</u>	<u>\$487,796.00</u>
d) <u>Camp</u>	<u>\$993,233.00</u>
<b>Total Funding:</b>	<u>\$6,891,857.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Memberships and Programs</u>	<u>\$2,243,060.00</u>
b) <u>Child Care</u>	<u>\$1,777,773.00</u>
c) <u>Facility</u>	<u>\$923,745.00</u>
d) <u>Combined Heat &amp; Energy</u>	<u>\$99,240.00</u>
Administrative expenses - itemized description:	
a) <u>Administration</u>	<u>\$1,822,426.00</u>
b) <u>Fundraising</u>	<u>\$129,640.00</u>
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$6,995,884.00</u>

**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

# 2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact Information* below.

## Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

**Program Title:** Assign a unique program title to each program for which your organization is making an application.

**Federal Form 990:** Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

## Part II – Program Information

**Description of Program:** Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

**Need for Program:** Demonstrate a need for this program. For example, provide relevant statistics.

**Neighborhood Area to Be Served:** Describe the neighborhood or municipality this program will serve.

**Plan to implement the program:** Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

**Timetable:** Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

## Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

**Sources of Revenue:** The budget must include the requested NAA funding and any other anticipated revenue sources.

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

**Other Funding Sources:** Provide a detailed description(s) and the amount(s) of all funding sources.

**Proposed Program Expenditures:** The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

**Expenditures must equal or exceed total funding.**

**Direct Operating Expenses:** Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

## Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

**Post-Project Review:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

## Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)  
Neighborhood Assistance Act Program  
Attn: Research Unit  
450 Columbus Blvd Ste 1  
Hartford CT 06103-1837

or call **860-297-5687**.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

(Description of program cont.)

Our Annual Support Campaign (ASC) is the backbone of our fundraising efforts and provides the Y with the capability to designate funding to the areas of greatest need; such as providing financial assistance for children to attend Camp Greenknoll or for teens from immigrant and low-income households to participate in youth development programs that build the foundation for a bright and prosperous future, as well as teaching adults the value of incorporating healthy nutrition and physical activity into their daily lives. Annual Support dollars allow the Y's Board of Directors and leadership team to make strategic decisions as to growth and expansion and to fund areas with the greatest need. It also allows for the flexibility to hire exceptional staff, build and maintain facilities, offer health and wellness programs, fund necessary scholarships and financial assistance (we provided over \$374,000 in 2019), build robust health and wellness and chronic disease prevention programs, and continue to grow and meet the diverse needs of the community.

(Need for program cont.)

Connecticut has one of the largest academic achievement gaps in the country between low-income students and their more affluent peers. Our Summer Camp, School Age, Preschool, and Youth Development programs work hard to provide meaningful academic enrichment opportunities and experiences that work to close this gap. Due to the disruption of students' education caused by COVID-19, these programs will be more important than ever before. Families in the Greater Danbury area also need affordable childcare, which can be very challenging to find. The affordable programming that the Y is able to provide through the support of its ASC to families in need is critical and will be needed more than ever because of the mounting and numerous financial hardships cause by COVID-19. Obesity is also on the rise in the community. In 2019, 36% of Danbury Kindergartners and 42% of 6th graders exceeded the 85 percentile for weight. The Regional Y's wellness programs such as SCRAM (Students Can Run and Move) and Go! 5-2-1-0 are instrumental in combatting childhood obesity and ensuring better outcomes for youth and their families. The Regional Y works to stave off all of these problems by providing safe and affordable programming for all, and direct scholarship funding to the families who have the greatest need. When our community begins to emerge from the effects of COVID-19 and the disruption it has caused to our daily lives, the programs and services that the Regional Y provides to the community will be critical to restoring a sense of normalcy and to providing support.

# Return of Organization Exempt From Income Tax

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

**2018**

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** , 2018, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization: REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION OF WESTERN CONNECTICUT, INC.  
Doing business as: REGIONAL YMCA  
Number and street (or P.O. box if mail is not delivered to street address): 2 HUCKLEBERRY HILL ROAD  
Room/suite:  
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 \$: 6,798,210

**F** Name and address of principal officer: MARIE MISZEWSKI  
293 MAIN STREET, DANBURY, CT 06810

**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**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: THE REGIONAL YMCA OF WESTERN CONNECTICUT IS A VOLUNTEER LED CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES. (CONTINUED ON SCHEDULE O)		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	456
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	659
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,419,093	1,149,067
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,248,744	5,470,630
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,252	77,774
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,099	60,986
	<b>12</b>		6,792,188	6,758,457
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,330,420	4,255,863
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,391		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,743,157	2,950,424
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,073,577	7,206,287
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	(281,389)	(447,830)
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	10,278,810	9,614,664
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,952,492	6,878,647
		3,326,318	2,736,017	

**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: \_\_\_\_\_

Type or print name and title: MARIE MISZEWSKI, EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: NICHOLAS YANOZAS  
Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01423868

Firm's name ▶ WHITTLESEY PC  
Firm's EIN ▶ 06-0903326  
Firm's address ▶ 280 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