### AGENDA

### CITY COUNCIL MEETING

### MONDAY, JUNE 3, 2024

### 7:00 p.m.

### **CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE**

### **BRIDGEPORT, CONNECTICUT 06604**

Prayer

Pledge of Allegiance

Roll Call

Mayoral Proclamation: In Recognition of CT Against Gun Violence observation of June 2, 2024 as Gun Violence Awareness Day – Wear Orange.

City Council Citation: In Recognition of CT Against Gun Violence observation of June 2, 2024 as Gun Violence Awareness Day – Wear Orange.

Filling of Vacancy in the 131st District

**89-23** Public Hearing re: Lease Agreement with Mozaic Senior Life (formerly known as the Jewish Home for the Elderly) for a portion of the Skane School Property located at 2977 Madison Avenue in order to provide additional parking for the Senior Care Facility.

### MINUTES FOR APPROVAL:

Approval of City Council Minutes: May 6, 2024

### COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- **91-23** Communication from Tax Collector re: Refund of Excess Payments Webster School Realty LLC, referred to Miscellaneous Matters Committee.
- **92-23** Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Maria Pires v. City of Bridgeport Docket No. 3:23-CV-00138 (VDO), referred to Miscellaneous Matters Committee.
- **93-23** Communication from Central Grants re: Grant Submission: Connecticut Department of Economic and Community Development Community Investment Fund 2030 Grant Program Round 5, referred to Economic and Community Development and Environment Committee.
- **94-23** Communication from Central Grants re: Grant Submission: United States Department of Transportation Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648), referred to Economic and Community Development and Environment Committee.

### **COMMUNICATIONS TO BE REFERRED TO COMMITTEES (CONTINUED):**

- **95-23** Communication from Mayor re: Appointment of John Weldon (R) to the Police Commission, referred to Public Safety and Transportation Committee.
- **96-23** Communication from Mayor re: Appointment of James Meszoros (D) to the Fire Commission, referred to Public Safety and Transportation Committee.

### **RESOLUTIONS TO BE REFERRED TO BOARDS, COMMISSIONS, ETC.:**

**97-23** Resolution presented by Council Member Burns re: Proposed Resolution to Certify Bridgeport as "BEE CITY USA", referred to Economic and Community Development and Environment Committee.

### MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- **\*78-23** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects.
- \*79-23 Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Public Health – CT DPH Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649).
- \*80-23 Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Economic and Community Development (DECD) Office of Brownfield Remediation and Development – Municipal Grant Program (#25409).
- \*81-23 Economic and Community Development and Environment Committee Report re: Grant Submission: National Audubon Society – Audubon Wildlife Guards (#25617).

### MATTERS TO BE ACTED UPON:

- **70-23** Economic and Community Development and Environment Committee Report re: Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program.
- **77-23** Economic and Community Development and Environment Committee Report re: Resolution Authorizing the Disposition of 16 City-Owned Properties.
- **76-23** Joint Committee on Economic and Community Development and Environment and Contracts Report re: Resolution Authorizing an Affordable Housing Tax Incentive Development Agreement for the Walkersville Commons Development located at 167 Steuben Street and 626 & 614 Pembroke Street.

NO SPEAKERS HAVE REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, JUNE 3, 2024 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

### CITY OF BRIDGEPORT CITY COUNCIL NOTICE OF PUBLIC HEARING

A Public Hearing will be held before the City Council of Bridgeport at a regular meeting to be held on **Monday** evening, **June 3, 2024** beginning at **7:00 p.m.**, in the City Council Chambers, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut, relative to the following item listed below:

 Proposed Lease Agreement with Mozaic Senior Life (formerly known as the Jewish Home for the Elderly) for a portion of the Skane School Property located at 2977 Madison Avenue in order to provide additional parking for the Senior Care Facility. [89-23]

Attest:

Lydia N. Martinez City Clerk

### AD ENDS ABOVE LINE

**Requires** Certification 2 Editions, Connecticut Post: PLEASE PUBLISH ON (Thursday, May 23, 2024 & Thursday, May 30, 2024) Emailed to: Legal Ad Dept. at publicnotices@ctpost.com Account #: 111171 PO: 24000229-00 Dated: May 21, 2024 Sent By: Lonnette Pettway City Clerk's Office 45 Lyon Terrace Bridgeport, CT 06604 (203) 576-7205 (203) 332-5608 (Fax) Cc: Mayor Joseph P. Ganim City Council Members D. Shamas, Chief of Staff C. Vickers, Deputy Chief of Staff T. Gaudett, CAO F. Gee, Deputy CAO E. Adams, Dir., Gov't Accountability & Integrity T. Toms, City Attorney M. Anastasi, Esquire T. Gill, Director, OPED B. Coleman, Deputy Director, OPED



### CITY OF BRIDGEPORT OFFICE OF THE TAX COLLECTOR

45 Lyon Terrace Bridgeport, Connecticut 06604 Telephone 203-576-7271 Fax 203-332-5628

> VERONICA JONES Tax Collector

JOSEPH P. GANIM Mayor

> COMM. #91-23 Ref'd to Miscellaneous Matters Committee on 6/3/2024. DATE: May 24, 2024 TO: Committee on Miscellaneous Matters FROM: Veronica Jones, Tax Collector

SUBJECT: Refund of Excess Payments

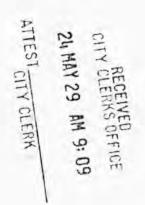
I hereby request a tax refund for the account detailed on the attached list, in accordance with the provision of Section 12-129 of the General Statues of the State of Connecticut. The Tax Collector, after examination of such applications, recommends to the honorable body in favor of such applicants for the amounts so certified.

Section 12-129: Refund of excess payments. Any person, firm or such corporation who pays any property tax in excess of the principal of such tax as entered in the rate book of the tax collector and covered by his warrant therein, or in excess of the legal interest, penalty or fees pertaining to such tax, or who pays a tax from which the payer is by statute exempt and entitled to an abatement, or who, by reason of a clerical error on the part of the assessor or board of tax review, pays a tax in excess of that which should have been assessed against his property, or who is entitled to a refund because of the issuance of a certificate of correction may make application in writing to the collector of taxes for the refund of such amount. Such application shall be made not later than three years from the date such tax was due and shall contain a recital of the facts and shall state the amount of the refund request.

WEBSTER SCHOOL REALTY LLC 17 WOODBINE ROAD WOODBRIDGE, CT 06525

REFERENCE: 17 WOODBINE ROAD WOODBRIDGE, CT 06525

Refund due: \$21,346.34 2022-01-0031541 1007--13



### REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended This is to certify that WEBSTER SCHOOL REALTY LLC

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2022 Sec. 12-81 (20) Servicemen Having Disability Rating.

Sec. 12-124 Abatement to poor. 

Sec. 12-125 Abatement of Taxes of Corporations.

Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.

Sec. 12-127 Abatement or Refund to Blind Persons. 

Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit. 

Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.

Sec. 12-129 Refund of Excess Payments. 

WEBSTER SCHOOL REALTY LLC 17 WOODBINE ROAD WOODBRIDGE, CT 06525

2022-01-0031541 1007--13-----1375 NORTH AV



To

Collector of CITY OF BRIDGEPORT State of Connecticut.

I hereby apply for refund\* of such part of my tax as shall represent:

The service exemption or

(State reason -- Cross out service exemption if it does not apply)

| Adducted Ref            |                          | 0.00                   | 0.00     | 0.00         | 0.00 | 21,346.34              |            |    |
|-------------------------|--------------------------|------------------------|----------|--------------|------|------------------------|------------|----|
| Total Due<br>Total Paid | 07/03/2023<br>01/09/2024 | 42,692.68<br>64,039.02 | 0.00     | 0.00<br>0.00 | 0.00 | 42,692.68<br>64,039.02 | -21,346.34 | ** |
| **********              | *************            | Tax                    | Interest | Lien         | Fee  | Total                  | Overpaid   | Ta |

#### PLEASE READ, SIGN, AND DATE BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Signature of Taxpayer Print Name (203) 258-4625 negreiro construction @ groul, con COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the First Selectman, or It is recommended that refund\* of property taxes and interest in the amount of 21,346.34 be made to the above-named taxpayer in accordance with the provisions of Section (s):

DATED AT CITY OF BRIDGEPORT, CONNECTICUT THIS 05 DAY OF March 2024,

TAX COLLECTOR

Date

### ACTION TAKEN BY GOVERNING BODY

| The First Selectman,  | as authorized by the | Board of | Selectman, o | r |        |  |
|-----------------------|----------------------|----------|--------------|---|--------|--|
| approved on the       | day of               |          | . It was vo  |   | refund |  |
| Property Taxes and In | nterest amounting to | \$       | t            | 0 |        |  |

First Selectman

Other Governing Body

CITY OF BRIDGEPORT 325 CONGRESS STREET BRIDGEPORT, CT 06604

2022-01-0031541 EXPLANATION AMOUNT 1879 WEBSTER SCHOOL REALTY LLC 17 WOODBINE RD WOODBRIDGE, CT 06525 B0043 BCHECK ARMOR 34 one thousand Three hudrod JNT Six went t Security Fealures Details on Back. milo DOLLARS CHECK TE TO THE ORDER OF DESCRIPTION 0 Collect \$ 21,346,30 1879 7/2 ity of -B 0 Ort G PEOPLES UNITED BANK peoples.com MP AUTHORIZED SIGNATURE "001879" :221172186: 6500039723" 1883 51-721 8/2211 80043 EXPLANATION AMOUNT WEBSTER SCHOOL REALTY LLC 17 WOODBINE RD WOODBRIDGE, CT 06525 CHECK ABALAN PAY 0 AMOUNT Lourty SX. Co DOLLARS & three hudred the 10m A Antonio OF DATE TO THE ORDER OF DESCRIPTION CHECK 1/4/2C ellestar. City of 8 0 2 \$ 21,346.34 27 (883 325 0 ct res P 24 out 1 C 5 PEOPLES UNITED BANK WP. AUTHORIZED SIGNATURE "001883# 12211721861: 6500039723#

Comm. #92-23 Ref'd to Miscellaneous Matters Committee on 6/3/2024.

## CITY OF BRIDGEPORT OFFICE OF THE CITY ATTORNEY

999 Broad Street

Bridgeport, CT 06604-4328

Telephone (203) 576-7647 Facsimile (203) 576-8252

CITY ATTORNEY Tyisha S. Toms

DEPUTY CITY ATTORNEY John P. Bohannon, Jr.

ASSOCIATE CITY ATTORNEYS Deborah M. Garskof Michael C. Jankovsky Richard G. Kascak, Jr. Bruce L. Levin James T. Maye John R. Mitola Lawrence A. Ouellette, Jr. Dina A. Scalo

May 29, 2024

The Honorable City Council City of Bridgeport 45 Lyon Terrace Bridgeport, CT 06604

Re: REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE: Proposed Settlement of Pending Litigation in the Matter of Maria Pires v. City of Bridgeport, Docket No. 3:23-cv-00138 (VDO)

Dear Councilpersons:

Kindly place this matter on the agenda for the next City Council meeting for referral to the Miscellaneous Matters Committee only. Thank you for your assistance in this matter.

### EXECUTIVE SUMMARY

a. Submission Title: Request for Litigation Settlement Approval.

b. Submitting Entity: Office of the City Attorney.

c. Contact Person: Associate City Attorney John R. Mitola, contact information above.

d. Approval Deadline: Thirty (30) days from release to avoid statutory interest charges.

e. <u>Case Summary</u>: Action pursuant to Title 42 USC Section 1983 and Conn. Gen. Stat. Sec. 31-51q claiming violation of plaintiff's First Amendment right to free speech and right to association.

f. <u>Council Action Requested</u>: Approval of proposed settlement in the total amount of \$35,000.00 to Willinger, Willinger & Bucci P.C., as trustee.

g. Financial Impact Analysis: Total cost to the City will be \$35,000.00.

h. <u>Funding Budget-Line</u>: The settlement payment will be made from the City Attorney Office Operating Budget Line-Item "*Personal Property Claims Atty.* #01-01-006-060-000-53010".

i. <u>Proposed Motion</u>: Motion to authorize and approve payment of \$35,000.00 to Willinger, Willinger & Bucci P.C., as trustee, in full and final settlement of *Matter of Maria Pires v. City of Bridgeport, Docket No. 3:23-cv-00138 VDO.* 

Very truly yours,

John R. Mitola Associate City Attorney

cc: Lydia Martinez, City Clerk Tyisha S. Toms, City Attorney Carolina Lopez, Paralegal



City of Bridgeport, Connecticut

### **OFFICE OF CENTRAL GRANTS**

999 Broad Street Bridgeport, Connecticut 06604 Telephone (203) 332-5662 Fax (203) 332-5657

ISOLINA DeJESUS Manager Central Grants

JOSEPH P. GANIM Mayor

> COMM. #93-23 Ref'd to ECD& Environment Committee on 6/3/2024

May 29, 2024

Office of the City Clerk City of Bridgeport 45 Lyon Terrace, Room 204 Bridgeport, Connecticut 06604

Re: Resolution – CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5

Attached, please find a Grant Summary and Resolution for the CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5 to be referred to the Committee on Economic and Community Development and Environment of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz Central Grants Office

21, MAY 29 PM 2: CITY CLERK EHKS OFFICE



### GRANT SUMMARY

PROJECT TITLE: CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5

NEW x RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

**PROJECT SUMMARY/DESCRIPTION:** The City of Bridgeport is seeking \$250,000 through Round 5 of the CT DECD Community Investment Fund (CIF) 2030 to study the effects of a potential project to deck over sections of Route 8, reconnecting the Hollow with Downtown. Once completed, this project will have us well-positioned to apply for construction funds from a future State or Federal grant opportunity.

### CONTRACT PERIOD: tbd

### TOTAL REQUEST: \$ 250,000.00

| FUNDING  | SOURCES (include matching funds): |
|----------|-----------------------------------|
| Federal: | \$0                               |
| State:   | \$ 250,000.00                     |
| City:    | \$0                               |
| Other:   | \$0                               |

| GRANT FUND    | ED PROJECT FUNDS REQUESTED |  |
|---------------|----------------------------|--|
| Construction: | \$0                        |  |
| Contractual:  | \$ 250,000.00              |  |
| Other:        | \$0                        |  |

| MATCH REQUIRED | K    |         |
|----------------|------|---------|
|                | CASH | IN-KIND |
| Planning:      | \$   | \$      |
| Other:         | \$   | \$      |

### A Resolution by the Bridgeport City Council

#### Regarding the

### CT Department of Economic and Community Development Community Investment Fund 2030 Grant Program

WHEREAS, the CT Department of Economic and Community Development is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Community Investment Fund 2030 Grant Program; and

WHEREAS, funds under this grant will be used to study the effects of a potential project to deck over sections of Route 8, reconnecting the Hollow with Downtown; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program to fund this important study.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's grant application to and contract with the CT Department of Economic and Community Development for the purpose of its Community Investment Fund 2030 Grant Program; and
- That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the CT Department of Economic and Community Development and to provide such additional information and execute such other contracts, amendments, and documents as may be necessary to administer this program.



### City of Bridgeport, Connecticut OFFICE OF CENTRAL GRANTS

999 Broad Street Bridgeport, Connecticut 06604 Telephone (203) 332-5662 Fax (203) 332-5657

ISOLINA DeJESUS Manager Central Grants

JOSEPH P. GANIM Mayor

> COMM. #94-23 Ref'd to ECD& Environment Committee on 6/3/2024

May 29, 2024

Office of the City Clerk City of Bridgeport 45 Lyon Terrace, Room 204 Bridgeport, Connecticut 06604

Re: Resolution – United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648)

Attached, please find a Grant Summary and Resolution for the United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant to be referred to the Committee on Economic and Community Development and Environment of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz Central Grants Office



**GRANT SUMMARY** 

| PROJECT TITLE: |                  | ment of Transportation – Safe Streets and Roads for<br>and Demonstration Grant (#25648) |
|----------------|------------------|---|
| NEW x          | RENEWAL          | CONTINUING  |
| DEPARTMENT SUE | MITTING INFORMAT | ION: Central Grants Office  |
| CONTACT NAME:  | Joseph Katz      |   |
| PHONE NUMBER:  | 203-576-7732     |   |

**PROJECT SUMMARY/DESCRIPTION:** With this proposal, the City is seeking a Planning and Demonstration Grant to advance its community-driven Complete & Safe Streets Design Manual. The manual will govern the design of roadways across Bridgeport for generations to come, establishing a comprehensive, interconnected, and safe transportation network for all residents. With funding from SS4A, the City will develop its own Action Plan to implement the Complete & Safe Streets Design Manual and will conduct numerous demonstration projects to better inform the plan.

### CONTRACT PERIOD: tbd

| FUNDING  | SOURCES (include matching funds): |
|----------|-----------------------------------|
| Federal: | \$ 2,538,400.00                   |
| State:   | \$0                               |
| City:    | \$ 634,600.00                     |
| Other:   | \$0                               |

| <b>GRANT FUND</b> | ED PROJECT FUNDS REQUESTED   |
|-------------------|--|
| Construction:     | \$ 2,138,400.00 (Temporary traffic calming and roadway design changes) |
| Contractual:      | \$ 400,000.00 (Development of new Action Plan and design manual)       |
| Other:            | \$0  |

| MATCH REQUIRED |               |         |
|----------------|---------------|---------|
|                | CASH          | IN-KIND |
| Contractual:   | \$ 534,600.00 | \$      |
| Construction:  | \$ 100,000.00 | \$      |

### A Resolution by the Bridgeport City Council

#### **Regarding the**

### United States Department of Transportation Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648)

WHEREAS, the United States Department of Transportation is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Safe Streets and Roads for All (SS4A) grant program; and

WHEREAS, funds under this grant will be used to advance a community-driven Complete and Safe Streets Design Manual, which will govern the design of roadways across Bridgeport, establishing a comprehensive, interconnected, and safe transportation network for all residents; and

WHEREAS, funds will also be used to conduct numerous, temporary demonstration projects in support of the plan, including, but not limited to traffic calming and roadway design interventions; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant to fund this important work.

### NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's grant application to and contract with the United States Department of Transportation for the purpose of its Safe Streets and Roads for All (SS4A) grant program; and
- 2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the United States Department of Transportation and to provide such additional information and execute such other contracts, amendments, and documents as may be necessary to administer this program.



OFFICE OF THE MAYOR CITY OF BRIDGEPORT, CONNECTICUT 999 BROAD STREET BRIDGEPORT, CONNECTICUT 06604 TELEPHONE (203) 576-7201 FAX (203) 576-3913

JOSEPH P. GANIM Mayor

> Comm. #95-23 Ref'd to Public Safety & Transportation Committee on 6/3/2024

| TO:   | Lydia N. Martinez     |
|-------|-----------------------|
| FROM: | Mayor Joseph P. Ganim |
| DATE: | May 29, 2024          |
| RE:   | Boards & Commissions  |

Please place the following name on the June 3, 2024 City Council Agenda for referral to the Public Safety & Transportation Committee for the purpose of appointment to the **Police Commission**:

John Weldon (R) 164 Seaside Avenue Bridgeport, CT 06605

This term shall expire on 12/31/2026.

JPG/AT



OFFICE OF THE MAYOR CITY OF BRIDGEPORT, CONNECTICUT 999 BROAD STREET BRIDGEPORT, CONNECTICUT 06604 TELEPHONE (203) 576-7201 FAX (203) 576-3913

JOSEPH P. GANIM Mayor

> Comm. #96-23 Refd to Public Safety & Transportation Committee on 6/3/2024

| RE:   | Boards & Commissions  |
|-------|-----------------------|
| DATE: | May 29, 2024          |
| FROM: | Mayor Joseph P. Ganim |
| TO:   | Lydia N. Martinez     |

Please place the following name on the June 3, 2024 City Council Agenda for referral to the Public Safety & Transportation Committee for the purpose of reappointment to the **Fire Commission**:

James Meszoros (D) 354 Gregory Street Bridgeport, CT 06604

This term shall expire on 12/31/2026.

JPG/AT



## OFFICE OF THE CITY CLERK RESOLUTION FORM

RECEIVED CITY CLERKS OFFICE

24 MAY 29 PM 1:46

ATTEST

| SECTION I CITY COUNCIL SUBMISSION INFORMATION |   |           |  |  |  |
|---|---|-----------|--|--|--|
| Log ID/Item Number:                           | 97-23   |           |  |  |  |
| Submitted by Councilmember(s):                | Scott Burns   | 1         |  |  |  |
| Co-Sponsors(s):                               | Choose an item.   |           |  |  |  |
| District:                                     | 130TH   |           |  |  |  |
| Subject:                                      | Proposed Resolution to Certify Bridgeport as BEE CITY USA |           |  |  |  |
| Referred to:                                  | ECD and Environment Commi                                 | ittee     |  |  |  |
| City Council Date:                            | June 3, 2024  |           |  |  |  |
| PLATION II PL                                 | ESOLUTION /PLEASE TY                                      | PE BELOW) |  |  |  |

### SECTION II

WHEREAS, the mission of BEE CITY USA is to galvanize communities to sustain pollinators, responsible for the reproduction of almost 90% of the world's flowering plant species, by providing them with healthy habitat, rich in a variety of native plants and free to nearly free of pesticides; and

WHEREAS, thanks to the more than 3,600 species of native bees in the United States, along with introduced honey bees, we have very diverse dietary choices rich in fruits, nuts, and vegetables; and

WHEREAS, bees and other pollinators have experienced population declines due to a combination of habitat loss, poor nutrition, pesticides (including insecticides, fungicides, and herbicides), parasites, diseases, and climate change; and

WHEREAS, pollinator-friendly communities can benefit local and regional economies through healthier ecosystems, increased vegetable and fruit crop yields, and increased demand for pollinator-friendly plant materials from local growers; and

WHEREAS, ideal pollinator-friendly habitat (A) is comprised of mostly native wildflowers, grasses, vines, shrubs, and trees blooming in succession throughout the growing season to provide diverse and abundant nectar and pollen, since many wild pollinators prefer or depend on the native plants with which they coadapted; (B) is free to nearly free of pesticides, as many pesticides can harm pollinators and/or their habitat; (C) comprises undisturbed spaces (leaf and brush piles, unmown fields or field margins, fallen trees and other dead wood) for nesting and overwintering; and (D) provides connectivity between habitat areas to support pollinator movement and resilience; and

WHEREAS, Integrated Pest Management (IPM) is a long-term approach to maintaining healthy landscapes and facilities that minimizes risks to people and the environment by: identifying and removing the causes of pest problems rather than only attacking the symptoms (the pests); employing pests' natural enemies along with cultural, mechanical, and physical controls when prevention is not enough; and using pesticides only when no other method is feasible or effective; and

WHEREAS, supporting pollinators fosters broad-based community engagement in environmental awareness and sustainability; and

WHEREAS, the City of Bridgeport should be certified a BEE CITY USA community because of its commitment to sustainability, habitat restoration, and addressing the impacts of climate change; and



## OFFICE OF THE CITY CLERK **RESOLUTION FORM**

NOW, THEREFORE, in order to enhance understanding among local government staff and the public about the vital role that pollinators play and what each of us can do to sustain them, the City of Bridgeport City Council chooses to support and encourage healthy pollinator habitat creation and enhancement, resolving as follows:

- 1. The City of Bridgeport Sustainability Office Department is hereby designated as the BEE CITY USA sponsor,
- 2. The Sustainability Manager for the Sustainability Office is designated as the BEE CITY USA Liaison.
- 3. Facilitation of the City of Bridgeport's BEE CITY USA program is assigned to Aspetuck Land Trust's Park City Pollinators Committee.
- 4. The Park City Pollinators Committee is authorized to and shall:
  - a. Celebration: Host at least one educational event or pollinator habitat planting or restoration each year to showcase the City of Bridgeport's commitment to raising awareness of pollinator conservation and expanding pollinator health and habitat.
  - b. Publicity & Information: Install and maintain at least one authorized BEE CITY USA street sign in a prominent location, and create and maintain a webpage on the City of Bridgeport's website which includes, at minimum a copy of this resolution and links to the national BEE CITY USA website; contact information for your BEE CITY USA Liaison and Committee; reports of the pollinator-friendly activities the community has accomplished the previous year(s); and your recommended native plant species list and integrated pest management plan (explained below).
  - c. Habitat: Develop and implement a program to create or expand pollinator-friendly habitat on public and private land in all neighborhoods, which includes, but is not limited to, Identifying and inventorying the City of Bridgeport's real property that can be enhanced with pollinator-friendly plantings; creating a recommended locally native plant list to include wildflowers, grasses, vines, shrubs, and trees and a list of local suppliers for those species; and, tracking (by square footage and/or acreage) annual area of pollinator habitat created or enhanced.
  - d. Pollinator-Friendly Pest Management: Create and adopt an integrated pest management (IPM) plan designed to prevent pest problems, reduce pesticide use, and expand the use of nonchemical pest management methods.
  - Policy & Plans: Establish, through the City of Bridgeport], a policy in the Sustainability Plan and Plan of Conservation and Development, to acknowledge and commit to the BEE CITY USA e, designation and review the Plan of Conservation and Development and other relevant documents to consider improvements to pest management policies and practices as they relate to pollinator conservation, identify appropriate locations for pollinator-friendly plantings, and consider other appropriate measures.
  - Renewal: After completing the first calendar year as a BEE CITY USA affiliate, each February. apply for renewal of the City of Bridgeport's BEE CITY USA designation following the format f. provided by BEE CITY USA, including a report of the previous year's BEE CITY USA activities, and paying the renewal fee based on the City of Bridgeport's population.
  - g. Committee Composition: Ensure equitable participation across the City. The Committee shall be composed of at minimum three representatives, including but not limited to, a representative from Apsetuck Land Trust, a member of a community garden in the City of Bridgeport, representative from each NRZ, representative from local non-profit focused on the environment/sustainabaility, City Council member, an individual involved in the Bridgeport school system, and representative from the City of Bridgeport.



## OFFICE OF THE CITY CLERK RESOLUTION FORM

| SECTION III SUBS   | Referral date sent          | <b>Response Rece</b> | ived     | Date reply received                       |
|--|-----------------------------|----------------------|----------|---|
|  |                             | □ Yes                |          |   |
| Choose an item   |                             | 🗆 Yes                | D No     |   |
| Choose an item.  |                             | 🗆 Yes                | D No     |   |
| Choose an item.  |                             | 🗆 Yes                | D No     |   |
| Choose an item   |                             | 🗆 Yes                | D No     |   |
| Choose un tiem.  |                             | 🗆 Yes                | D No     |   |
| Choose an item   |                             | □ Yes                | D No     |   |
| Choose an item.  |                             | □ Yes                | D No     |   |
| Choose an item.  |                             | 🗆 Yes                | □ No     |   |
| SECTION IV   | PUBLIC HEARING              | INFORMATIC           | N        |   |
| Public Hearing Required  | Details Date                |                      | ate      |   |
| □ Yes □ No   | Public Hearing Ordered on   |                      |          |   |
|  | CT Post Publication Date(s) |                      |          |   |
|  | Public Hearing Held on:     |                      |          |   |
| SECTION V  | AMENDMENTS/                 | EXHIBITS             |          |   |
| Choose an item.  | □Yes □ No                   |                      | Date:    |   |
| SECTION VI   | COMMITTEE ACTION/AP         | PROVAL INFO          | ORMATIO  | N <sup>ara</sup> and a state of the state |
| Personal Providence of the second sec | □Yes □ No                   |                      | Date:    |   |
| Choose an item.  | □Yes □ No                   |                      | Date:    |   |
| Choose an item.  | □Yes □ No                   |                      | Date:    |   |
| SECTION VII  | WITHDRAWN/SIN               | E DIE INFOR          | MATION   |   |
|  | □Yes □ No                   |                      | Date:    |   |
| Choose an item   | DATE OF APPRO               |                      | FROM CIT | Y COUNCIL                                 |
| SECTION VIII   | DATE OF APPRO               | ALIDENIAL            |          |   |

SECTION IX

COMMENTS (if any)



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. \*78-23 Consent Calendar

### A Resolution by the Bridgeport City Council Regarding the State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects

WHEREAS, the City of Bridgeport undertakes, and may financially participate in, rights of way activities, in conjunction with improvements to locally-maintained roadways, structures and transportation enhancement facilities that are eligible for government financial assistance from the State of Connecticut Department of Transportation, the federal government, or both; and

WHEREAS, the State of Connecticut Department of Transportation (DOT) is the authorized entity responsible for distributing the state and federal government financial assistance with respect to these municipal projects; and

WHEREAS, on a project-by-project basis either the City of Bridgeport or the DOT takes on responsibility for the administration of the rights of way phase of a particular municipal project, and the parties wish for a Master Agreement to address the rights of way phase of the Municipality or State's administered projects; and

WHEREAS, the DOT and the City of Bridgeport wish to set forth their respective duties, rights, and obligations with respect to these projects that are undertaken in a Master Municipal Agreement for Construction Projects for a ten-year period beginning on June 20, 2024 and ending June 19, 2034.

### NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's intention to enter into the Master Municipal Agreement for Construction Projects with the State of Connecticut Department of Transportation (DOT) and to continue to engage in transportation projects which may be DOT and/or federally funded; and
- That it hereby authorizes, directs, and empowers the Mayor or his designee to execute and file the Agreement entitled "Master Municipal Agreement for Construction Projects" with the State of Connecticut Department of Transportation (DOT) to serve as the master backbone agreement for future transportation projects which may be DOT and/or federally funded.



Report of Committee on <u>Economic and Community Development and Environment</u> Item No. \*78-23 Consent Calendar

-2-

### RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. \*79-23 Consent Calendar

### A Resolution by the Bridgeport City Council Regarding the State of Connecticut Department of Public Health Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649)

WHEREAS, the State of Connecticut Department of Public Health (CT DPH) and the Yale Center on Climate Change and Health (YCCCH) are authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning grant program; and

WHEREAS, funds under this grant will be used to develop a comprehensive Heat and Air Quality Preparedness and Response Plan to address health inequity and overall quality of life; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the State of Connecticut Department of Public Health to fund this important work.

### NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's grant application to and contract with CT DPH and YCCCH for the purpose of its Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning program; and
- 2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to CT DPH and YCCCH and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



Report of Committee on <u>Economic and Community Development and Environment</u> Item No. \*79-23 Consent Calendar

-2-

### RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. \*80-23 Consent Calendar

### A Resolution by the Bridgeport City Council Regarding the Connecticut Department of Economic and Community Development Office of Brownfield Remediation and Development Municipal Grant Program (#25409)

WHEREAS, the Connecticut Department of Economic and Community Development (CT DECD) is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Office of Brownfield Remediation and Development Municipal Grant Program; and

WHEREAS, this funding will be used to support the redevelopment of the vacant site of the former A.G.I. Rubber Company on Stratford Avenue; and

WHEREAS, grant-funded activities will include environmental cleanup, the raising of the site's elevation, and the creation of resilient waterfront infrastructure; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the CT DECD Office of Brownfield Remediation and Development Municipal Grant Program to fund work at this strategically located site.

### NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- 1. That it is cognizant of the City's grant application to and contract with the CT DECD for the purpose of its Office of Brownfield Remediation and Development Municipal Grant Program; and
- 2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the **CT DECD** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



Report of Committee on <u>Economic and Community Development and Environment</u> Item No. \*80-23 Consent Calendar

-2-

### RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. \*81-23 Consent Calendar

### A Resolution by the Bridgeport City Council Regarding the National Audubon Society Audubon Wildlife Guards (#25617)

WHEREAS, the National Audubon Society is authorized to extend financial assistance to municipalities and non-profits in the form of grants; and

WHEREAS, this funding has been made possible through the Audubon Wildlife Guards grant program; and

WHEREAS, the City of Bridgeport applied for this funding in partnership with United Way of Coastal Fairfield County, who will subgrant a portion of the funding to the City of Bridgeport as a fiduciary of the grant; and

WHEREAS, this funding will be used to hire and train eight high school students as Wildlife Guards, who will ensure that birds have the opportunity to nest successfully and rest and refuel during migration at parks in the City of Bridgeport; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the National Audubon Society Audubon Wildlife Guards grant program to fund work at this strategically located site.

### NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's grant application to and contract with the National Audubon Society and the United Way of Coastal Fairfield County for the purpose of the Audubon Wildlife Guards program; and
- That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the National Audubon Society and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



Report of Committee on <u>Economic and Community Development and Environment</u> Item No. \*81-23 Consent Calendar

-2-

### RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. 70-23

### A Resolution Approving Programs for the State of Connecticut Neighborhood Assistance Act Tax Credit Program

Whereas, the Connecticut Neighborhood Assistance Act ("NAA") Tax Credit Program, pursuant to Connecticut General Statute §12-630aa et. seq. (the "Statute") provides a tax credit to business firms that make cash investments of at least \$250 (two-hundred-fifty) dollars to certain qualifying community programs conducted by tax exempt or municipal agencies; and

Whereas, the cash investments must be made in a community program that is proposed and conducted by a tax exempt or municipal agency and must be approved by both the municipality in which the program is conducted and by the Connecticut Department of Revenue Services ("DRS"); and

Whereas, the City's Office of Planning and Economic Development ("OPED") is the designated office for overseeing the implementation of the 2024 Neighborhood Assistance Act Tax Credit Program; and

Whereas, tax exempt entities and municipal agencies desiring to obtain benefits under the NAA must complete Form NAA-01, Connecticut Neighborhood Assistance Act Program Proposal, Parts I, II, and III and submit the form to OPED, which must then review and present the proposals to the Bridgeport City Council for approval, after which OPED may complete the corresponding Form NAA-01 Part IV for submittal to DRS on or before July 1 of each year; and

Whereas, prior to OPED being authorized to submit Form NAA-01 Part IV to DRS, the Bridgeport City Council must vote to approve the programs; and

Whereas, the attached list of organizations and programs represents the City's diversity and represents a spectrum of accomplished non-profit organizations pursuing innovative and effective programs; and

Whereas, the Bridgeport City Council received this attached list of program proposals as an OPED submittal item on its City Council Agenda of May 6, 2024; and



Report of Committee on <u>Economic and Community Development and</u> <u>Environment</u> Item No. 70-23

-2-

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the May 16, 2024 meeting of its Economic and Community Development and Environment Committee; and

Whereas, the Bridgeport City Council held a duly noticed public hearing on all program proposals; and

Whereas, the Bridgeport City Council finds that these program proposals are worthy of support; and

Now therefore be it resolved that the Bridgeport City Council hereby approves the attached list of program proposals and respective organizations for submittal by the City's Office of Planning and Economic Development to the Connecticut Department of Revenue Services pursuant to the requirements of the Neighborhood Assistance Act.

Be it further resolved that the Mayor or the Director of OPED, as may be required by the Connecticut Department of Revenue Services or by the Statute, subject to the final review and approval of the City Attorney's Office as to form and content, is further authorized to execute any and all other documents, and to do any and all other things necessary in furtherance of and consistent with this resolution in the best interests of the City.



Report of Committee on <u>Economic and Community Development and</u> <u>Environment</u>

Item No. 70-23

-3-

### RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez



City Council Date: June 03, 2024

CITY OF BRIDGEPORT 2024 Connecticut Neighborhood Assisted Act Organization Program Amount

1. Big Brothers Big Sisters of SW CT, Inc. - One to One Mentoring

\$125,000.00

2. Bridgeport Rescue Mission - Residential Recovery for Men and Women

\$150,000.00

3. Junior Achievement of Western CT, Inc. - Junior Achievement Programs

\$55,000.00

- 4. Bridgeport Neighborhood Trust Capacity Expansion and Sustainability \$150,000.00
- 5. Habitat for Humanity of Coastal Fairfield County Habitat CFC Program

\$150,000.00

6. Hall Neighborhood House, Inc. - Hall Senior Center

\$24,000.00

- YMCA dba Bridgeport YMCA Ralphola Taylor Community Center \$50,000.00
- 8. Cardinal Shehan Center Computer, Photography, Stem & Cooking Program

\$24,000.00

9. Bridgeport Economic Development Corporation - Bridgeport Brownfields Reclamation

CITY CLERKS OFFICE

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\$50,000.00

10. Connecticut Zoological Society - Smart Flower-Solar Power at the Zoo

\$150,000.00

11. Burroughs Community Center – Window Replacement Weatherrization

\$85,000.00

12. Groundword Bridgeport, Inc - Urban Fellows

\$150,000.00

13. Boys Club & Girls Club of Bridgeport, CT - Project Learn

\$150,000.00

- 14. Boys Club & Girls Club of Bridgeport, CT Energy Conservation Green Projects \$150,000.00
- 15. Bridgeport Public Education Fund, Inc. Mentoring for Academics Achievement \$150,000.00
- Bridgeport Public Education Fund, Inc Support for Low Income Student at U.B.
   \$150,000.00
- 17. Wakeman Memorial Association Energy Efficient updates

\$29,632.00

18. Bridgeport Public Education Fund, Inc -Energy Efficient Repair and Upgrades

### \$150,000.00

19. Housatonic Community College- Classroom/Laboratory LED Upgrades

\$10,000.00

20. Bridgeport Caribe Youth League, Inc- Workforce Technology Program

\$150,000.00

21. Bridgeport Caribe Youth League, Inc-Energy Efficient repair and upgrades

\$150,000.00

22. University of Bridgeport- Adding Energy Effectiveness

\$150,000.00

23. University of Bridgeport- Jobs for Bridgeport

\$150,000.00

24. Mutual Housing Partners- Yale Street Commons Efficiency Upgrades

\$58,500.00

25. The Center for Family Justice, Inc. Expansion and Renovation Project.

\$150,000.00

- 26. The Child and Family Guidance Center Patient Access and Intake \$150,000.00
- 27. Klein Memorial Auditorium Foundation, Inc Elevator and office project \$150,000.00
- 28. YMCA dba Bridgeport YMCA-South END Community Center \$150,000.00
- 29. YMCA dba Bridgeport YMCA- Herman's \$150,000.00
- 30. McGivney,s Community Center Youth Program \$40,000.00
- Waveny LifeCare Network, Inc Certified Nursing Aide School \$93,053.00
- 32. Adam Lewis Academy Middle School Expansion and Renovation \$150,000.00

| Department of Revenue Services       | Print Form | Reset Form | color |
|--------------------------------------|------------|------------|-------|
| State of Connecticut<br>(Rev. 01/24) |            |            | 33.86 |
| Municipality: Bridgeport             |            |            |       |

## Form NAA-01

## 2024 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: Big Brothers Big Sisters of Connecticut

Address:

Main: 30 Laurel St., Suite 3, Hartford, CT 06106 Satellite: 2470 Fairfield Ave. Bridgeport, CT 06605

Federal Employer Identification Number: 06-0850379

Program title: One-to-One Mentoring

Name of contact person: Dana Zarrello

Telephone number: 860-525-5437

X Yes

Email address: grantsadmin@ctbigs.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 125,000 \_\_\_\_\_

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

🗖 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.

Visit us at portal.ct.gov/DRS for more information.

## 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): Youth Development X

## Description of program:

BBBSCT provides 1:1 mentoring for at-risk children and youth by professionally trained and supported volunteer mentors. Matches meet regularly for enriching activities and build bonds that help participating children reach their highest potential. In our research-based model, mentoring is impactful because our professional staff ensures that mentors, parents and youth have the supports and resources they need. Our programs give children consistent, focused, one-to-one adult attention - helping at-risk kids build connections with trusted adults, resulting in reduced risky behaviors, increased self-confidence and opportunities to thrive.

Children in Bridgeport face significant challenges. Over 86% of all children are eligible for Free or Reduced-Price Lunch, compared to 44% statewide (CT Dept of Ed, 2023). Research shows that lowincome children need more support to achieve at the same level as their more affluent peers. In 2022-23, just 19.6% of Bridgeport students met proficiency on the Smart Balanced English-Language Arts assessment compared to the state average of 48.5%. Only 10.8% of students met proficiency on the Math Assessment, versus the 42.5% rate statewide (Ibid). Big Brothers Big Sisters' mentoring can turn these challenges into opportunities.

## Neighborhood area to be served: All of Bridgeport

BBBSCT works to develop and enhance cross-sector partnerships so that we can receive program referrals from a variety of sources, better understand and respond to the needs of the community and avoid duplication of services. Our staff follows the same action steps with each child, family, and volunteer referred to our program. First, we conduct initial screening of child/family or volunteer and explain requirements. Eligible parties are assigned an Enrollment Coordinator (EC). The EC conducts follow-ups with the families (interviews, assessment of child needs, and goal setting) and volunteers (interview, assessment, background and reference checks, trainings). Based on shared interests and goals, the EC suggests a match. They then hold a meeting between child/family and volunteer to ensure all parties are comfortable. Next, a Case Manager is assigned, collects baseline data, and conducts regular check-ins to provide support, guidance and ensure child safety. Matches meet and engage in enriching activities for 6-10 hours per month.

#### Timetable:

| Program start date: 07-01-24          |   |
|---------------------------------------|---|
| Program completion date: 06-30-25     | - |
| Post-project audit due date: 09-30-25 | - |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III — Financial Information

## Program Budget:

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

#### Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

- a) Individual Contributions
- b) Grants (United Way, Corporations, Foundations, Govt)
- c) Special Events
- d) Other (Other sales, revenue, in-kind contributions)

#### **Total Funding:**

## Proposed Program Expenditures:

Direct operating expenses - itemized description:

| Direct operating expenses - itemized description | \$1,891,414.00 |
|--|----------------|
| a) <u>Salaries</u>                               | \$359,379.00   |
| b) Benefits                                      | \$59,999.00    |
| c) Rent  | \$42,336.00    |
| d) Insurance                                     | -              |
| Administrative expenses - itemized description:  | \$300,575.00   |
| a) Assistance to Individuals                     | \$130,356.00   |
| b) Professional Fees                             | \$37,594.00    |
| c) Membership Dues                               | \$414,958.00   |
| d) <u>Misc.</u>                                  | \$3,236,611.00 |
| Total Proposed Expenditures:                     |                |

\$125,000

\$388,000.00

\$2,399,516.00

\$488,000.00

\$67,500.00

\$3,343,016.00

## 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-Proj                  | ject Audit                |
|----------------------------|---------------------------|
| Is a post-project audit re | equired for this proposal |
| T Yes                      | 🗖 No                      |
| If Yes, date post-         | -project audit due:       |
| D                          | ate                       |

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information. 102052 05/12/2023 5:58 PM Pg 4

| Form 990               | Under section 50'<br>Do no  | n of Organization Exempt F<br>1(c), 527, or 4947(a)(1) of the Internal Revenue<br>of enter social security numbers on this form<br>to www.irs.gov/Form990 for instructions and | <ul> <li>Code (except private fou<br/>as it may be made public.</li> <li>the latest information.</li> </ul> | ndations)             | OMB No. 1545-0047<br>2021<br>Open to Public<br>Inspection |
|------------------------|---|--|---|-----------------------|---|
| For the 2021           | calendar year, or tax year beg  | inning 07/01/21 , and ending 0   | 6/30/22   |                       |   |
| Check if applicable:   | C Name of organization BIG  | BROTHERS BIG SISTERS   |   | D Employer            | identification number                                     |
| Address change         | OF (  | CONNECTICUT, INC.  |   |                       | a second  |
|                        | Doing business as   |  |   |                       | 350379  |
| X Name change          | Number and street (or P.O. box if ma                                  | I is not delivered to street address)  | Room/suite  | E Telephone           |   |
| Initial return         | 30 LAUREL STREET  |  |   | 860-:                 | 525-5437  |
| Final return/          | City or town, state or province, country                              | y, and ZIP or foreign postal code  |   |                       |   |
| terminated             | HARTFORD  | CT 06103   |   | G Gross rece          | aipts5 2,323,252  |
| Amended return         | F Name and address of principal officer                               | E  | H(a) is this a c  | rous rotum for        | subordinates Yes X N                                      |
| Application pending    | ANDREW FLEISCH  | HMANN  | ra(a) is use a g  | noch rerent in        | 8 8   |
| -                      | 30 LAUREL STRE  |  | H(b) Are all su   | ibordinates incl      | uded? Yes No  |
|                        | HARTFORD  | CT 06106   | If "No  | " attach a list.      | See instructions  |
| -                      | X 501(c)(3) 501(c) (  | ) 4947(a)(1) or  | 527   |                       |   |
| Tax-exempt status      | WW.CTBIGS.ORG   |  | H(c) Group ex   | emption numbe         | •   |
| Website:               |   | Association Other  | L Year of formation: ]  |                       | M. State of legal domicile: C1                            |
|                        |   |  |   |                       |   |
|                        | ummary<br>escribe the organization's mission                          | and the local and the  |   |                       |   |
| 4 Number<br>5 Total nu | mber of individuals employed in                                       | of the governing body (Part VI, line 1b)<br>calendar year 2021 (Part V, line 2a)   |   | 4                     | 16<br>39<br>1000  |
| 6 Total nu             | mber of volunteers (estimate if i                                     |  | 1.222 (1.1) 1.121 (1.1) (1.1) (1.1)   | 1.1                   | 1000  |
| 7a Total un            | related business revenue from F                                       | Part VIII, column (C), line 12   |   | 76                    | 1   |
| b Net unn              | lated business taxable income f                                       | from Form 990-T, Part I, line 11   | Prior Ye  |                       | Current Year  |
|                        | Name and amount (Red VIII line  | 16)  |   | 0,495                 | 2,073,857   |
| B Contribu             | tions and grants (Part VIII, line<br>service revenue (Part VIII, line |  |   |                       | (   |
| 9 Program              |   | 2g)<br>), lines 3, 4, and 7d)  | 3   | 3,775                 | 10,738  |
|                        |   |  |   | 9,168                 | 175,091   |
|                        |   | es 5, 6d, 8c, 9c, 10c, and 11e)  |   | 3,438                 | 2,259,686   |
|                        |   | (must equal Part VIII, column (A), line 12)  | / Ba / Ba O   | 0/100                 |   |
|                        | and similar amounts paid (Part I                                      |  |   |                       | 1   |
| 14 Benefits            | paid to or for members (Part IX                                       | (, column (A), line 4)   | 1.05  | 8,300                 | 1,414,231   |
| a 15 Salaries          |   | benefits (Part IX, column (A), lines 5-10)   | -/  | -/                    |   |
|                        | onal fundraising fees (Part IX, o                                     |  | 9   |                       |   |
| D lotal lu             | ndraising expenses (Part IX, colu                                     | and the firmer and the second contraction and second   | 71  | 1,525                 | 628,604   |
|                        | penses (Part IX, column (A), lir                                      |  | 4 55  | 9,825                 | 2,042,835   |
|                        |   | equal Part IX, column (A), line 25)  |   | 3,613                 | 216,851   |
| 19 Revenu              | e less expenses. Subtract line 1                                      | 8 from line 12   | Beginning of C  |                       | End of Year   |
| Sta 20 Total or        | sets (Part X, line 16)  |  | 1 43  | 2,488                 | 1,641,280   |
| 02 (0)                 | bilities (Part X, line 26)  |  | 46  | 4,675                 | 220,487   |
|                        | ets or fund balances. Subtract lin                                    | no 21 from line 20   |   | 7,813                 | 1,420,793   |
| Dent II                | ignature Block  | HE ET HUIT HIE EU  |   | 1                     |   |
| Linder penalties o     | periupy I declare that I have exam                                    | ined this return, including accompanying schedule<br>ther than officer) is based on all information of wh  | es and statements, and to the<br>nich preparer has any knowle   | e best of my<br>edge. | knowledge and belief, it is                               |
|                        |   |  |   | _                     |   |
| Sign                   | Signature of officer  | C. AND IN CONTRACTOR OF CONTRACTOR   |   | Date                  |   |
| Here                   | ANDREW FLEISCH  | MANN   | PRESIDENT &   | CEO                   |   |
|                        | Type or print name and title  |  |   |                       |   |
|                        |   |  |   |                       |   |
| Print/Ty               | pe preparer's name  | Preparer's signature   | Date  | Check                 | If PTIN   |
|                        | be preparer's name  | AMBER D. TUCKER  | 05/1  | 2/23 self-em          |   |

FIONDELLA, MILONE & LASARAC 300 WINDING BROOK DR STE 1 GLASTONBURY, CT 06033 Use Only 860-657-3651 X Yes No Form 990 (2021) Phone no. Firm's address May the IRS discuss this return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions.

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport CT



### Form NAA-01

#### 2024 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: \_\_\_\_\_\_ Bridgeport Rescue Mission

Address: 725 Park Avenue, Bridgeport CT 06604

Federal Employer Identification Number: 06-1362705

Program title: Residential Recovery for Men and Women

Name of contact person: Lisa Chester, Director of Marketing or Chris Carollo, Development Director

(203) 333-4087 Telephone number:

Email address: Lchester@brmct.org or Ccarollo@brmct.org

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

| Is your organ<br>from Income | Catalog and an in the second | uired to file federa | I Form 990 or 990EZ, Return of Organization Exempt |
|------------------------------|------------------------------|----------------------|--|
| X                            | Yes                          | No                   |  |
| If Yes, attach               | n a copy of                  | the first page of y  | our most recent return.                            |
| If No, attach<br>Revenue Se  |                              | our determination    | letter from the U.S. Treasury Department, Internal |

Visit us at portal.ct.gov/DRS for more information.

#### 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

- X Job training/education for unemployed persons aged 50 or over;
- X Job training/education for persons with physical disabilities;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify):

#### Description of program:

Bridgeport Rescue Mission provides essential services and life-changing recovery programs that meet individuals' and families' physical, emotional, and spiritual needs when experiencing short- or long-term crises. BRMs programs address poverty, homelessness, and substance abuse. These programs equip families to build a solid foundation toward a thriving existence. Once stable, job skills training and help with job placement become the priority goal.

Need for program:

In Bridgeport, CT, a significant portion of the population grapples with substance abuse issues, cascading into cycles of homelessness and despair. Census Data from 2020 revealed that as many as 60% of residents in Bridgeport below the poverty line set by the Federal government, underscoring the urgent need for robust support systems to uplift those battling addiction. Skills, sobriety and increase in income over time create a better community.

Neighborhood area to be served: \_\_\_\_\_\_Bridgeport CT.

Plan to implement the program: \_\_\_\_\_ Already in progress.

#### Timetable:

| Program start date: 01/01/20 | )24                          |
|------------------------------|------------------------------|
| Program completion date: _1  | MM - DD - YYYY<br>12/31/2024 |
| Post-project audit due date: | MM - DD - YYYY               |
| p                            | MM - DD - YYYY               |

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

#### Part III — Financial Information

#### **Program Budget:**

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

#### Sources of Revenue:

| NAA funds requested                               | \$150,000.00   |
|---|----------------|
| Other funding sources - itemized sources:         |                |
| a) Individual donors                              | \$4,301,354.00 |
| b) Organizations - churches, civic, etc           | \$1,228,958.00 |
| c) Foundations and Grants                         | \$464,480.00   |
| d)  |                |
| Total Funding:                                    | \$6,144,792.00 |
| Proposed Program Expenditures:                    |                |
| Direct operating expenses - itemized description: |                |
| a) Residential and outreach programs              | \$3,900,023.00 |
| b)  |                |
| c)  |                |
| d)  |                |
| Administrative expenses - itemized description:   |                |
| a) Administrative and Fundraising expenses        | \$2,244,769.00 |
| b)  |                |
| c)  |                |
| d)  |                |
| Total Proposed Expenditures:                      | \$6,144,792.00 |

#### Part IV — Municipal Information

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

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

| Post-Pro                  | oject Audit               |
|---------------------------|---------------------------|
| ls a post-project audit r | equired for this proposal |
| Yes                       | No                        |
| If Yes, date pos          | t-project audit due:      |
|                           | Date                      |

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| partment of the Treasu<br>email Revenue Service |  | y be made (<br>test informa | vate<br>public.                    | 0                | 2021<br>pen to Public<br>Inspection  |
|---|--|-----------------------------|------------------------------------|------------------|--------------------------------------|
| For the 2021                                    | calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022  |                             |                                    | 1.4              | ation number                         |
| Check if applicabl                              | C Name of organization<br>Bridgeport Rescue Mission Inc  |                             | D Employer                         | Identifi         | cation number                        |
| Address change                                  | Brugeport Rescue reason me   |                             | 06-1362                            | 705              |                                      |
| Name change<br>Initial return                   | Doing business as  |                             |                                    |                  |                                      |
| Final<br>return/terminated                      |  |                             | E Telephone                        | umber            |                                      |
| Amended return                                  | Number and street (or P.O. box if mail is not delivered to street address) Room/suit   | e                           |                                    |                  |                                      |
| Application pend                                |  |                             | (203) 33                           | 3-408            | /                                    |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>Bridgeport, CT 06601   |                             | G Gross recei                      | ots \$ 7,5       | 13,179                               |
|   | F Name and address of principal officer:   | H(a) In the                 | is a group retu                    |                  |                                      |
|   | Lawrence Fullerton   | subo                        | rdinates?                          |                  | T Yes V No                           |
|   | PO Box 9057  |                             | all subordinate                    | :5               | [Yes [No                             |
|   | Bridgeport, CT 06601   |                             | ded?<br>o," attach a li            | st. See          | instructions.                        |
| Tax-exempt stat                                 | tus: 🔽 501(c)(3)   |                             | p exemption n                      |                  |                                      |
| Website: >                                      | www.bridgeportrescuemission.org  |                             | p exemption i                      |                  |                                      |
|   |  | L Year of form              | nation: 1993                       | State o          | f legal domicile: CT                 |
| Form of organizal                               | tion: 🔽 Corporation Trust TAssociation Tother >  |                             |                                    |                  |                                      |
| 3 Numb  | k this box F if the organization discontinued its operations or disposed of the poverning body (Part VI, line 1a)  |                             | n 25% of its ni                    | assel<br>3<br>4  | is.<br>1                             |
| 4 Numb<br>5 Total<br>6 Total                    | number of individuals employed in calendar year 2021 (Part V, line 2a)   |                             |                                    | 5                | 5:                                   |
| 5 Total   | number of volunteers (estimate if necessary)   |                             |                                    | 6                | 80(                                  |
| o rotal   | unrelated business revenue from Part VIII, column (C), line 12 · · ·   |                             |                                    | 7a               | 0                                    |
|   | inrelated business taxable income from Form 990-T, Part I, line 11 · ·   |                             |                                    | 76               | 0                                    |
| D wet u   |  |                             | rior Year                          | T                | Current Year                         |
| S Conti   | ributions and grants (Part VIII, line 1h)  |                             | 9,251,48                           | 0                | 7,209,91                             |
|   | ram service revenue (Part VIII, line 2g)   |                             |                                    | 0                |                                      |
| 10 Inves  | stment income (Part VIII, column (A), lines 3, 4, and 7d )   |                             | 383,43                             | 3                | 101,56                               |
| II Othe   | r revenue (Parl VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -                           | 57,91                              | 9                | 195,68                               |
|   | revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12  |                             | 9,692,83                           | 2                | 7,507,16                             |
| 13 Gran   | ts and similar amounts paid (Part IX, column (A), lines 1-3 )  |                             | 3,613,75                           | 8                | 3,021,24                             |
|   | fits paid to or for members (Part IX, column (A), line 4)  |                             |                                    | 0                |                                      |
| 15 Salar  | ries, other compensation, employee benefits (Part IX, column (A), lines 5-1  | 0)                          | 2,878,32                           | 3                | 3,439,46                             |
| 16a Profe                                       | essional fundraising fees (Part IX, column (A), line 11e)  |                             | 35,84                              | 0                | 27,88                                |
|   | fundraising expenses (Part IX, column (D), line 25) >1,350,136   |                             |                                    |                  |                                      |
| 17 Othe   | r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) · · ·   |                             | 1,873,25                           | 6                | 2,479,39                             |
| 18 Tota   | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                             | 8,401,17                           | 7                | 8,967,98                             |
| 19 Reve   | nue less expenses. Subtract line 18 from line 12   |                             | 1,291,65                           | 5                | -1,460,82                            |
| 5 9   |  | Beginn                      | ning of Current<br>Year            |                  | End of Year                          |
| and   |  | -                           | 14,230,81                          | 1                | 13,115,90                            |
| 20 Tota   | l assets (Part X, line 16)   | -                           | 4,055,31                           | -                | 4,452,78                             |
| 5 Ma  | I liabilities (Part X, line 26)  | -                           | 10,175,49                          | -                | 8,663,11                             |
|   |  | -                           |                                    | -                |                                      |
| Index populties                                 | ignature Block<br>s of perjury, I declare that I have examined this return, including accompar<br>and belief, it is true, correct, and complete. Declaration of preparer (other th | ying schedu<br>an officer)  | ules and stater<br>is based on all | nents,<br>inform | and to the best of<br>ation of which |
|   | v knowledge.   |                             |                                    |                  |                                      |
| preparer has an                                 |  |                             | 023-02-28                          |                  |                                      |
| oreparer has an                                 | ignature of officer  |                             | 023-02-28<br>Pate                  |                  |                                      |
| Sign  |  |                             |                                    |                  |                                      |

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



## Form NAA-01

### 2024 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:    |  |
|--|--|
| Junior Achievement of Greater Fairfield County, Inc. |  |

Address: 835 Main Street, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0644315

Program title: Junior Achievement's Financial Literacy & Work Readiness Programs for Bridgeport Youth

Name of contact person: Laura Stern

(203) 382-0180

Telephone number:

Email address: Istern@jagfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 55,000.00

| Is your organi<br>from Income   |           | uired to file federal Form 990 o | or 990EZ, Return of Organization Exempt |
|---------------------------------|-----------|----------------------------------|---|
| X                               | Yes       | No                               |   |
| If Yes, attach                  | a copy of | the first page of your most rec  | cent return.                            |
| If No, attach a<br>Revenue Serv |           | our determination letter from th | ne U.S. Treasury Department, Internal   |

Visit us at portal.ct.gov/DRS for more information.

## 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): Supplemental financial literacy and work readiness programs
- X

Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills Description of program: they need to succeed in a global economy. JA's programs for young people focus on three pathways: financial literacy, work and career readiness, and entrepreneurship. Through relevant and innovative programs taught by volunteer role models, Junior Achievement is the bridge from education to workforce, which ultimately promotes financial stability and economic mobility. Program content is customized to meet local needs while being aligned with state and national academic standards. JA's programs are provided for free to participants.

JA programs are vital for our youth, especially those in under-resourced schools and communities. Bridgeport publishes its student population data as 80.6% low income, 38.2% higher than the state average (as measured Need for program: by eligibility for free or reduced-price meals); minority school population of 91.1%; and high school graduation rate of 74.2%, 14.7% below state average. Our goal is to help students learn essential skills that will enable their professional and financial success. By developing these skills, JA helps young people believe in themselves and to do the work to build their own successful futures.

The Bridgeport school population in grades K through 12, as well as young adults ages 18-25.

JA engages volunteers from the business community and community at-large to deliver our curricula while sharing their own career and life experiences with students. Our programs are grade-level appropriate and follow the common core curriculum. Our Program team will conduct community outreach and recruit volunteers; provide training to volunteers and orientations to educators prior to program delivery; coordinate program materials; finalize volunteer schedules; and oversee tracking and evaluation.

#### Timetable:

| Program start date: 07/01/2024      | - |
|-------------------------------------|---|
| Program start deter MM - DD - FFF   |   |
| Program completion date: 06/30/2025 | - |
| Post-project audit due date:        | - |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III — Financial Information

## Program Budget:

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

| Sources of Revenue:   | \$55,000.00  |
|---|--------------|
| NAA funds requested   |              |
| Other funding sources - itemized sources:<br>a) Corporate, foundations, individual gifts, organizations | \$93,176.00  |
| b)  |              |
| c)  |              |
| d)  | \$148,176.00 |

**Total Funding:** 

## Proposed Program Expenditures:

Direct operating expenses - itemized description:

| Direct operating expenses - itemized description   | \$100,583.49 |
|--|--------------|
| a) Salaries, benefits, payroll taxes   | \$3,844.74   |
| b) Program materials and supplies  | \$882.72     |
| c) Travel, mileage, training   | \$490.40     |
| d) Scholarships, awards, recognition   |              |
| Administrative expenses - itemized description:  | \$15,207.21  |
| a) Insurance, License fees   | \$3,062.06   |
| b) Overhead - rent, utilities, equipment   | \$22,678.35  |
| <ul> <li>b) Overhead - rent, duringer ov</li></ul> | \$3,972.24   |
| <u>C) Operating Costs (11)</u> Marketing & development, staff & board development  | \$150,721.21 |

## **Total Proposed Expenditures:**

## 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-Pro                   | ject Audit                |
|----------------------------|---------------------------|
| Is a post-project audit re | equired for this proposal |
| If Yes, date post          | t-project audit due:      |
|                            | Date                      |

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

## Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information. Form 990

Department of the Treasury

### **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. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

OMB No. 1545-0047

| Borner / Rekater         Construction         Description         Description <thdescription< th=""></thdescription<>  |                |           | 2022 cal     | endar year, or tax y   | ear beginning   | 0  | 7/01/20         | 22 and e          | nding    |              |                     | 06/          | 30/2023        |              |
|--|----------------|-----------|--------------|--|---|--|-----------------|-------------------|----------|--------------|---------------------|--------------|----------------|--------------|
| B Cont. Product         COUNTY J., TKC.         0.6 - 0.644.315           More strevel         Deep buildees at         Recentry         E Electrone number           More strevel         Deep buildees at         Recentry         E County           Market strevel         Deep buildees at         Recentry         E County           Market strevel         Deep buildees at         Recentry         E County         E County           Market strevel         Deep buildees at         Recentry         E County         E County           Market strevel         Deep buildees at         Deep buildees at         I, 659, 0.38,           The County Status at at at at at manutable.         Ves         In Market Status         Ves         In Market Status           J Webatts         WAR, XASEC.ORG         Market Status         Status of tage demotes         Yes         In Status of tage demotes           J Webatts         WAR, XASEC.ORG         Market Status         Status of tage demotes         Yes         In Status of tage demotes         Yes         In Status of tage demotes         In Stat   | A 11           | or the    | LULL CO      |  | the second s  | the second s |                 |                   | -        | FIELD        | D Er                | nployer      | identification | number       |
| Interview         Damp basines as         Condition           Number and streng (PP.0. box imails in d delivered to streng address)         Room/suber         E Telephone number<br>(203) 382-0180           Bit money         Bit Mark and streng (PP.0. box imails in ad delivered to streng address)         Room/suber         1.659,038.           Answered interview         Bit Mark and address of principal officer         Bit Mark and address of principal officer         1.659,038.           Memory status         X 1501(0)(3)         S91(1)         (intervina)         4427(a)(1) or         527           Memory status         X 1501(0)(3)         S91(1)         (intervina)         4427(a)(1) or         527           Memory status         X 1501(0)(3)         S91(1)         (intervina)         4427(a)(1) or         527           Memory status         X 1501(0)(3)         S91(1)         (intervina)         4427(a)(1) or         527           Memory status         X 1000000000000000000000000000000000000   | B ch           | eck if ap | plicable     | THE PARTY OF THE PARTY OF  |   | nonabrai   |                 |                   |          |              |                     |              |                |              |
| Number and street (or P.O. box if mails not delivered to street address)         Room/suite         E Telephone number<br>(203) 382-0180           Anvent Hum         Address Address of principal endings         BSS MAIN ST         1,659,003         0         Gross recepts 1           Anvent Hum         Address of principal endings         BERNADINE VENDITTO         1,659,003         1,659,003         1,659,003         Velocity         Veloc   |                | Addenes   | cheme        |  |   |  |                 |                   |          |              | 06                  | -064         | 4315           |              |
| Bit Name and address of province, country, and ZP or foreign postal code         City or town, state or province, country, and ZP or foreign postal code         City or town, state or province, country, and ZP or foreign postal code         City or town, state or province, country, and ZP or foreign postal code         City or town, state or province, country, and ZP or foreign postal code         City or town, state or province, country, and ZP or foreign postal code           Advanced time.         Figure 2 City City City City City City City City   | -              |           |              |  | (or P.O. box if   | mail is not deliver  | ed to street a  | ddress)           |          | Room/su      |                     |              |                |              |
| Bit Part Status         Control status         Contro   | -              |           |              |  | 1   |  |                 |                   |          |              | 12                  | 0313         | 382-0180       |              |
| BREDCEDCET_CT_05604         1.659,038.           Mode and address of princed officer         BERNADINE VENDITTO           Mode and address of princed officer           Address of princed officer           Address of princed officer           Address of princed officer           Mode address of princed officer           Prince address of princed officer           Mode address of princed officer           Address of princed officer           Prince address of princed officer           Prince address of princed officer           Mode address of princed officer           Mode address of princed officer           Prince address of princed officer           Prince address of princed officer           <   | -              |           |              |  | or province co  | untry and ZIP or   | foreign posta   | l code            |          |              |                     |              |                |              |
| Approximate service       P Name and address of principal officer       BERNADINE VENDITTO       Http://www.services.address.it//wwwwwwww.services.address.it//wwwwwwwwwwwwww.services.addre   |                |           |              | and the second second  |   |  |                 |                   |          |              |                     |              | 1.659.         | 038.         |
| INSUMP STRUCT DESCRIPT, CT 06604         INSUMP STRUCT DESCRIPT, CT 06604         INSUMP STRUCT DESCRIPT, CT 06604         With a colspan="2">INSUMP STRUCT DESCRIPTION OF COLSPAN="2">INSUMP STRUCT DESCRIPTION         With a colspan="2">INSUMP STRUCT DESCRIPTION OF COLSPAN="2">INSUMP STRUCT DESCRIPTION         Vision of a colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Vision of a colspan="2">Colspan="2">Colspan="2">Colspan="2">Vision of a colspan="2">Colspan="2">Vision of a colspan="2">Colspan="2">Vision of a colspan="2">Vision of a colspan="2"     Vision of a colspan="2" </td <td>-</td> <td></td> <td></td> <td>And the second division of the local divisio</td> <td>and the second se</td> <td></td> <td>DINE VE</td> <td>NDTERO</td> <td></td> <td></td> <td>H(a) is this a grou</td> <td>p neturn for</td> <td></td> <td>1 1 1</td> | -              |           |              | And the second division of the local divisio | and the second se |  | DINE VE         | NDTERO            |          |              | H(a) is this a grou | p neturn for |                | 1 1 1        |
| Image: Tax-examplation: X       Set (a)       Set (b)  |                |           |              |  |   |  |                 | NDIIIO            |          |              |                     |              | tuded? Ye      | -            |
| Indexample sinue       [   | -              | -         |              |  |   |  |                 | 4047(2)(1) or     | 11       | 527          | -                   |              |                |              |
| Norm         The intervence         The intervence <thtervence< th="">         The intervence</thtervence<>   |                |           |              |  | 501(c) (  | ) (insi  | en no.)         | 4947(a)(1) or     | -        | 521          |                     |              |                |              |
| Part Summary       Immary       Immary<   |                |           |              |  | Te al   | Le comment   | 0               |                   | 1. 1     | or of forma  | 1                   |              |                | e' CT        |
| a Briefly describe the organization's mission or most significant achiles:   | and the second | -         |              |  | Trust   | Association  | Other           |                   | Lite     | ar or lotma  | 100 19001           | State        | л теда ортной  | Mr. Crit     |
| YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.           2         Check this box         If the organization discontinued its operations or disposed of more than 25% of its net assets.         3         227           4         Number of voting members of the governing body (Part VI, line 1a).         3         227           5         Total number of independent voting members of the governing body (Part VI, line 1a).         5         3         227           5         Total number of votinteers (estimate if necessary)         6         460         7a           7         Total unrelated business revenue from Part VIII, column (C), line 12         7a         7a         50.0           9         Program service revenue (Part VIII, line 1b)         8         Contributions and grants (Part VIII, column (A), lines 5, ds, ds, 69. 00c, and 1te)         1, 296, 620.0         1, 230, 603           10         Investment income (Part VIII, column (A), lines 5, ds, ds, 69. 00c, and 1te)         1, 296, 620.0         1, 730, 603           12         Total undraising devences add lines 8 through 11 (mast equal Part VIII, column (A), lines 1-3)         1, 726, 620.0         1, 730, 603           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         1, 726, 620.0         1, 730, 620           13         Grants and similar amounts paid (Part IX, column (A), line 42)         1, 296, 620.0 <t< td=""><td>Pa</td><td></td><td></td><td></td><td></td><td></td><td>No. or a fact</td><td>THEFAT</td><td>1011</td><td>TOUDAD</td><td>NE THODTO</td><td>DEC A</td><td>ND DDED</td><td>ADEC</td></t<>   | Pa             |           |              |  |   |  | No. or a fact   | THEFAT            | 1011     | TOUDAD       | NE THODTO           | DEC A        | ND DDED        | ADEC         |
| 2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       227         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       228         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a),       5       6       6         6       0       0       6       4       6         6       1       0       7a       7a       7a       7a         7       Total numelated business taxable income from 990-T, Part I, line 11       7b       7b       7b         9       Program service revenue (Part VIII, line 2p),       NONE   |                | 1         |              |  |   |  |                 |                   | K ACH    | TEVEME       | NT INSPIR           | CED M        | AND FREE       | ANDO         |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | 90             |           | YOUNG        | PEOPLE TO SU   | ICCEED IN   | A GLOBAL   | L ECONO         | MY.               |          |              |                     |              |                |              |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | nar            |           |              |  |   | Select and the   |                 | -                 |          |              | 050                 | 12. 2        | in multi       |              |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | Ner            |           |              |  |   |  |                 |                   |          |              |                     |              | et assets.     | 22           |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | ö              |           |              |  |   |  |                 |                   |          |              |                     |              |                |              |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | 50             |           |              |  |   |  |                 |                   |          |              |                     |              |                |              |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | itie           |           |              |  |   |  |                 |                   |          |              |                     |              |                |              |
| Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873   | ctiv           |           |              |  |   |  |                 |                   |          |              |                     |              |                | 4.60         |
| B         Net difference Dashess fraction round round of the property for th   | A              |           |              |  |   |  |                 |                   |          |              |                     |              |                |              |
| 8         Contributions and grants (Part VIII, line 1h)  | _              | b         | Net unrel    | ated business taxabl   | le income fron  | n Form 990-T, I  | Part I, line 1  | 1                 |          |              |                     | 76           | -              |              |
| Bit Section of the sectin section of the secting and the section of the section   |                |           |              |  |   |  |                 |                   |          | -            |                     |              |                |              |
| 11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<   | a              | 8         | Contribut    | ions and grants (Part  | VIII, line 1h)  |  |                 |                   |          |              | 878,3               | 37.          | 85             |              |
| 11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<   | nua            | 9         | Program      | service revenue (Part  | VIII, line 2g)  |  |                 |                   |          |              |                     |              |                | NON          |
| 11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<   | eve            | 10        | Investme     | nt income (Part VIII,  | column (A), li  | nes 3, 4, and 7  | d)              |                   |          |              |                     |              |                |              |
| 11 Order of the order of th  | œ              | 11        | Other rev    | enue (Part VIII, colu  | mn (A), lines   | 5, 6d, 8c, 9c, 1   | Oc, and 11e     | )                 |          |              |                     |              |                |              |
| Interview of an one antioed and part of an one and one with the preparer's signature       None       None         Interview of an one antioed and part of an one part o  |                | 12        | Total reve   | enue - add lines 8 th  | rough 11 (mu  | st equal Part V  | III, column (   | (A), line 12)     |          |              | 1,296,6             | 20.          | 1,33           | 10,609.      |
| NONE       NONE         NONE       NONE         14 Benefits paid to or for members (Part IX, column (A), line 4)   |                | 13        | Grants an    | d similar amounts p  | aid (Part IX, c   | olumn (A), lines   | . 1-3)          |                   |          |              | 3                   | 300.         |                | 1,750        |
| 13       Saladies, other comparison of the providence of the p   |                |           |              |  |   |  |                 |                   |          |              | ľ                   | IONE         |                | NON          |
| NONE       NONE         NONE       NONE         I fa Professional fundraising expenses (Part IX, column (A), line 11e)       NONE       NONE         Total subsets (Part IX, column (A), line 11, column (A), line 25)       1, 281, 368.       1, 292, 981         15, 252.       37, 624         Total assets (Part X, line 16)       1, 604, 677.       1, 609, 873         20       Total assets (Part X, line 26)       547, 731.       576, 947         Signature Block       Intotal liabilities (Part X, line 26)       1, 064, 677.       1, 069, 873         Signature Block       Intotal assets or fund balances. Subtract line 21 from line 20       11, 056, 946.       11, 092, 202         Signature of office   | 50             | 15        | Salaries,    | other compensation   | employee be   | nefits (Part IX,   | column (A)      | lines 5-10)       |          |              | 859,2               | 80.          | 81             | 4,942        |
| 17       Other expenses (Part IX, column (A), lines TIA-TIG, TIT-249),   | use            |           |              |  |   |  |                 |                   |          |              | P                   | IONE         |                | NON          |
| 17       Other expenses (Part IX, column (A), lines TIA-TIG, TIT-249),   | bei            |           |              |  |   |  |                 |                   | I FOR    |              |                     |              | -              |              |
| 18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981         19       Revenue less expenses. Subtract line 18 from line 12       15, 252.       37, 625         20       Total assets (Part X, line 16)       1, 604, 677.       1, 609, 873         21       Total liabilities (Part X, line 26)       547, 731.       576, 947         21       Total liabilities (Part X, line 26)       1, 056, 946.       1, 092, 926         Part II       Signature Block       1, 056, 946.       1, 092, 926         Vunder 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       11/09/2023         Sign       Signature of officer       Date       11/09/2023         BERNADINE VENDITTO       PRESIDENT       Print/Type preparer's name       Preparer's signature       Date         Print Preparer       BRIAN C WHITE       Preparer's signature       Date       P00058320         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470       Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       N   | ŵ              |           |              |  |   |  | 1e)             |                   |          |              | 421,7               | 88.          | 47             | 16,289       |
| 19       Revenue less expenses. Subtract line 18 from line 12  |                |           |              |  |   |  |                 |                   |          |              | 1,281,3             | 68.          | 1,29           | 12,981       |
| Beginning of Current Year       End of Year         1,604,677.       1,669,873         547,731.       576,947         1,056,946.       1,092,926         Part II       Signature Block         Under penalties of perjury. 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       11/09/2023         Signature of officer       11/09/2023         BERNADINE VENDITTO       Preparer's signature         Preparer       Date         Print/Type preparer's name       Preparer's signature         Prime or prime name and title       Date         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions       203-426-8500  |                |           |              |  |   |  |                 |                   |          |              | 15,2                | 252.         |                | 37,628       |
| 20       Total assets (Part X, line 16)       1,604,677.       1,669,873         21       Total liabilities (Part X, line 26)       547,731.       576,947         22       Net assets or fund balances. Subtract line 21 from line 20.       1,056,946.       1,092,926         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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       11/09/2023         Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Preparer's signature         Part II       BRIAN C WHITE         Preparer       Date         BRIAN C WHITE       Firm's name         Prim's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions       X   | - se           |           | 11010100     |  |   |  |                 |                   |          |              | nning of Current    | Year         | End of Y       | fear         |
| 21       Total liabilities (Part X, line 26)   | ets            | 20        | Total ass    | ets (Part X, line 16)  |   |  |                 |                   |          |              | 1,604,6             | 77.          | 1,66           | 59,873       |
| 22       Net assets or fund balances. Subtract line 21 from line 20  | Ass<br>Ba      |           |              |  |   |  |                 | 547,731.          |          | 576,947      |                     |              |                |              |
| 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Preparer's signature         Paid       Print/Type preparer's name         Preparer       Date         II/09/2023       self-employed         Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,   | Vet            | 22        |              |  |   |  |                 |                   |          |              | 1,056,9             | 46.          | 1,09           | 12,926       |
| 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 interaction of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here Signature of officer Date BERNADINE VENDITTO PRESIDENT Type or print name and title Paid Preparer's name Preparer's signature Preparer's signature Oate Statements and to the best of my knowledge and belief, it information of which preparer has any knowledge.  Paid Preparer Use Only Firm's name NANAVATY DAVENPORT STUDLEY WHITE Firm's EIN 06-1402749 Firm's address 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470 Phone no. 203-426-8500 May the IRS discuss this return with the preparer shown above? See instructions   | 1              |           |              |  |   |  |                 |                   |          |              |                     |              |                |              |
| Image: Sign for the state of the state   | line           |           | allies of m  | miner I declare that I h   | ave examined  | this return, inclu   | iding accom     | panying schedule  | es and s | tatements.   | and to the best     | of my k      | nowledge and   | belief, it i |
| Sign<br>Here       Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and tille       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature         BRIAN C WHITE       Date       Check if provided and the preparer's signature         Image: Self-employed       P00058320         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN         Use Only       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,   | true           | , corre   | ect, and con | plete. Declaration of pr   | eparer (other th  | an officer) is bas   | ied on all info | ormation of which | h prepar | er has any k | (nowledge.          | -            |                |              |
| Sign<br>Here       Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and tille       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature         BRIAN C WHITE       Date       Check if provided and the preparer's signature         Image: Self-employed       P00058320         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN         Use Only       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,   |                |           |              |  |   |  |                 |                   |          |              | 11/                 | 109/2        | 2023           |              |
| Here       BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Type or print name and title       Date       Check if       PTIN         Preparer       BRIAN C WHITE       Date       11/09/2023       self-employed       P00058320         Use Only       Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN       06-1402749         Here       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470       Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions   | Sig            | n         | Signature    | of officer   |   |  |                 |                   |          |              |                     | -            |                |              |
| Print     Print/Type or print name and title       Paid     Print/Type preparer's name     Preparer's signature     Date     Check if     PTIN       BRIAN C WHITE     Date     11/09/2023     self-employed     P00058320       Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions  |                |           | DEDNA        | THE VENDITRY   |   |  |                 | PRESIDE           | ENT      |              |                     |              |                |              |
| Print/Type preparer's name     Preparer's signature     Date     Check     if     PTIN       Preparer     BRIAN C WHITE     11/09/2023     self-employed     p00058320       Vise Only     Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions     X     Yes     N  |                | -         |              |  |   |  |                 | 11110101          |          |              |                     |              |                |              |
| Paid     BRIAN C WHITE     11/09/2023     self-employed     P00058320       Use Only     Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions     X     Yes     N  | -              | -         |              |  |   | Preparer's si  | gnature         |                   | Date     |              | Check               | if F         | PTIN           |              |
| Preparer         BRTAN_C_WHITE         FIT/05/1000           Use Only         Firm's name         NANAVATY_DAVENPORT_STUDLEY_WHITE         06-1402749           Firm's address         123 SOUTH MAIN_ST., SUITE 140 NEWTOWN, CT 06470         Phone no.         203-426-8500           May the IRS discuss this return with the preparer shown above? See instructions         X         Yes         N  | Paid           | 0         |              |  |   | a second   |                 |                   | 11       | /09/20:      |                     | - 1          | P0005832       | 20           |
| Use Only Firm's address 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470 Phone no. 203-426-8500 May the IRS discuss this return with the preparer shown above? See instructions   | Prep           | barer     |              |  | V DAVEND  | OPT STILL  | EV WHT          | TE                | 1 + 2 /  |              | 1                   |              |                |              |
| May the IRS discuss this return with the preparer shown above? See instructions  | Use            | Only      |              |  |   |  |                 |                   | -        |              |                     |              |                |              |
| ind internet and paper   | 11-            |           |              |  |   |  |                 |                   |          |              | 1                   |              |                | N            |
|  |                |           |              |  |   |  |                 | in ou doubling ,  |          |              |                     |              |                |              |

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



### Form NAA-01

## 2024 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

Revenue Service.

| Name of tax exempt organization/municipal agency:<br>Bridgeport Neighborhood Trsut, Inc.   |
|--|
| Address: 570 State Street, Bridgeport, CT 06604  |
| Federal Employer Identification Number: 22-2809353   |
| Program title: BNT Capacity Expansion and Sustainability Initiative  |
| Name of contact person: Charles Griggs   |
| (203) 913-9767 Telephone number:   |
| Email address:charles@bntweb.org   |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00  |
| Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?  |
| X Yes No   |
| If Yes, attach a copy of the first page of your most recent return.<br>If No. attach a copy of your determination letter from the U.S. Treasury Department, Internal |

Visit us at portal.ct.gov/DRS for more information.

#### 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify):

#### Description of program:

BNT seeks operating funds to sustain and expand its activities over the next fiscal year, focusing on rebuilding its affordable housing real estate development business and enhancing the capacity of its certified housing counseling business, Empowerment Resource Academy (ERA). The grant will cover essential expenses such as new hire salaries, fund development salaries, marketing, finance and accounting, totaling \$430,750. This funding is critical as BNT's annual philanthropic fundraising of \$650,000 and Annual Benefit \$50,000 net fundraising is insufficient to meet operational needs for the upcoming period.

#### Need for program:

The grant is vital to bridge a substantial funding gap, as most of BNT fundraising restricts operating cost support to 15-20%. This constraint creates challenges for essential program operations. BNT's restructuring efforts, including hiring a Real Estate Development Manager and additional housing counseling staff, require increased investments to manage its strategic growth effectively. Moreover, new initiatives like the youth financial literacy program with the Bridgeport Public School System and partnerships with major employers and area nonprofits demand additional staffing, technology, marketing, and outreach resources. These investments are crucial for meeting the growing demand for BNT's services in the Bridgeport community.

#### Neighborhood area to be served:

Based on BNT's reach and initiatives, this funding would benefit all residents of Bridgeport. In 2023, ERA provided regular education and counseling services to 2,700 households, with 52% being Bridgeport heads of households. With this funding, we aim to serve at least 1,750 households in Bridgeport by 12/31/2025 year-end, benefiting approximately 5,000 residents. Additionally, new partnerships with Bridgeport organizations could further expand our impact beyond these projections, potentially reaching even more individuals and families in need of our services.

#### Plan to implement the program:

The program's staffing will start immediately. With ongoing interviews for the Real Estate Development Manager role and the recent addition of an additional housing counselor, we are well prepared to begin expanding our staff. If fully funded (\$150k), we expect a 25% increase in program capacity in Bridgeport within 2 yrs. These funds will primarily cover new staff salaries, with other funding in progress expected to cover 2024 expenses. Any remaining NAA funds would cover other administrative and marketing needs. This strategic allocation ensures efficient resource management, facilitating sustained program growth and impact.

#### Timetable:

| Program start date: 01/01/20 | 25                      |
|------------------------------|-------------------------|
| Program completion date: 1   | MM DD YY22<br>2/31/2025 |
|                              | MM - DD                 |
| Post-project audit due date: | MM-DD YYYY              |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

#### Part III - Financial Information

#### Program Budget:

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

#### Sources of Revenue:

| NAA funds requested   | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:   |              |
| a) 2025 Grant Funds Available for Adminsitration                                    | \$230,750.00 |
| b) 2025 Annual Benefit Budget   | \$50,000.00  |
| c)  |              |
| d)  |              |
| Total Funding:  | \$430,750.00 |
| Proposed Program Expenditures:<br>Direct operating expenses - itemized description: |              |
| a) Real Estate Development Manager Salary & Benefits                                | \$115,000.00 |
| b) Certified Housing Counselor Salary & Benefits                                    | \$63,250.00  |
| c) Fund Development Manager Salary & Benefits                                       | \$100,000.00 |
| d) Intake Administrator Salary & Benefits   | \$57,500.00  |
| Administrative expenses - itemized description:<br>a) Finance & Accounting          | \$45,000.00  |
| b) Marketing & Advertising  | \$50,000.00  |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:  | \$430,750.00 |

### Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation of the p | rogram: |
|---|---------|
| Mailing address:  |         |
| Name of municipal liaison:                                  |         |
| Telephone number:   |         |
| Fax number:   | -       |
| Email address:  |         |

| Post-Proje                  | ect Audit                 |
|-----------------------------|---------------------------|
| Is a post-project audit rec | quired for this proposal' |
| Yes                         | No                        |
| If Yes, date post-p         | project audit due:        |
| Da                          | te                        |

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

|      | 0 | 0 | n |  |
|------|---|---|---|--|
| Form | Э | J | U |  |

Department of the Treasury

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



| ck if<br>licable:<br>Address<br>shange<br>Vame<br>shange<br>nitial<br>eturn<br>Final | C Name of organization<br>BRIDGEPORT NEIGHBORHOOD TRUST  |   | D Employer identifica  | ation number   |
|--|--|---|--|--|
| thange<br>Name<br>thange<br>nitial<br>return   | BRIDGEPORT NEIGHBORHOOD TRUST  |   |  |  |
| change<br>nitial<br>eturn  |  |   | 22-280935  | 3  |
| eturn  | Doing business as  | Description   | E Telephone number   | 5  |
| inal   | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite  | 203-290-4  | 255  |
| eturn/   | 570 STATE STREET   |   | G Gross receipts \$  | 8,711,366.   |
| ermin-<br>ated   | City or town, state or province, country, and ZIP or foreign postal code   |   | H(a) Is this a group retu  |  |
| Amended<br>eturn<br>Applica-   | BRIDGEPORT, CT 06604   | -   | for subordinates?  | 57   |
| ion  | F Name and address of principal officer: DORIS LATORRE   |   | H(b) Are all subordinates incl   |  |
| 1000   | SAME         AS         C         ABOVE           nt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1)  | or 527  |  | st. See instructions   |
|  |  |   | H(c) Group exemption   | number   |
| ebsite:  |  | L Year  | of formation: 1986 M   | State of legal domicile: C1  |
|  |  |   |  |  |
| _  | FOUN   | DED IN  | 1 1986, BUILD  | ING  |
| N  | ETGHBORHOODS TUGETHER 5 (DNI) MIDDION -  | 0 10 1  | HID HOODING  |  |
|  | neck this box if the organization discontinued its operations or dispo   | sed of mor  | e than 25% of its net ass  | Sets.  |
| 3 N  | umber of voting members of the governing body (Part VI, line 1a)   |   | 3  | 10   |
| 4 NI   | umber of independent voting members of the governing body (Part VI, line 1b)   | -   |  | 38   |
| 5 To   | tal number of individuals employed in calendar year 2022 (Part V, line 2a)   |   | 10   |  |
| 6 To   | tal number of volunteers (estimate if necessary)   |   | 0.   |  |
| 7 a To   | tal unrelated business revenue from Part VIII, column (C), line 12   |   |  | 0.   |
| b Ne   | et unrelated business taxable income from Form 990-T, Part I, line 11  |   | and a second   | Current Year   |
|  |  | -   |  | 2,050,514.   |
| 8 C  | Contributions and grants (Part VIII, line 1h)  |   |  | 2,079,078.   |
| 9 Pr   | rogram service revenue (Part VIII, line 2g)  |   | -495,645.  |  |
| 10 In  | vestment income (Part VIII, column (A), lines 3, 4, and 7d)  |   | 1,151,836.   |  |
| 11 0   | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |   | a second a second se  | 4,785,783.   |
| 12 To  | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |   |  | 0.   |
| 13 G   | rants and similar amounts paid (Part IX, column (A), lines 1-3)  | -   | 0.   | 0.   |
| 14 B   | enefits paid to or for members (Part IX, column (A), line 4)   |   | 1,401,172.   | 1,344,211  |
| 15 S   | alaries, other compensation, employee benefits (Part IX, column (A), lines 3-10,   | -   | 0.   | 0.   |
| 16a P  | rofessional fundraising fees (Part IX, column (A), line Tre)   | 0   |  |  |
| b To   | tal fundraising expenses (Part IX, column (b), line 23)  |   | 3,796,868.   | 4,458,854  |
| 17 0   | ther expenses (Part IX, column (A), lines 112-110, (112-10)  |   | 5,198,040.   | 5,803,065  |
| 18 10  | stal expenses. Add lines 13-17 (induct equal 1 artist, coldinary 9), and 2-2   |   |  | -1,017,282   |
| 19 R   | evenue less expenses. Subtract line to nomine the  | B   |  | End of Year  |
| 00 T   | ntal accests (Part X line 16)  |   | 32,575,822.  | 30,686,996   |
|  |  |   | 12,112,495.  | 11,359,227   |
|  |  |   | 20,463,327.  | 19,327,769   |
| -  | Signature Block  |   |  |  |
|  | motor<br>1 Br<br>2 Ct<br>3 Nu<br>4 Nu<br>5 Tc<br>6 Tc<br>7 a Tc<br>b Na<br>8 Cu<br>9 Pr<br>10 In<br>11 O<br>12 Tc<br>13 G<br>14 Bu<br>15 Sc<br>16 Pr<br>17 O<br>18 Tc<br>19 R<br>20 Tc<br>21 Tc | Image: Intervention of the image: Imag | m of organization:       X       Corporation       Trust       Association       Other       L Year         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN         NEIGHBORHOODS       TOGETHER'S       (BNT)       MISSION IS       TO E         2       Check this box       if the organization discontinued its operations or disposed of mon         3       Number of voting members of the governing body (Part VI, line 1a)       Mumber of individuals employed in calendar year 2022 (Part V, line 2a)       Total number of volunteers (estimate if necessary)         7       a Total number of volunteers (estimate if necessary)       7 a Total number of volunteers (estimate if necessary)       7 a Total number of volunteers (estimate if necessary)         7       a Total numelated business revenue from Part VIII, column (C), line 12       b Net unrelated business taxable income from Form 990-T, Part I, line 11         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       11       21       12         11       Other revenue (Part VIII, column (A), lines 1-3)       0       13       14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       14       Benefits paid to or for members | Bissite:       With PLATINED FORCE         in of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1986, M         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN 1986, BUILD         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN 1986, BUILD         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net ass         3       Number of independent voting members of the governing body (Part VI, line 1b)       4         4       Number of independent voting members of the governing body (Part VI, line 2a)       5         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Program service revenue (Part VIII, line 2g)       2,408,303.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       227,860.         12       Total arwonue add lines 8 through 11 (must equal Part VII, column (A), lines 5-10)       0.       0.         13       Gentra sand similar amounts paid (Part IX, column (A), lines 1-3)       < |

| Sign<br>Here         | Signature of officer DORIS LATORRE, CHIEF EXECUTIVE OFFICER Type or print name and title             | Date   |
|----------------------|--|--|
|                      | Print/Type preparer's name Preparer's signature Date<br>MICHAEL PRUELL, CPA MICHAEL PRUELL, CPA11/15 | / 23 Henryloved PTIN<br># P01585061<br>Firm's EIN 04-2571780 |
| Preparer<br>Use Only | HIM'S NAME AAFCFAS, INC.   | Phone no. 508 - 366 - 9100                                   |
| May the I            | AS discuss this return with the preparer shown above? See instructions                               | X Yes Form 990 (20   |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: Bridgeport



2024

### Form NAA-01

### 2023 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

X Yes

| Name of tax exempt organization/municipal agency:   |
|---|
| Habitat for Humanity of Coastal Fairfield County  |
| Address: 1542 Barnum Avenue, Bridgeport, CT 06610   |
| Federal Employer Identification Number: 22259707  |
| Program title: Habitat CFC Program  |
| Name of contact person: Kristen Alvanson  |
| Telephone number: (203) 581-2941  |
| Email address: kalvanson@habitatcfc.org   |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00                                   |
| Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax? |

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

No

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

Visit us at portal.ct.gov/DRS for more information.

#### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- X 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):

#### Description of program:

Habitat CFC seeks to build community and to improve lives by partnering with low-income families, community volunteers and donors to build decent and affordable homes. Since 1985, we have dedicated 283 homes helping over 1,143 family members in Fairfield County. We sell homes to families earning typically between 45% and 70% of the area median income and provide a 30-year mortgage with no down payments and with zero interest. Habitat CFC is a construction company with a green focus. We incorporate energy efficient building practices into our construction; 100% of our homes receive Energy Star certification.

#### Need for program:

Through Habitat homeownership, a family is transitioned from substandard and economically burdened housing into a home that substantially improves their living environment and ensures that the family will no longer spend more than 30% of their income on housing. Green building makes the houses we build more affordable for our homeowners, whose utility bills are lower. Placing children in new homes can have a positive effect on their health by removing them from substandard and potentially unhealthy living conditions. Over half of Bridgeport's homes were built prior to 1950, increasing the likelihood of lead poisoning in old homes.

#### Neighborhood area to be served:

Habitat CFC covers all of Coastal Fairfield County, but our work has been mainly focused in Bridgeport and largely concentrated in the East End and East Side, although we have built homes throughout the city. We prefer to build in neighborhoods where there are existing Habitat homes or where we can build clusters of Habitat homes to help further strengthen a neighborhood. The neighborhoods in which we build generally have a high percentage of minorities and our homeowners typically match the demographics of the neighborhood. It is clear that a new Habitat home tends to be the seed that begins to turn an entire neighborhood around. Other homeowners begin to improve their properties and neighbors begin to pay attention to what is happening on

#### Plan to implement the program:

Habitat CFC will build at least 10 decent, affordable homes for hardworking families in 2024. While the pandemic has slowed us down, we are continuing to build and look forward to increasing production as we are able to allow more volunteers on site. In order to reach our goal, we rely on every Habitat CFC department to play its part in making it happen. Our Construction Department keeps the building on schedule. Our Family Services Department works with future homeowner families throughout the process. Our Development Department works to secure funds needed to operate. And our Volunteer Services Department facilitates volunteer opportunities throughout the year.

Form NAA-01 (Rev. 02/23)

#### Timetable:

| Program start date: 01/01/2024   | _ |
|--|---|
| Program start date: MM - DD - YYYY   |   |
| Program completion date: <u>12/31/2024</u><br>MM - DD - YYYY<br>Post-project audit due date: <u>03/31/2025</u><br>MM - DD - YYYY | _ |
| Post-project and   |   |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III — Financial Information

## Program Budget:

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

| Sources of Revenue:                       | \$150,000.00   |
|---|----------------|
| NAA funds requested                       |                |
| Other funding sources - itemized sources: | \$1,024,000.00 |
| a) Mortgage Receipts                      | \$1,100,000.00 |
| b) Donor Contributions                    | \$540,000.00   |
| c) ReStore Net                            | \$1,575,000.00 |
| d) Grants & Other                         | \$4,389,000.00 |
| Funding                                   |                |

#### Total Funding:

## Proposed Program Expenditures:

| \$2,880,000.00 |
|----------------|
| \$1,750,000.00 |
| \$545,000.00   |
|                |
| \$60,000.00    |
| \$300,000.00   |
| \$220,000.00   |
| \$400,000.00   |
| \$6,155,000.00 |
|                |

Total Proposed Expenditures:

## 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:                           |   |
|--|---|
| City of Bridgeport   |   |
| Mailing address:<br>Margaret E. Morton Government Center, 999 Broad St. Bridgeport, CT 06604 |   |
| Name of municipal liaison: Max Perez   |   |
| Telephone number: 2037272707   |   |
| Fax number: _2035763979  | - |
| Email address: max.perez@bridgeport.gov  |   |

| Post-Pro                  | oject Audit               |
|---------------------------|---------------------------|
| Is a post-project audit r | equired for this proposal |
| Yes                       | No                        |
| If Yes, date pos          | st-project audit due:     |
|                           | Date                      |

#### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Depar  | A Revenue                                       | ne Treasury<br>Service | Return of Organization Exempt F<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue O<br>Do not enter social security numbers on this form as<br>Go to www.irs.gov/Form990 for instructions and th | Code (exc<br>it may be   | ept private foundations)<br>made public.   | OMB No. 1545-0047<br>2022<br>Open to Public<br>Inspection   |  |  |
|--|---|------------------------|--|--|--|---|--|--|
| AF   | or the 2  |                        | dar year, or tax year beginning  | anding   | D Employer identificat   | tion number   |  |  |
| B Check if<br>applicable:<br>Address<br>change<br>Name<br>change<br>Initial<br>return<br>Final |   | HAB                    | of organization<br>ITAT FOR HUMANITY OF<br>STAL FAIRFIELD COUNTY, INC.   | **_***7077   |  |   |  |  |
|  |   | Numbe                  | business as<br>er and street (or P.O. box if mail is not delivered to street address)<br>2 BARNUM AVENUE   | E Telephone number<br>(203) 333-2642   |  |   |  |  |
|  | return/<br>termin-<br>ated<br>Amended<br>return | City or                | town, state or province, country, and ZIP or foreign postal code   |  | G Gross receipts \$ 12,311,754.<br>H(a) is this a group return<br>for subordinates? Yes X No |   |  |  |
| _  | Applica-<br>tion<br>pending                     | SAME                   | and address of principal officer: CAROLYN VERMONT<br>AS C ABOVE<br>X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) 0  | or 527   | for subordinates?<br>H(b) Are all subordinates inclu<br>If "No," attach a lis                | ded? Yes No   |  |  |
|  |   |                        | .HABITATCFC.ORG  |  | H(c) Group exemption   | number  |  |  |
| JV   | Vebsite   |                        | X Corporation Trust Association Other  | L Year   | of formation: 1985 M   | State of legal domicile; CT   |  |  |
| Pa   | Int   | Summar                 | y<br>ibe the organization's mission or most significant activities: THE C<br>HTP TO RESPONSIBLE LOW-INCOME FAMIL   | TED TI   | noodii man   |   |  |  |
| Governance   | 2 0   | heck this b            | oox if the organization discontinued its operations or dispos  | ed of more   | than 25% of its net asse   | ts. 11  |  |  |
| ver  | 3 N   | lumber of v            | oting members of the governing body (Part VI, line 1a)   |  | 3  | 11  |  |  |
| ß  | A N   | lumber of in           | ndependent voting members of the governing body (Part VI, line 1b)   |  | 4  | 33  |  |  |
| Activities &   | 5 T   | otal numbe             | er of individuals employed in calendar year 2022 (Part V, line 2a)   | HEILER THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES | 2781   |   |  |  |
| itie   | 6 T   | otal numbe             | er of volunteers (estimate if necessary)   | 6  | 0.   |   |  |  |
| ctiv   | 7aT   | otal unrela            | ted business revenue from Part VIII, column (C), line 12   | 7a   | 0.   |   |  |  |
| Ă  | bN  | let unrelate           | ed business taxable income from Form 990-T, Part I, line 11  | 7b<br>Prior Year   | Current Year   |   |  |  |
| -  |   |                        |  | -  | 1,640,368.   | 7,621,911.  |  |  |
|  | 8 0   | Contribution           | ns and grants (Part VIII, line 1h)   | 2,752,375.   | 3,527,206.   |   |  |  |
| Revenue  | 9 F   | program se             | rvice revenue (Part VIII, line 2g)   |  | 325.   | 79,117.   |  |  |
| eve  | 10 h  | nvestment              | income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,385,735.   | 941,090.   |   |  |  |
| œ  | 111 0   | Other reven            | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 5,778,803.   | 12,169,324.  |   |  |  |
|  | 12 T  | Total revenu           | ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  | 0.   | 0.  |  |  |
|  | 13 (  | Grants and             | similar amounts paid (Part IX, column (A), lines 1-3)  |  | 0.   | 0.  |  |  |
|  | 14 E  | Benefits pa            | id to or for members (Part IX, column (A), line 4)   |  | 1,747,338.   | 1,791,529.  |  |  |
| a  | 15 5  | Salaries, ot           | her compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.   | 0.   |   |  |  |
| nses   | 16a F   | Professiona            | al fundraising fees (Part IX, column (A), line 11e) 349,8  | 34.  |  | The second se |  |  |
| Fxne   | b   | Total fundra           | aising expenses (Part IX, column (b), the 20)  | 3,259,115.   | 4,538,582.   |   |  |  |
| ú  | 17 (  | Other expe             | nses (Part IX, column (A), lines 11a-11d, 11f-24e)   | -  | 5,006,453.   | 6,330,111.  |  |  |
|  | 18  | Total exper            | nses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |  | 772,350.   | 5,839,213.  |  |  |
| -  | 19 1  | Revenue le             | ss expenses. Subtract line 18 from line 12   | B  | eginning of Current Year   | End of Year   |  |  |
| 5 Or   | ICES  |                        | S  |  | 10,938,183.  | 19,556,234.   |  |  |
| Net Assets or  | 20  |                        | s (Part X, line 16)  |  | 3,509,695.   | 6,288,533.  |  |  |
| et A   | g 21  | Total liabilit         | I liabilities (Part X, line 26)  |  | 7,428,488.   | 13,267,701.   |  |  |
|  |   | 1 Charles make         | active Block   |  |  |   |  |  |
| 11.  | der pena  | Hine of parity         | ure block Iry, I declare that I have examined this return, including accompanying schedule<br>lete. Declaration of preparer (other than officer) is based on all information of w                                  | es and stater<br>hich prepar   | nents, and to the best of my<br>er has any knowledge.  | knowledge and belief, it is   |  |  |
| tru  | e, correc                                       | i, and comp            | lete, Deviatation of property forther was written for dates and the  |  |  |   |  |  |
|  |   | Signature o            | of officer   |  | Date   |   |  |  |
|  | gn  |                        | YN VERMONT, CEO  | -  |  |   |  |  |
| He   | ere   |                        | int name and title   |  |  | 1 201111  |  |  |

|                              | Type or print name and title                    |                            | Date | Check      | P      | (IN           | _   |
|------------------------------|---|----------------------------|------|------------|--------|---------------|-----|
| Paid<br>Preparer<br>Use Only | Print/Type preparer's name                      | Preparer's signature       | Date |            |        | 00579546      |     |
|                              | EDWARD G. SULLIVAN                              |                            |      | Firm's EIN | *3326  | _             |     |
|                              | Firm's address 280 TRUMBULL S<br>HARTFORD, CT 0 |                            |      |            | 2.3111 |               |     |
|                              |   |                            |      |            |        | 7             | 0   |
| May the                      | IRS discuss this return with the preparer show  | vn above? See instructions |      |            |        | Form 990 (202 | 22) |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



### Form NAA-01

### 2024 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:<br>Hall Neighborhood House, Inc. |  |
|--|--|
| Address: 52 George E. Pipkin's Way<br>Bridgeport, CT 06608                         |  |
| Federal Employer Identification Number:06-0676851                                  |  |
| Program title: Hall Senior Center  |  |
| Name of contact person: Robert Dzurenda  |  |

(203) 345-2040 Telephone number:

Email address: rdzurenda@hnhonline.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00

| om Income T  | ax?         |                  |                |               |              | anization Exem   |
|--------------|-------------|------------------|----------------|---------------|--------------|------------------|
| XY           | es          | No               |                |               |              |                  |
| Yes, attach  | a copy of t | he first page of | f your most    | recent return | ı.           |                  |
| No, attach a | copy of y   | our determinati  | on letter from | n the U.S. T  | easury Depar | rtment, Internal |

Visit us at portal.ct.gov/DRS for more information.

#### 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;
- Regram serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- \_\_\_\_\_ Open space acquisition fund; or
- X Other (specify): Senior Citizens 60 years and older

#### Description of program:

Financial assistance is requested from the Neighborhood Assistance Act grant program to fund Hall Senior Center which is open Monday through Friday 8:30am to 3pm. Hall Senior Center serves aproximately 50 people daily, offering free continental breakfast and hot lunch daily, daily exercise, recreational and therapeutic activities like yoga and Tai Chi, shopping trips and weekly health assessments monitored by Public Health RN/PhD Linda Strong of Sacred Heart University's College of Nursing students. Hall also offers Caregiver Support for caregivers of seniors.

#### Need for program:

All of Hall's seniors live on fixed incomes, over 87% of which are of low income status (below 100% of Federal Poverty Level) and cannot afford to prepare nutritious meals each day. They need help accessing community and government benefits. Hall is awarded Title III federal funds that must be matched. This NAA grant would aid in offereing those matching dollars, and the NAA support will help to cover the spending gap.

Neighborhood area to be served:

97% of Hall Senior Centers participants live in Bridgeport's East Side, East End and other Bridgeport neighborhoods.

#### Plan to implement the program:

Hall Senior Center is open 48 weeks per year and is staffed by a Senior Center Manager. The center is open Monday through Friday 8:30am to 3:00pm. Seniors are offered daily breakfast & lunch. Health and wellness checks such as blood pressure and blood sugar screenings are performed by clinical nurses and nursing students from SHU weekly. Balance classes, yoga, Tai Chi, and recreation are also offered. The programming keeps the older clients cognitively fit and emotionaly healthy,

#### Timetable:

| 01/01/202                     | 5                           |
|-------------------------------|-----------------------------|
| Program start date: 01/01/202 | MM - DD - YYYY              |
| Program completion date: 12   | 2/31/2025<br>MM - DD - YYYY |
| Post-project audit due date:  |                             |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III — Financial Information

## Program Budget:

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

## Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

a) \_\_\_\_\_\_\_ Title III Federal Funds for Senior Center & Family Caregive

- b) Other
- c) New Grants
- d) Fund Raisers/Private Donors

Total Funding:

## Proposed Program Expenditures:

Direct operating expenses - itemized description: a) Salaries, employer FICA, unemployment, Workers Comp

- b) Training, conferences, public transportation, field trips c) Food, office supplies, kitchen/program, maintenance suppli
- d) other program enrichment

Administrative expenses - itemized description:

a) copier/printer, general maintenance, utlities, rent, taxes

- b) Property liability insurance, fingerprinting/background chee
- c) Audit
- d) \_

Total Proposed Expenditures:

\$53,300.00 \$1,500.00 \$25,000.00 \$31,500.00 \$135,300.00

\$95,820.00

\$24,000.00

| \$1,000.00  | - |
|-------------|---|
| \$2,750.00  | - |
| \$16,530.00 | - |
|             |   |
| \$14,450.00 | - |
| \$3,750.00  | _ |
| \$1,000.00  | _ |
|             | _ |
|             |   |

#### 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:<br>Margaret E. Morton Government Center |   |
|--|---|
| Mailing address:   |   |
| 999 Broad Street Bridgeport, CT 06604  |   |
| Name of municipal liaison: Vincent Mobilio   |   |
| Telephone number: 203-576-3976   | - |
| Fax number: _203-579-3979  | - |
| Email address: vincent.mobilio@bridgeportct.gov  |   |

| POSI-PI                 | oject Audit               |
|-------------------------|---------------------------|
| Is a post-project audit | required for this proposa |
| Yes                     | X No                      |
| If Yes, date pos        | st-project audit due:     |
|                         | Date                      |

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 4 of 5

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Fee  | . 99        | 0 1   |  |   |                       |  | 1   | OMB No. 1545-0047               |  |
|--|-------------|---|--|---|-----------------------|--|---|---------------------------------|--|
| Return of Organization Exempt Fro<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code |             |   |  |   |                       |  |   | 2022                            |  |
| Dapa   | rtment of U | he Treasury<br>e Service  | Do not enter social security numbers on this form as it may be made public.<br>Go to www.irs.gov/Form990 for instructions and the latest information |   |                       |  |   | Open to Public<br>Inspection    |  |
| A  | For the 2   | 2022 calendar y   | ear, or tax year beg   |   | , 2022, and           |  | /30   | ,20 2023                        |  |
| B  | Check if ap | oplicable: C  |  |   |                       |  | D Employer la   | dentification number            |  |
|  | Addre       | ss change HAT   | L NEIGHBORHO   | DOD HOUSE, INC.   |                       |  | 06-06   |                                 |  |
|  | Name        |   | GEORGE E. PI   |   |                       |  | E Telephone r   | number                          |  |
|  | Initial     | return BRJ  | IDGEPORT, CT   | 06608   |                       |  |   |                                 |  |
|  | Final re    | turn/terminated   |  |   |                       |  |   |                                 |  |
|  | Amen        | ded return  |  |   |                       |  | G Gross receip  | ots \$ 7,984,701.               |  |
|  | Applic      | anon person B   | lame and address of princ<br>IE AS C ABOVE   | CAROL DOIMAR  | LLY                   | 1.1.1  | a group return for<br>Il subordinates incl<br>," attach a list. See | 105 10                          |  |
| 1  | Tax-exer    | mpt status; X 5   | 01(c)(3) 501(c)  | ( ) (insert no.)  | 4947(a)(1) or         | 527  | · manager drame and   |                                 |  |
| J  | Websit      | te: HNHON   | LINE.ORG   |   |                       | H(c) Group   | exemption number  | ar .                            |  |
| ĸ  |             | organization: X C   | Corporation Trust  | Association Other   | L, Year o             | formation: 190   | 1 M State   | of legal domicile: CT           |  |
| Pa   |             | Summary   |  | ssion or most significant acti  |                       |  |   |                                 |  |
| Activities & Governance  | 2 Ch        | URROUNDING  | COMMUNITIES  | LIVES OF RESIDENT   | ons or disposed       | of more than 2   | 5% of its net a   | assets.                         |  |
| 00   |             |   |  | ers of the governing body (P  |                       |  |   |                                 |  |
| ies  |             |   |  | in calendar year 2022 (Part   |                       |  |   |                                 |  |
| 12   | 6 Tot       | tal number of vo  | olunteers (estimate  | if necessary)   |                       |  |   |                                 |  |
| AC   |             |   |  | n Part VIII, column (C), line   |                       |  |   | a 0.                            |  |
|  | b Ne        | t unrelated busin   | ness taxable incom   | e from Form 990-T, Part I, I  | ne 11                 |  |   | b 0.                            |  |
|  |             |   |  |   |                       |  | Prior Year  | Current Year                    |  |
|  |             |   |  | ne 1h)  |                       |  | 5,380,599   |                                 |  |
| Revenue  |             |   |  | ne 2g)  |                       |  | 334,240   |                                 |  |
| lev  |             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |  |   |                       |  | 5,906   |                                 |  |
| -  |             |   |  | 1 (must equal Part VIII, colu   |                       |  | 333,717   |                                 |  |
| -  |             |   |  | t IX, column (A), lines 1-3).   |                       |  | 1,034,402   | . 1,550,000.                    |  |
|  |             |   |  | IX, column (A), line 4)   |                       |  |   |                                 |  |
|  |             |   |  | ee benefits (Part IX, column  |                       |  | 3,670,585   | . 4,884,119.                    |  |
|  |             |   |  | , column (A), line 11e)   |                       |  | 510101505   |                                 |  |
| Expenses   |             |   | xpenses (Part IX, c  |   |                       |  |   |                                 |  |
| ä  |             |   |  | lines 11a-11d, 11f-24e)   | 144,8                 | the second secon | 202 100   | 0 701 604                       |  |
|  |             |   |  |   |                       |  | 2,303,400   |                                 |  |
|  |             | and the second se |  | t equal Part IX, column (A),<br>18 from line 12                               |                       |  | 5,973,985   |                                 |  |
|  | 19 Re       | venue lass expe   | macs, oubtract line  | 10 mom inte 12  | ******                |  | L,080,477   |                                 |  |
| Not Assets or<br>Fund Belances   | 20 Tot      | al assets (Part   | X line 16)   |   |                       |  | ng of Current Yes<br>0, 873, 646                                    |                                 |  |
| Bula   |             | al liabilities (Pa  |  |   |                       |  | 2,518,860   |                                 |  |
| Met  |             |   |  | line 21 from line 20  |                       |  | 3,354,786   |                                 |  |
| Par  |             | Signature Bl  |  | and an inventing av   |                       |  | , 334, 100  | 0,012,400.                      |  |
|  | _           | the second se   |  | ative including an entry in the   | tribue and statements | and to the bast of -   | nu knowledes and  | hallef it is inter correct and  |  |
| comple   | ste. Declar | ation of preparer (oth  | her than officer) is based o   | eturn, including accompanying sched<br>on all information of which preparer h | as any knowledge.     | and to the pest of r   | ny micmouge and   | Longs, it is also, correct, and |  |
| Sig  | 1           | Signature of officer  |  |   |                       | Date   |   |                                 |  |
| Her  | e           | ROBERT L.   |  |   |                       | EXECUT   | IVE DIREC   | TOR                             |  |
| -  |             | Print/Type preparer   | 2.5.2.2.5  | Preparer's signature  | Date                  |  | Check   if  | PTIN                            |  |
| Dais   | 4           |   | BAILEY CPA   | ROBERT J BAILEY   | - Sector -            |  | self-employed   | P00080579                       |  |
| Paic   | 4           | Firm's name   |  |   | 54 FA                 |  | and an property and   | 120000013                       |  |
| Pres   | DAPAr       |   | HOPE & HERNANDEZ, P.C.   |   |                       |  |   |                                 |  |
| Pre  | Only        |   | and the particular in the second s                                      |   |                       |  | Firm's EIN  | 6-0993320                       |  |
| Pre  | Only        | Firm's address  | 2600 MAIN ST<br>BRIDGEPORT.  | TREET   |                       |  |   | 6-0993320<br>3-366-5092         |  |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/01/22

Form 990 (2022)

Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

## Form NAA-01

## 2024 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

| ame of f | tax exempt organization/municipal agency:<br>onnecticut Coast YMCA dba Bridgeport YMCA   |
|----------|--|
| ddress:  | 850 Park Avenue, Bridgeport, CT 06604  |
| ederal   | Employer Identification Number:06-0662195  |
|          | n title: Bridgeport YMCA-Ralphola Taylor Community Center  |
| rogram   | f contact person:Maria Valentin, Interim Executive Director  |
| Name o   | f contact person:Mana valentary  |
|          | (203) 334-5551   |
|          | one number:  |
| Emails   | ddress:mvalentin@cccymca.org   |
| Total N  | IAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000.00   |
| Is y     | your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt m Income Tax?  |
|          | X Yes No   |
| lf       | Yes, attach a copy of the first page of your most recent return.<br>No, attach a copy of your determination letter from the U.S. Treasury Department, Internal evenue Service. |

Visit us at portal.ct.gov/DRS for more information.

# 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
  - Open space acquisition fund; or
  - Other (specify): Youth Development X

# Description of program:

The Bridgeport YMCA-Ralphola Taylor Community Center YMCA (Bridgeport Y-RTCC), provides a variety of recreational, academic, and youth development programs targeted primarily toward young people living in the East End, East Side, and South End of Bridgeport. In addition to formal programming, the RTCCY serves as a safe haven for youth to enjoy open gym, access to computers, get homework help, or participate with their families in recreation nights and continues to build on existing youth and teens programs emphasizing on STEM, teen internship, teen mentoring, and career exploration.

# Need for program:

This will allow us to offer additional services for school age children and to support them in positive youth development activities as well as supporting families in providing care on off days during the school year. We would like to offer field trips to our days off program as a new component as well as having funding to provide outside specialists and programming that brings new exposure and experiences to our youth.

Neighborhood area to be served:

The Bridgeport Y-Ralphola Taylor Community Center serves Bridgeport's East End, East Side, and South End of Bridgeport however we accept all children in the Bridgeport area.

Plan to implement the program:

If we do not receive the requested funding or receive less than the amount requested, the Bridgeport YMCA Ralphola Taylor Community Center will continue to provide services but will monitor the hours in programming. Our staff works to develop excellent relationships with public funders by maintaining the quality of programming. In addition, staff members seek funding and collaboration opportunities in the private sector both to enrich programming and leverage resources.

# Timetable:

Program start date: 07/01/2024 MM - DD YYYY

Program completion date: 06/30/2025

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

# Program Budget:

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

# Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

a) State of CT Judicial

- b) State of CT Judicial
- c) \_City of Bridgeport ARPA Youth & Education
- d)

# Total Funding:

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

- a) Personnel (includes fringe, benefits, retirement)
- Supplies (food, office, program and custodial supplies)
- c) Field Trips, program transportation
- d) Maintenance/Repair Contracted Services

# Administrative expenses - itemized description:

a) Association Support (HR, Payroll, IT, Accounting, Admin)

- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

# \$409,585.00

\$50,000.00

\$124,585.00

\$20,880.00

\$200,000.00

\$251,204.00

\$10,000.00

\$345,465.00

\$45,000.00

\$40,000.00

\$63,381.00

# Total Proposed Expenditures:

# 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:                |   |
|---|---|
| City of Bridgeport  |   |
| Mailing address:  |   |
| Office of Planning & Economic Development, 999 Broad Street, Bridgeport, CT 06604 |   |
| Name of municipal liaison: Max Perez  |   |
| Telephone number: 203-576-3976  |   |
| Fax number: _203-576-3979   | - |
| Email address: max.perez@bridgeportct.gov   |   |

| Post-Proje                  | ect Audit                |
|-----------------------------|--------------------------|
| Is a post-project audit rec | quired for this proposal |
| Yes                         | No                       |
| If Yes, date post-          | project audit due:       |
| D;                          | ate                      |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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

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Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

# Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

|      | 990 |  |
|------|-----|--|
| Form | 220 |  |

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Open to Public Inspection

| Depa           | rtment o       | f the Treasury     | Go to www.irs.gov/Form990 for instructions and the latest   | information.       |                                  | Inspect            | ion          |
|----------------|----------------|--------------------|---|--------------------|----------------------------------|--------------------|--------------|
|                |                | nue Service        | , 2022, and endin   | g                  | , 20                             |                    |              |
|                |                |                    | C Name of organization CENTRAL CONNECTICUT COAST YOUNG MEN'S CHRISTIAN AS   | SSOCIATION, INC.   | D Employer identification number |                    | number       |
| 1.00           |                | applicable:        | Doing business as   |                    | 00-0002100                       |                    |              |
| _              |                | change             | Number and street (or P.O. box if mail is not delivered to street address) F  | E Telephone number |                                  |                    |              |
| _              | Name ch        |                    | 1240 CHAPEL ST  | (                  | 203) 777-9622                    | -                  |              |
| _              | Initial ret    | um/terminated      | City or town, state or province, country, and ZIP or foreign postal code  |                    |                                  |                    |              |
| -              |                | d return           | NEW HAVEN, CT 06511   |                    | G Gross re                       | acordina a         | ,571,160     |
| -              |                | tion pending       | F Name and address of principal officer: DAVID STEVENSON  | H(a) Is this a gr  | roup return for s                |                    | es 🗹 No      |
|                | Applicat       | ion pending        | SAME AS C ABOVE   |                    |                                  | s included?        |              |
| -              | Tax-exe        | mpt status:        | ✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527   |                    |                                  | . See instructions | ÷            |
|                | Website        |                    | CCYMCA.ORG  | H(c) Group e       | 1                                |                    |              |
|                |                |                    | Corporation Trust Association Other L Year of form  | ation: 1994        | M State o                        | f legal domicile:  | CT           |
| Transferrance. | artI           |                    |   |                    |                                  |                    | -            |
| and the second | 1              | Priofly dos        | cribe the organization's mission or most significant activities: TO PL  | IT JUDEO-CHR       | STIAN PR                         | INCIPLES IN T      | 0            |
| ø              |                | PRACTICE           | THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BOD  | Y FOR ALL.         |                                  |                    |              |
| Governance     |                | ***********        |   |                    |                                  |                    |              |
| arne           | 2              | Check this         | box i if the organization discontinued its operations or disposed   | of more than 2     | 5% of its                        | net assets.        |              |
| OVO            | 3              | Number of          | f voting members of the governing body (Part VI, line 1a)   | 医二氏 医小脑下的          | 3                                |                    | 29           |
| 0              | 4              | Number o           | f independent voting members of the governing body (Part VI, line 1)  | )                  | 4                                |                    | 27           |
| Activities &   | 5              | Total num          | ber of individuals employed in calendar year 2022 (Part V, line 2a)   |                    | 5                                |                    | 1,351        |
| viti           | 6              | Total num          | ber of volunteers (estimate if necessary)   |                    | 6                                |                    | 2,366        |
| Acti           | 7a             | Total unre         | lated business revenue from Part VIII, column (C), line 12  |                    | 7a                               |                    | 0            |
| 4              | b              | Not unrela         | ted business taxable income from Form 990-T, Part I, line 11  |                    | 7b                               | _                  | 0            |
| -              |                | Hut unite          |   | Prior Ye           |                                  | Current Y          |              |
|                | 8              | Contributi         | ons and grants (Part VIII, line 1h)   |                    | 454,312                          |                    | 2,740,408    |
| anu            | 9              | Program            | service revenue (Part VIII, line 2g)  |                    | 459,246                          | 1:                 | 5,933,331    |
| Revenue        | 10             | Investmer          | t income (Part VIII, column (A), lines 3, 4, and 7d)  |                    | 632,018                          |                    | 313,060      |
| Re             | 11             | Other reve         | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -                  | 192,539                          |                    | 172,930      |
|                | 12             | Total reve         | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 30                 | 738,115                          | 2                  | 9,159,729    |
| -              | 13             | Grants an          | d similar amounts paid (Part IX, column (A), lines 1-3)   |                    |                                  |                    | (            |
|                | 14             | Ronofite r         | aid to or for members (Part IX, column (A), line 4)   |                    |                                  | -                  |              |
|                | 15             | Salarias p         | ther compensation, employee benefits (Part IX, column (A), lines 5-10)  | 15                 | .002,010                         | 1                  | 7,013,810    |
| Expenses       | 16a            | Drofossion         | nal fundraising fees (Part IX, column (A), line 11e)  |                    | 0                                |                    | (            |
| neu            | b              | Total func         | traising expenses (Part IX, column (D), line 25) 174,290  |                    |                                  |                    |              |
| Exp            | 17             | Other ove          | enses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 8                  | ,699,173                         |                    | 0,737,720    |
| -              | 1.000          | Total ovo          | enses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | 23                 | ,701,183                         |                    | 7,751,530    |
|                | 18             | Povonuo<br>Dovonuo | less expenses. Subtract line 18 from line 12  | 7                  | ,036,932                         |                    | 1,408,199    |
| - 9            |                | Hevenue            | less expenses, oublider mis verter  | Beginning of Cu    | rrent Year                       | End of Y           |              |
| tso            | 00             | Total aco          | ets (Part X, line 16)   | 48                 | ,852,527                         |                    | 6,326,750    |
| else           | 20             | Total light        | lities (Part X, line 26)  | 10                 | ,843,930                         |                    | 7,152,209    |
| let A          | 20<br>21<br>22 | Not accet          | s or fund balances. Subtract line 21 from line 20   | 38                 | ,008,597                         | 3                  | 9,174,54     |
|                | out II         | Signat             | ure Block   |                    |                                  |                    |              |
| -              | art II         |                    | including accompanying schedules and st   | atements, and to t | he best of r                     | my knowledge an    | d belief, it |
| U              | nder per       | alties of perjui   | y. I declare that I have examined this feature, including accompanying constantiation<br>ate. Declaration of preparer (other than officer) is based on all information of which preparer. | arer has any knowl | edge.                            |                    |              |
| th             | ne, corre      |                    |   |                    |                                  |                    | 500          |
|                |                |                    |   |                    |                                  |                    |              |

|                    |   |  |  | Date   |  |
|--------------------|---|--|--|--|--|
| Type or print name | and title   |  |  |  |  |
| Print/Type prep    | arer's name   | Preparer's signature   | Date   | Check if self-employed   | PTIN<br>P01423868  |
| WILLITTI FORV DO   |   |  |  | Firm's EIN 06-0903326  |  |
| Firm's name        | Philip Hand   |  |  | 10000 000 0444   |  |
| Firm's address     |   |  |  |  | Yes No   |
|                    |   |  | Cat. No. 11282   | Y  | Form 990 (2022)  |
|                    | MELISSA K<br>Type or print name<br>Print/Type prep<br>NICHOLAS Y<br>Firm's name<br>Firm's address<br>S discuss this | Type or print name and title<br>Print/Type preparer's name<br>NICHOLAS YANOUZAS<br>Firm's name WHITTLESEY PC<br>Firm's address 280 TRUMBULLS<br>S discuss this return with the pre | MELISSA KESSELL, SVP/CFO Type or print name and title Print/Type preparer's name NICHOLAS YANOUZAS Firm's name WHITTLESEY PC Firm's address 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, | MELISSA KESSELL, SVP/CFO         Type or print name and title         Print/Type preparer's name       Preparer's signature         NICHOLAS YANOUZAS         Firm's name       WHITTLESEY PC         Firm's address       280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103         S discuss this return with the preparer shown above? See instructions | Signature of officer         MELISSA KESSELL, SVP/CFO         Type or print name and title         Print/Type preparer's name       Preparer's signature         NICHOLAS YANOUZAS       Date         Firm's name       WHITTLESEY PC         Firm's address       280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103         Phone no.       (         S discuss this return with the preparer shown above? See instructions |

1

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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:<br>Cardinal Shehan Center                                       |
|---|
| Address: 1494 Main Street<br>Bridgeport, CT 06604   |
| Federal Employer Identification Number:06-1101081   |
| Program title: Computer, Arts, STEM, & Cooking Programs (CASC)  |
| Name of contact person: Lorraine Gibbons (203) 336-4468   |
| Telephone number:   |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00                                      |
| Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?   |
| X 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<br>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;
- X Program serving low-income persons;
- X Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify):

#### Description of program:

As part of the Cardinal Shehan Center's After School & Saturday Program, we will enrich the lives of underserved children in Bridgeport, CT with the following: 1) Computer Program: children will learn how to use Microsoft Office, safe internet navigation, and problem solving skills. 2) Arts Program: children will engage in arts & crafts, drawing, painting, and learn how to express themselves creatively. 3) STEM Program: hands-on projects relating to science, technology, engineering, and math. 4) Cooking Program: teaches culinary arts, nutrition, and safety.

#### Need for program:

The provision of enriching and educational activities during after school hours when families are at work is critical. Studies show that after school programs can increase academic performance, reduce risky behavior, and provide a safe environment. Providing enrichment opportunities gives youth the chance to learn new skills, unleash their potential, grow confidence, and develop healthy habits as they continue to grow and develop.

#### Neighborhood area to be served:

The Cardinal Shehan Center is located in The Hollow neighborhood of Bridgeport. This is one of Bridgeport's most impoverished and densely populated neighborhoods. While the Cardinal Shehan Center is located in this neighborhood, and serves many children from the neighborhood, children participate in this program from accross the City of Bridgeport.

#### Plan to implement the program:

The programs are included in the After School & Saturday Program and are held from September through May from 2:00-5:30pm. We advertise the programs by distributing flyers to schools, through social media, attending community events, and through our already participating families. The Center's Program Directors hire and train the necessary staff to ensure that all needs are being met and outcomes are being achieved.

### Timetable:

| Program start date: 09/09/20 | 024                          |
|------------------------------|------------------------------|
|                              | MM - DD - YYYY               |
| Program completion date:     | 05/30/2025<br>MM - DD - YYYY |
| Post-project audit due date: | 00/04/0005                   |
| . cor project care and a     | MM - DD - YYYY               |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

\*\*\*\*

# Part III — Financial Information

### **Program Budget:**

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

### Sources of Revenue:

| NAA funds requested                               | \$24,000.00 |
|---|-------------|
| Other funding sources - itemized sources:         |             |
| a)  |             |
| b)  |             |
| c)  |             |
| d)  |             |
| Total Funding:                                    | \$24,000.00 |
| Proposed Program Expenditures:                    |             |
| Direct operating expenses - itemized description: |             |

| a) Art Supplies (paper, arts/crafts materials)  | \$5,000.00  |
|---|-------------|
| b) STEM supplies (experiment supplies)          | \$4,000.00  |
| c) Computer Maintenance                         | \$2,000.00  |
| d) Cooking Ingredients                          | \$5,000.00  |
| Administrative expenses - itemized description: |             |
| a) Staff: Computer Instructor                   | \$2,000.00  |
| b) Staff: Art Instructor                        | \$2,000.00  |
| c) Staff: STEM Instructor                       | \$2,000.00  |
| d) <u>Staff: Cooking Instructor</u>             | \$2,000.00  |
| Proposed Expenditures:                          | \$24,000.00 |

Total

# Part IV — Municipal Information

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

| City of Bridgeport   |                   |
|--|-------------------|
| Mailing address:   |                   |
| Margaret E. Morton Government Center 999 Broad Street, Bri | dgeport, CT 06604 |
| Name of municipal liaison: Max Perez                       |                   |
| Telephone number: 203-727-2707                             |                   |
| Fax number:  |                   |
| Email address: max.perez@bridgeportct.gov                  |                   |

| Post-Pro                  | ject Audit               |
|---------------------------|--------------------------|
| s a post-project audit re | equired for this proposa |
| Yes                       | X No                     |
| If Yes, date post         | -project audit due:      |
| D                         | ate                      |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Departm                        | 9900<br>nent of the Treasury<br>Revenue Service | Return of Or<br>Under section 501(c), 527, o<br>Do not enter soo<br>Go to www.irs  | TENDED TO MAY 15, 20<br><b>ganization Exempt Fr</b><br>or 4947(a)(1) of the Internal Revenue C<br>ial security numbers on this form as it<br>.gov/Form990 for instructions and the | om In<br>ode (exce<br>t may be i<br>latest in | ept private four<br>made public.<br>formation. | ndations)   | OMB No. 1545-0047<br>2022<br>Open to Public<br>Inspection  |
|--------------------------------|---|--|--|---|--|---|--|
| A Fo                           | r the 2022 cale                                 | ndar year, or tax year beginnin  | g JUL 1, 2022 and en   | ding JI                                       | JN 30, 2                                       |   |  |
| 3 Che                          |   | of organization  |  |   | D Employer ic                                  | dentificati   | ion number   |
| app                            | olicable;                                       |  |  |   |  |   |  |
|                                | Address CAR                                     | DINAL SHEHAN CEN   | TER, INC.  |   | 00.11  | 01001   |  |
|                                | Name Doing                                      | business as  |  |   | 06-11  |   |  |
|                                | nitial<br>return Numb                           | er and street (or P.O. box if mail is  | s not delivered to street address) Ro  | om/suite                                      | E Telephoner<br>203-3                          |   | 168  |
| -                              | Final 149                                       | 4 MAIN STREET  |  |   | G Gross receipts                               |   | 3,108,994.   |
| -                              | ated City o                                     | r town, state or province, count   | ry, and ZIP or foreign postal code   |   | H(a) Is this a g                               |   |  |
| -                              | Amended BRI                                     | DGEPORT, CT 066  | LOPPATNE CIBBONS   |   | for subord                                     |   |  |
|                                | Applica-<br>tion F Name                         | and address of principal office  | LORRAINE GIBBONS   |   | H(b) Are all subor                             |   | the second secon |
|                                |   | AS C ABOVE   | ) (insert no.) 4947(a)(1) or   | 527   |  |   | . See instructions   |
|                                | F.W.W.  | X 501(c)(3) 501(c) (   |  |   | H(c) Group exe                                 | emption n   | umber  |
| JW                             |   | X Corporation Trust  | Association Other  | L Year o                                      | of formation: 19                               | 64 M S  | tate of legal domicile: C1   |
|                                |   |  |  |   |  | -   |  |
| T                              |   | and the second s | or most significant activities: TO ENI   | RICH  | LIVES TH                                       | IROUGH  | H LEARNING   |
| Activities & Governance        | BY ENH  | ANCING THE EDUCA   | ATTONAL, SOCIAL, AND   | Much  | DITT T OTHER                                   | 0   |  |
| nar                            | 2 Check this                                    | box if the organizatio   | n discontinued its operations or dispose   | d of more                                     | than 25% of its                                | s net asse  | ts.  |
| Nei                            | 3 Number of                                     | voting members of the governin   | g body (Part VI, line 1a)  |   |  | 3   | 29   |
| 3                              | 4 Number of                                     | independent voting members of  | f the governing body (Part VI, line 1b)  |   |  | 4   | 8  |
| se                             | 5 Total numb                                    | er of individuals employed in ca   | lendar year 2022 (Part V, line 2a)   |   |  | 5   | 100  |
| NIDI                           | 6 Total numb                                    | er of volunteers (estimate if nec  | essary)  |   |  | 6   | 0  |
| Cti                            | 7 a Total unrela                                | ated business revenue from Par   | t VIII, column (C), line 12  |   |  | 7a<br>7b  | 0  |
| 4                              | b Net unrelat                                   | ed business taxable income fro   | m Form 990-T, Part I, line 11  |   | Prior Year                                     | 1/0   | Current Year   |
|                                |   |  |  | -   | 1,658,9  | 201.  | 1,696,186  |
| 9                              |   | ns and grants (Part VIII, line 1h)   |  |   | 497,5  |   | 465,346  |
| Revenue                        | 9 Program se                                    | ervice revenue (Part VIII, line 2g)  | and Zd)  |   | 214,2  |   | 121,230  |
| Rev                            | 10 Investment                                   | t income (Part VIII, column (A), II  | nes 3, 4, and 7d)<br>5, 6d, 8c, 9c, 10c, and 11e)  |   | 42,2   |   | -13,198  |
|                                | 11 Other reve                                   | nue (Part VIII, column (A), lines :  | st equal Part VIII, column (A), line 12)   |   | 2,412,9  |   | 2,269,564  |
| -                              | 12 Total rever                                  | Leimilar amounts naid (Part IX)  | column (A), lines 1-3)   |   | 84,0   | .000  | 35,000   |
|                                | 13 Grants and<br>14 Benefits pa                 | aid to or for members (Part IX, c  | olumn (A), line 4)   |   | -  | 0.  | 0  |
|                                | 14 Denents p                                    | ther compensation, employee b  | enefits (Part IX, column (A), lines 5-10)  |   | 894,0  |   | 1,095,341  |
| Expenses                       | 16a Profession                                  | al fundraising fees (Part IX, colu   | mn (A), line 11e)  | 101   |  | 0.  | 0  |
| per                            | h Total fund                                    | raising expenses (Part IX, colum   | n (D), line 25) 107,72   | 7.  |  |   | 660 201  |
| ŭ                              | 17 Other expe                                   | enses (Part IX, column (A), lines  | 11a-11d, 11f-24e)  | inine   | 568,   |   | 660,391<br>1,790,732   |
|                                | 18 Total expe                                   | nses. Add lines 13-17 (must equ  | ual Part IX, column (A), line 25)  |   | 1,546,   |   | 478,832  |
|                                | 19 Revenue la                                   | ess expenses. Subtract line 18 f   | rom line 12  |   | 865,<br>ginning of Curre                       |   | End of Year  |
| or                             |   |  |  | Be  | 8,334,   | the second se | 9,281,653  |
| sets                           | 20 Total asse                                   | ts (Part X, line 16)   |  |   | 111,   |   | 365,321  |
| Net Assets or<br>Fund Balances | 21 Total liabil                                 | ities (Part X, line 26)  |  | -   | 8,222,   |   | 8,916,332  |
| 2.                             | 22 Net assets                                   | s or fund balances. Subtract line  | 21 from line 20  | uniter -                                      | 0/222/   |   |  |
| Und                            | er penalties of perj                            | upy I declare that I have examined th  | his return, including accompanying schedules than officer) is based on all information of whi  | and staten<br>ich prepare                     | nents, and to the t<br>r has any knowled       | best of my lige.  | knowledge and belief, it is  |
| urue,                          | , correct, and com                              | note, Declaration of property (onto  | ALL CONTRACTOR OF STREET CONTRACTOR  |   |  |   |  |
| Cim                            | Signature                                       | of officer   |  |   | Date   |   |  |
| Sig                            | TODDA   | INE GIBBONS, EXE   | CUTIVE DIRECTOR  |   |  |   |  |
| her                            | Type or pr                                      | int name and title   |  | -   | Data   |   | 11 DTIN  |
| -                              | Print/Type                                      | preparer's name  | Preparer's signature   |   | Date   | Check   | PTIN   |
| Pai                            |   | G. WOODS   |  | _   | 190.0  | self-employed   | P01429665  |
| Pre                            | parer Firm's nat                                | me VENMAN & CO.  | LLC, CPA'S   |   | Firm's   | SEIN UG   | 0-00/4034  |
| Use                            | Only Firm's ad                                  |  | AT AVENUE  |   | Dhan   | 203   | 8-929-9945   |

|           | SHELTON, CT 06484  |
|-----------|--|
| May the I | RS discuss this return with the preparer shown above? See instructions |
|           | D I have a the sea the congrete instruction                            |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: BRIDGEPORT



# Form NAA-01

# 2024 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: \_\_\_\_\_ BRIDGEPORT ECONOMIC DEVELOPMENT CORPORATION

Address: 10 MIDDLE STREET, 14th FLOOR BRIDGEPORT, CT 06604

Federal Employer Identification Number: 23-7374878

Program title: BRIDGEPORT BROWNFIELDS RECLAMATION PARTNERSHIP

Name of contact person: Edward Lavernoich

(203) 335-3800

\_\_\_\_\_

Telephone number:

Email address: \_lavernoich@brbc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000.00

| ls your organ<br>from Income |            | quired to  | o file federa | Form 990    | or 990EZ, I | Return of Or | ganization Exem   |
|------------------------------|------------|------------|---------------|-------------|-------------|--------------|-------------------|
| $\mathbf{X}$                 | Yes        |            | No            |             |             |              |                   |
| If Yes, attacl               | h a copy o | f the firs | t page of y   | our most re | cent return |              |                   |
| lf No, attach<br>Revenue Se  |            | your de    | termination   | letter from | the U.S. Tr | easury Depa  | artment, Internal |

### 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): Neighborhood Assistance; assessment and remediation of brownfields

#### Description of program:

Technical assistance and project management for the assessment, remediation and redevelopment of contaminated properties/ brownfields in Bridgeport's low income neighborhoods. Collaboration and partnership with the City of Bridgeport government, Neighborhhod Revitalization Zones, other neighborhood groups, and MetroCOG (regional planning agency). Current project priorities include Bridgeport Brass Rdevelopment Planning Project, Cherry Street Lofts Environmental and Infrastructure Project, and Mt Growmore Agricultural Campus- a partnership with the East End NRZ.

Need for program:

Despite nearly three decades on brownfield redevelopment successes, Bridgeport still has numerous properties where current and potential use is affected by real or perceived hazardous waste contamination. Residents and neighborhhod organizations typically lack the background to identify, access and manage the resources that are available to assess and remediate these properties. In addition, many existing funding resources for assessment and remediation do not provide adequate funding for project management.

#### Neighborhood area to be served:

Primarily, the State-designated Bridgeport Urban Enterprise Zone, with certain other census tracts. Census tracts where these activities may occur include: 702,703,704,705,706,707,708,709,710,711,712,713, 714, 715,716, 717,732,733,735,736,737,738,739,740,741,742,743,744. Bridgeport residents are expected to benefit from these activities, via the removal of certain public health risks and improved economic activity throughout the City and region.

#### Plan to implement the program:

Ongoing communication with City officials to identify properties where assessment and/or remediation funding has been obtained, but have not been addressed due to lack of local capacity. Manage existing/funded projects while seeking additional resources when needed. Meet with NRZs or other neighborhood groups to identify properties requiring assessment or remediation of known contamination. Inform and engage local constituencies in remediation and redevelopment. Coordinate with MetroCOG, which has consistently competed for and received EPA Assessment Grant Funding.

Form NAA-01 (Rev. 01/24)

### Timetable:

| Program start date: 07/01/20 | 24             |
|------------------------------|----------------|
| Flogram start date:          | MM - DD - YYYY |
| Program completion date: 0   | 6/30/2025      |
|                              |                |
| Post-project audit due date: | 09/30/2024     |
| Post-project audit out outer | MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III - Financial Information

# Program Budget:

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

# Sources of Revenue:

| NAA funds requested                               | \$50,000.00         |
|---|---------------------|
| Other funding sources - itemized sources:         |                     |
| a)  |                     |
| b)  | -                   |
| c)  |                     |
| d)  |                     |
| Total Funding:                                    |                     |
| Proposed Program Expenditures:                    |                     |
| Direct operating expenses - itemized description: |                     |
| a) Neighborhood engagement and meetings           | \$5,000.00          |
| b)  |                     |
| c)  |                     |
| d)  |                     |
| Administrative expenses - itemized description:   | and a second second |
| a) Personnel and office overhead                  | \$40,000.00         |
| b) Accounting, audit and legal expenses           | \$5,000.00          |
| c)  | -                   |

d) \_\_\_\_\_

# Total Proposed Expenditures:

# 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:<br>Margaret Morton Center 999 Broad Street Bridgeport, CT 06604 |   |   |
| Name of municipal liaison: Max Perez   |   |   |
| Telephone number: (203) 576-3976   | 1 | - |
| Fax number: (203) 576-3979   |   | - |
| Email address: max.perez@bridgeportct.gov  |   |   |

| Post-Proj                 | ject Audit                 |
|---------------------------|----------------------------|
| s a post-project audit re | equired for this proposal? |
| Yes                       | No No                      |
| If Yes, date post-        | -project audit due:        |
|                           | ate                        |

|                                | 99  |                            | Under section 501(c), 527, or 494   | 7(a)(1) of the Internal Reve<br>curity numbers on this for            | nue Code (exc<br>n as it may be     | ept private foundations<br>made public.               | OMB No. 1545-0047                                 |
|--------------------------------|---|----------------------------|---|---|-------------------------------------|---|---|
| Interna                        | ment of the<br>Revenue  | Service                    | Go to www.irs.gov/  | Form990 for, instructions a   | nd the latest li                    | tormation.  | Inspection  |
| A Fo                           | or the 20   | 022 calend                 | dar year, or tax year beginning   | a   | nd ending                           |   | to a sumber                                       |
| B Ch                           |   | C Name o                   | of organization   |   |                                     | D Employer identificat                                | non number  |
|                                | Address<br>change<br>Name   |                            | DGEPORT ECONOMIC DE   | EVELOPMENT CORI   | ?                                   | 23-737487   | 8   |
|                                | change<br>Initial<br>return   | Numbe                      | er and street (or P.O. box if mail is not de  | elivered to street address)   | Room/suite                          | E Telephone number<br>203-335-3                       | 800   |
|                                | Final<br>return/  | 10 1                       | MIDDLE STREET-14TH  | 719 or foreign postal code  |                                     | G Gross receipts S                                    | 347,886.  |
|                                | termin-<br>ated<br>Amanded<br>return<br>Applica-<br>tion<br>pending | BRII<br>F Name             | town, state or province, country, and<br>DGEPORT, CT 05601<br>and address of principal officer:EDV<br>IDDLE STREET, 14TH<br>X 501(c)(3) 501(c) (  | WARD LAVERNOICH   | PORT, CI                            | If "No," attach a lis                                 | Yes X No<br>Juded? Yes No<br>it. See instructions |
|                                |   |                            | .BRBC.ORG   |   |                                     | H(c) Group exemption                                  | number  |
| JW                             | lebsite:  |                            |   | Association Other   | L Year                              | of formation: 1974 MS                                 | State of legal domicile: CT                       |
|                                | 41 C  | umman                      | 1/  |   |                                     |   |   |
| Fa                             |   |                            | the second | st significant activities: IS   | A COMMU                             | NITY BASED  |   |
| ce                             | 1 0   | PCANT                      | TATTON TUNT DEVELO  | PS AND MANAGES  | PROGRAM                             | D AND FROODC  | TS THAT   |
| Activities & Governance        |   | neck this b                |   | ontinued its operations or di   | sposed of more                      | a main 20% of its net ass                             |   |
| ven                            | 0 11  | mbar of v                  | oting members of the governing bod  | y (Part VI, line 1a)  |                                     |   | 14  |
| Go                             | 4 bb  | mbor of in                 | ndependent voting members of the g  | overning body (Part VI, line  | 1b)                                 | 4   | 11  |
| 80                             | 5 To  | tal numbe                  | er of individuals employed in calenda   | r year 2022 (Part V, line 2a)   |                                     | 5   | 0   |
| ties                           | e To  | tal aumho                  | er of volunteers (estimate if necessar)   | y)  | minimum territer                    |   | 0   |
| tivi                           |   | talunralat                 | ted business revenue from Part VIII.  | column (C), line 12   |                                     | /d  | 0.  |
| Ac                             | /a IC   | at uproloto                | ed business taxable income from For   | m 990-T. Part I, line 11  |                                     |   | 0.  |
| -                              | DIN   | et uniterate               |   |   |                                     | FIIO Teal   | Current Year                                      |
| 1                              | 8 0   | ontribution                | ns and grants (Part VIII, line 1h)  |   |                                     | 2,088,555.  | 345,984.  |
| Revenue                        | 9 P   | oaram set                  | rvice revenue (Part VIII, line 2g)  |   |                                     | 4,150.  | 1,900.  |
| ver                            | 10 In   | veetment                   | income (Part VIII, column (A), lines 3,   | 4, and 7d)  |                                     | 0.  | 0.  |
| Re                             | 11 0  | ther reven                 | ue (Part VIII, column (A), lines 5, 6d,   | 8c, 9c, 10c, and 11e)   |                                     | 2.  | 2.  |
|                                | 12 To   | ntal revenu                | ue - add lines 8 through 11 (must equ   | al Part VIII, column (A), line  | 12)                                 | 2,092,707.  | 347,885.  |
|                                | 13 G  | rants and                  | similar amounts paid (Part IX, column   | n (A), lines 1-3)   |                                     | 0.  | 0.  |
|                                | 14 B  | anofite nai                | id to or for members (Part IX, column   | (A), line 4)  |                                     | 0.  | 0.  |
|                                | 15 S  | alariae ath                | her compensation, employee benefit  | s (Part IX, column (A), lines 5                                       | -10)                                | 84,196.   | 84,147.   |
| enses                          | 10 0  | aidries, ou                | al fundraising fees (Part IX, column (A   | ), line 11e)  |                                     | 0.  | 0.  |
| neu                            | IDa P   | ntel fundra                | aising expenses (Part IX, column (D),   | line 25)  | 0.                                  |   |   |
| Exp                            | 17 0  | thar avner                 | nses (Part IX, column (A), lines 11a-1  | 1d, 11f-24e)  |                                     | 104,849.  | 399,818.  |
|                                | 17 O  | atsl expen                 | nses. Add lines 13-17 (must equal Pa  | rt IX, column (A), line 25)   |                                     | 189,045.  | 483,965.  |
|                                | 19 R  | avanua les                 | ss expenses. Subtract line 18 from lin  | ne 12   |                                     | 1,903,662.  | -136,079.   |
| -Se                            |   | evenue los                 |   |   | B                                   | eginning of Current Year                              | End of Year                                       |
| Net Assets or<br>Fund Balances | 20 T  | otal accets                | s (Part X, line 16)   |   |                                     | 2,035,701.  | 1,928,557.  |
| Bal                            | 21 T  |                            | ties (Part X, line 26)  | and a second second second second                                     |                                     | 16,076.   | 45,011.   |
| Vet /                          | 21 1  | lat accepted               | or fund balances. Subtract line 21 fr   | om line 20  |                                     | 2,019,625.  | 1,883,546.  |
| 1                              |   | Ciaux akt                  | una Diaak   |   |                                     |   |   |
| Lind                           | or our off  | ico of portius             | ry, I declare that I have examined this retu<br>lete. Declaration of preparer (other than of  | rn, including accompanying sch<br>fficer) is based on all information | edules and state<br>of which prepar | ments, and to the best of my<br>er has any knowledge. | knowledge and belief, it is                       |
|                                | -   | Classic                    | of other  |   | 1000                                | Date  |   |
| Sig                            |   | Signature of               |   | INFINIT   | 35-21                               | 1   |   |
| Her                            | e E   | EDWARI                     | D LAVERNOICH, PRESI   | DENT  | 1 60 6                              |   |   |
| -                              |   | Print/Type p               | nt name and title<br>preparer's name  | Preparer's signature  |                                     | Date Check [<br>10/26/23 self-employe                 | PTIN<br>P01200948                                 |
| Pai                            | 0   | SANDRA                     | A D. CALLANAN, CPA  | ** 5  |                                     |   | 5-1533315   |
|                                |   | Firm's name<br>Firm's addr | C   | , <u>LLP</u><br>2, #450   | -                                   |   | 3-366-5876  |

SHELTON, CT 06484 X Yes No May the IRS discuss this return with the preparer shown above? See instructions 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Phone no.203-366-5876

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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

| Address: 1875 No   | ble Ave, Bridgeport, CT 06610   |
|--------------------|---|
| Federal Employer   | Identification Number: 23-7068821                                     |
| Program title: _Sr | nart Flower - Solar Power at the Zoo!                                 |
| Name of contact p  | person: Ashley Volkens  |
| Telephone numbe    | (203) 394-5522<br>r:  |
| Email address: _   | avolkens@beardsleyzoo.org   |
| Total NAA fundin   | ng requested (\$250 minimum, \$150,000 maximum): \$ <u>150,000.00</u> |

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

- X 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):

#### Description of program:

Installation of two Smartflowers on Zoo grounds. The 16-by-16-foot Smartflowers model actual sunflowers both in form and function. Using advanced robotics and automation, the unit's 12 "petals" freely track and follow the sun so they're always at an optimal angle. Each day at sunset, the Smartflower automatically folds up and cleans itself using brushes on the back of each panel to remove contaminates like dust or snow. Guests will see renewable energy in motion as two Smartflower solar panel systems harness the sun's energy to generate sustainable energy for the Zoo.

Need for program:

The two Smartflowers are expected to generate 10,000 kilowatts of electricity annually (approximately 5,000 kilowatts each), enough to generate the majority of the energy needed annually to power the Zoo's carousel and two new electric golf carts. The design and location of the Smartflower, also makes this an educational opportunity for programs and guests walking by with custom branding opportunities for the wrap of the fixture. These smart designs increase the unit's efficiency and enable the system to generate 40 percent more energy than a traditional system.

Neighborhood area to be served:

City-wide

Plan to implement the program:

Once funding is complete, the Zoo will begin installation of Smartflower at a seasonally appropriate time. Installation is expected to be complete by December 2025.

### Timetable:

| Program start date: 12/31/20 | 024                         |
|------------------------------|-----------------------------|
| Flogram start dato.          | MM - DD - YYYY              |
| Program completion date: _1  | 2/31/2025<br>MM - DD - YYYY |
| Post-project audit due date: | 06/30/2026                  |
| r ost-project addit add care | MM - DD - YYYY              |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

### **Program Budget:**

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

# Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a) Grant Support                                  | \$150,000.00 |
| b) Foundation and Individual Support              | \$25,000.00  |
| c) Corporate Support                              |              |
| d)  |              |
| Total Funding:                                    |              |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) Smartflower Equipment / Materials              | \$150,000.00 |
| b) Site Prep                                      | \$25,000.00  |
| c) Construction & Labor                           | \$15,000.00  |
| d)  |              |
| Administrative expenses - itemized description:   | and interim  |
| a) <u>Staff</u>                                   | \$10,000.00  |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:                      |              |

# Part IV — Municipal Information

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

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

| Post-Pro                   | ject Audit                |
|----------------------------|---------------------------|
| Is a post-project audit re | equired for this proposal |
| Yes                        | No                        |
| If Yes, date post          | -project audit due:       |
| D                          | ate                       |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

# Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Form 990<br>Department of the Treasury<br>Go to www.irs.gov/Form990 for instructions and the latest |                             | evenue Code (exc<br>form as it may be | ept private foundations)<br>made public.   | 2022<br>Open to Public<br>Inspection |  |                            |
|---|-----------------------------|---------------------------------------|--|--------------------------------------|--|----------------------------|
|   |                             |                                       | lar year, or tax year beginning  | and ending                           | 1  |                            |
| Che<br>app  |                             | C Name o                              | forganization  | с.                                   | D Employer identificat                         |                            |
| Name<br>change<br>Initial   |                             | Doing b                               | pusiness as<br>r and street (or P.O. box if mail is not delivered to street address) | E Telephone number                   |  |                            |
|   | Final                       | 1875                                  | NOBLE AVENUE   | 203-332-6565                         |  |                            |
|   | termin-<br>ated             | City or                               | town, state or province, country, and ZIP or foreign postal co                       | de                                   | G Bross receipts \$ 7,828,786.                 |                            |
|   | Amended                     | BRTT                                  | GEPORT, CT 06610   |                                      | H(a) Is this a group retu<br>for subordinates? | Yes X No                   |
| 1   | Applica-<br>tion<br>pending | F Name a                              | and address of principal officer: GREGG DANCHO                                       |                                      | H(b) Are all subordinates inclu                |                            |
|   |                             |                                       | AS C ABOVE   | 17(a)(1) or 527                      |  |                            |
|   |                             |                                       | X 501(c)(3) 501(c) ( ) (insert no.) 494<br>BEARDSLEYZOO • ORG                        |                                      | H(c) Group exemption                           | number                     |
| JW  | ebsite:                     | WWW -                                 | X Corporation Trust Association Other  | L. Year                              | of formation: 1961 MS                          | State of legal domicile; C |
| Par   |                             |                                       |  |                                      |  |                            |
| la  | 10.001                      |                                       | the second second second second second sectivities.                                  | TO ACQUAIN                           | IT A DIVERSE H                                 | PUBLIC TO                  |
| 9   | 1 Br                        | HE DEL                                | TCATE BALANCE THAT EXISTS BEIW   | EEN DIATU                            | J THITHOP THE                                  |                            |
| Governance  | -                           | neck this be                          | than 25% of its net asset  | S.                                   |  |                            |
| /err  |                             |                                       | oting members of the governing body (Part VI, line 1a)                               |                                      | 3  | 2                          |
| Go  | 4 NL                        | imber of in                           | dependent voting members of the governing body (Part VI, li                          | 4                                    | 9  |                            |
| 00  | 5 To                        | tal number                            | r of individuals employed in calendar year 2022 (Part V, line 2                      | 5                                    | 12   |                            |
| ties  | 6 To                        | tal number                            | r of volunteers (estimate if necessary)  |                                      | 6  | 0                          |
| Activities &  | 7 a To                      | tal unrelate                          | ed business revenue from Part VIII, column (C), line 12                              | 7a                                   | 0  |                            |
| A   | b Ne                        | et unrelated                          | d business taxable income from Form 990-T, Part I, line 11                           |                                      | 7b   | Current Year               |
|   |                             |                                       |  | -                                    | Prior Year                                     | 3,581,267                  |
|   | 8 C                         | ontribution                           | s and grants (Part VIII, line 1h)  |                                      | 5,463,163.                                     | 2,180,740                  |
| nue   | 9 Pr                        | ogram sen                             | vice revenue (Part VIII, line 2g)  |                                      | 257,009.                                       | 39,887                     |
| Revenue   | 10 In                       | vestment in                           | ncome (Part VIII, column (A), lines 3, 4, and 7d)                                    | 74,166.                              | 1,567  |                            |
| æ   | 11 0                        | ther revenu                           | ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        | 7,458,891.                           | 5,803,461                                      |                            |
|   | 12 To                       | otal revenu                           | e - add lines 8 through 11 (must equal Part VIII, column (A), li                     | 0.                                   | 0  |                            |
|   | 13 G                        | rants and s                           | similar amounts paid (Part IX, column (A), lines 1-3)                                |                                      | 0.   | 0                          |
|   | 14 B                        | enefits paid                          | to or for members (Part IX, column (A), line 4)                                      | 1,676,883.                           | 1,744,209                                      |                            |
| s   | 15 S                        | alaries, oth                          | er compensation, employee benefits (Part IX, column (A), line                        | 0.                                   | 0  |                            |
| use   | 16a P                       | rofessional                           | fundraising fees (Part IX, column (A), line 11e)                                     | 68,591.                              |  |                            |
| Expenses  | b Te                        | otal fundrai                          | Sing expenses (rait of column (b)) into col  |                                      | 1,224,854.                                     | 1,816,732                  |
|   | 17 0                        | ther expen                            |  |                                      | 2,901,737.                                     | 3,560,941                  |
|   | 18 T                        | otal expens                           | ses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |                                      | 4,557,154.                                     | 2,242,520                  |
|   | 19 R                        | evenue les                            | s expenses. Subtract line 18 from line 12  | E                                    | Beginning of Current Year                      | End of Year                |
| - 53  |                             |                                       | D-+Y (   |                                      | 17,127,613.                                    | 19,825,889                 |
| S O   |                             |                                       | (Part X, line 16)<br>es (Part X, line 26)  |                                      | 530,122.                                       | 540,224                    |
| ssels o   |                             | oral liabiliti                        |  |                                      |  | 19,285,665                 |
| Net Assets of<br>Fund Balances  | 21 T                        |                                       | or fund balances. Subtract line 21 from line 20                                      |                                      | 16,597,491.                                    | 19,200,000                 |

| Sign<br>Here         | Signature of officer<br>GREGG DANCHO, EXECUTIV<br>Type or print name and title | E DIRECTOR   | Date   |
|----------------------|--|--|--|
|                      | Print/Type preparer's name<br>EVA MRUK   | Preparer's signature<br>EVA MRUK<br>PAVIES ADVISORY, LLC | Date Check PTIN<br>11/15/23 self-employed P00543254<br>Firm's EIN 87-3231666 |
| Preparer<br>Use Only | Firm's address ONE CORPORATE DRIVE, SUITE 725<br>SHELTON, CT 06484-6241        |  | Phone no. 203-929-3535   |
| May the              | IRS discuss this return with the preparer sho                                  | wn above? See instructions                               | X Yes No<br>Form 990 (2022)  |

4

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

# Form NAA-01

# 2024 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

| Address: 2470 Fairfield Avenue, Bridgeport, CT 06605         Federal Employer Identification Number: 06-1418097         Program title: Window Replacement and Weatherization Project         Name of contact person: Michael Quan         (203) 334-0293         Telephone number:         Email address: Michael@Burroughscenter.org         Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 85,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?         X       Yes         No         If Yes       No         If Yes       atop of your most recent return. | Name of tax exemp<br>Burroughs Communi | ot organization/municipal agency:   |
|---|--|---|
| Program title:       Window Replacement and Weatherization Project         Name of contact person:       Michael Quan         (203) 334-0293       (203) 334-0293         Telephone number:   | Address: 2470 Fairf                    | ïeld Avenue, Bridgeport, CT 06605   |
| Name of contact person:       Michael Quan         (203) 334-0293       [203) 334-0293         Telephone number:  | Federal Employer I                     | dentification Number:06-1418097   |
| (203) 334-0293         Telephone number:         Email address:       Michael@Burroughscenter.org         Total NAA funding requested (\$250 minimum, \$150,000 maximum):       \$ 85,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?       X         X       Yes       No   | Program title: <u>Wir</u>              | dow Replacement and Weatherization Project                                      |
| Telephone number:   | Name of contact pe                     | erson: Michael Quan   |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 85,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?         X       Yes         No   | Telephone number                       | (203) 334-0293  |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 85,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?         X       Yes         No   | Email address: _M                      | lichael@Burroughscenter.org   |
| from Income Tax?<br>X Yes No  |  |   |
|   | Is your organiz<br>from Income T       | ation required to file federal Form 990 or 990EZ, Return of Organization Exempt |
| If Yes, attach a copy of the first page of your most recent return.   | X Y                                    | es No   |
| If res, attach a copy of the determination letter from the U.S. Treasury Department, Internal   | If Yes, attach a                       | 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, Intern Revenue Service.

### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

X 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):

#### Description of program:

The Neighborhood Assistance Act Grant Proposal aims to implement a comprehensive Window Replacement and Weatherization Project. With a total of 141 windows, after almost 30 years, they have exceeded their expected lifespan, the urgency of this project cannot be overstated. These windows, installed decades ago, struggle to insulate our facility against the harsh elements, resulting in energy inefficiency and discomfort for our patrons and staff alike.

By replacing these aging windows with modern, energy-efficient alternatives, we seek to achieve several critical objectives: Energy Efficiency, Cost Savings, Environmental Impact, Comfort and Safety, Preservation of

### Need for program:

The Window Replacement and Weatherization Project holds paramount importance for our community. With our center's building dating back to 1903, its 141 windows, nearly 30 years old, are in dire need of replacement .This endeavor addresses critical issues of energy inefficiency, comfort, and safety, vital for both patrons and staff. By installing modern, energy-efficient windows, we aim to significantly reduce energy consumption, resulting in substantial cost savings and environmental benefits. Moreover, the project preserves our heritage by maintaining the architectural integrity of our historic building while enhancing its functionality for future generations.

#### Neighborhood area to be served:

Burroughs is dedicated to supporting individuals and familles in the Bridgeport area. Leveraging partnerships with over 80 organizations and offering direct programming, we annually reach over 30,000 active participants. Our focus is on those encountering substantial barriers to success, including economic, language, technological, and systemic inequalities.

#### Plan to implement the program:

This effort is part of the Burroughs strategic plan to address needed upgrades, replace end of life equipment and improve energy conservation. Following a number of completed efforts preparing Burroughs to be successful in the next 30 years, this proposal is a critical step of the plan to improve the buildings energy efficiency by eliminating drafts, lowering HVAC costs and reduce our carbon footprint. Burroughs is prepared to begin the contractor biding process this summer and begin the work immediatemy. This effot is expected to be completed before the end of calendar year 2025.

# Timetable:

| Deserve atart date: 05/01/202 | 24                          |
|-------------------------------|-----------------------------|
| Program start date:           | MM - DD - 777Y              |
| Program completion date: 1    | 0/01/2025<br>MM - DD - YYYY |
| Post-project audit due date:  | 04/40/0006                  |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

# Program Budget:

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

# Sources of Revenue:

| Sources of Revenue.   | \$85,000.00  |
|---|--------------|
| NAA funds requested   |              |
| Other funding sources - itemized sources:<br>a) Matching grant from private donors  | \$50,000.00  |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:  | \$135,000.00 |
| Proposed Program Expenditures:<br>Direct operating expenses - itemized description:<br>a) 141 window replacement, insulation and installation | \$135,000.00 |
| b)  | -            |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a) None   |              |
| b)  |              |
| c)  |              |
| d)  | \$135,000.00 |
| Total Proposed Expenditures:  | \$100,000.00 |

# 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-Proje                  | ect Audit                 |
|-----------------------------|---------------------------|
| Is a post-project audit rec | quired for this proposal? |
| Yes                         | No                        |
| If Yes, date post-p         | project audit due:        |
| Da                          | te                        |

Form NAA-01 (Rev. 01/24)

|  |   |  |   |  | OMB No. 1545   | -0041   |
|--|---|--|---|--|--|---|
|  | 1   | ration Exempt F  | rom Incon   | ne Tax   | 202  | 2   |
| 000  | Return of Organization Exempt From Income Tax         Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       2022         Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       Open to Public   |  |   |  |  | ublic   |
| 990  | 501(c), 527, or 4947(   | (a)(1) of the Internal Revenue   | a it may be mad   | le public.   | Open to P<br>Inspect   | ion   |
|  | Do not enter social secur   | rity numbers on this form<br>m990 for instructions and<br>7/1/2022   | d the latest inform   | 6/30/202   |  |   |
| ent of the Treasury<br>Revenue Service   | Go to www.irs.gov/rol   | 7/1/2022   | , and ending  | D Employer ident   | ification number   |   |
| or the 2022 cal  | endar year, or tax year beginning   | S COMMUNITY CENTER I   | NC.   |  |  |   |
| eck if applicable.   | C Name of orga  |  | Room/suite  | 06-1418097   | No.  |   |
| dress change   | Doing business as<br>Number and street (or P.O. box if mail is not  | t delivered to street address)   |   | E Telephone num  |  |   |
| me change  | 2470 FAIRFIELD AVENUE   | State  | ZIP code  | (203) 334-0293   |  |   |
| tial return  | City or town  | CT   | 06605<br>Foreign postal code  | -  |  | 609,608   |
| nal return/terminated  | BRIDGEPORT<br>Foreign country name Foreign  | in province/state/county   |   | G Gross receipts   |  |   |
|  | Foreign country name  |  | Ha  | ) Is this a group return for sul   | DOLOUISTes:  | Yes X No  |
| mended return  | F Name and address of principal officer.  |  |   | Are all subordinates in  | cluded?  | Yes No  |
| pplication pending   | F Name and address of principal officer.<br>JOHN CANNON 2470 FAIRFIELD  | AVENUE, BRIDGEPORT   | 527   | If "No," attach a list. S  | ee instructions  |   |
|  | 501(c) (  | (insert no.) 4947(a)(1   | 1) or   | ) Group exemption num  | ber  |   |
| Tax-exempt status  | X SUNCION   |  |   | formation: 1994  | M State of legal do  | micile: CT  |
| WCD3ne.  | ww.burroughscc.org  | ociation Other   |   |  |  | OT.   |
| Form of organizati   | on: X Corporation   |  | TO PRO  | OVIDE RESIDENT   | S OF BRIDGER   | PORT, CI  |
| arti S   | ummary  | or most significant activity   | ies: IOPRO  | INDIVIDUAL GRO   | WTH AND  |   |
| 1 Briefly  | ummary<br>describe the organization's mission<br>PROGRAM OPPORTUNITIES AND  | FACILITY RESOURCES   | S TO PROMOTE  |  |  |   |
|  | PROGRAM OPPORTONICE   | discontinued its operation   | theread of  | more than 25% of   | its net assets.  | 8   |
| WITH<br>COMI<br>2 Chec<br>3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total   | MUNITY COHESIVENESS.  | discontinued its operation   | ns or disposed of   |  | 3  | 8   |
| 2 Chec   | k this box if the organization if the organization ber of voting members of the governing members of  | ng body (Part VI, line 1a)   | rt VI line 1b)  |  |  | 11  |
| 3 Numb   | this box<br>ber of voting members of the governin<br>ber of independent voting members of<br>the dividuals employed in c  | of the governing body (Fa  | V, line 2a)   |  | 5  |   |
| 4 Num  | aumbor of individuals on Field  | and the second sec | A 10 10 10 10 10 10   | - ( ) ( ) <sup>(</sup> ) <sup>(</sup> )  | 7a   | 0   |
| 5 Total<br>6 Total   | Total number of volunteers (estimate in Part VIII, column (C), line 12  |  |   |  | 7h   |   |
| 7a Tota  |   |  |   |  | Cur  | rent Year   |
| b Net  | b Net unrelated business taxable meeting  |  |   |  | ,128   | 428,582<br>153,750  |
|  | - will line 1   | b)   |   | 133  | ,150   | 27  |
| 2 8 Con  | tributions and grants (Part VIII, Ime )<br>gram service revenue (Part VIII, line 2<br>(Part VIII) column (A)  | 2g)  |   |  | 183  | 26,999  |
| 0  | stmont income (Part VIII, obtained  | 10c and  | 11e).   |  | 3,998<br>6,459   | 609,60  |
| C 44 Oth   | er revenue (Part vill, column to the  | at could Part VIII, column (/  | A), IIIIe 12/   | 01   | 0  |   |
| 11 Out   | al covonue_add lines 8 through 11 (mus  | Stequarrate (A) lines 1-3)   |   |  | 0  |   |
| 12 Tota  | al levellue data  | Column (A), intes i of   |   |  |  | 352,04  |
|  | to and cimilar allounts puter   | tes the Al   |   | 31   | 4,596  |   |
| 13 Gra   | ants and similar amounts part (Part IX  | column (A), line 4)  | lines 5-10)   | 31   | 4,596<br>0   |   |
| 13 Gra<br>14 Ber   | ants and similar amounts pars (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be   | c, column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)  | lines 5-10)   |  | 0  | 310.50  |
| 13 Gra<br>14 Ber<br>15 Sal   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>processional fundraising fees (Part IX, c  | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)   | lines 5–10)<br>18,060   | 20   | 0  |   |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro  | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>landraising expenses (Part IX, col   | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)   | lines 5–10)<br>18,060   | 20   | 0<br>67,734<br>62,330  | 662,5   |
| 13 Gra<br>14 Ben<br>15 Sal<br>16a Pro<br>b To<br>0   | ants and similar amounts part (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>ital fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin  | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e).   | , lines 5–10)<br>18,060<br>(), line 25)   | 20   | 0<br>37,734<br>32,330<br>34,129  | 662,55<br>-52,9   |
| 13 Gra<br>14 Ben<br>15 Sal<br>16a Pro<br>b To<br>0   | ants and similar amounts part (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>ital fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin  | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e).   | , lines 5–10)<br>18,060<br>(), line 25)   | 20<br>50<br>Beginning of Curre   | 0<br>37,734<br>32,330<br>34,129<br>nt Year   | 310,50<br>662,55<br>-52,9<br>End of Year                        |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>16a To<br>17 Ot<br>18 To<br>19 Re   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>otal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line  | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12   | , lines 5–10)<br>18,060<br>(), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3  | 0<br>67,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>16a To<br>17 Ot<br>18 To<br>19 Re   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>otal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>otal assets (Part X, line 16)   | , column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>(), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3  | 0<br>67,734<br>32,330<br>34,129<br>nt Year 1<br>13,632   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>16a Pro<br>16a Tro<br>17 Ott<br>18 To<br>19 Re<br>19 Re<br>19 Re<br>19 Re<br>19 Re<br>10 Sal<br>10 Sal<br>1 | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, co<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>otal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>otal assets (Part X, line 16)<br>otal liabilities (Part X, line 26)   | column (A), line 4)<br>enefits (Part IX, column (A)<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>A), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3<br>1,2   | 0<br>67,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,9•<br>End of Year<br>1,218,2            |
| 13         Graduation           14         Beneric           15         Sal           16a         Proto           b         To           17         Ott           18         To           19         References           20         To           21         To           22         To  | ants and similar amounts part (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16)<br>otal liabilities (Part X, line 26).<br>let assets or fund balances. Subtract  | t, column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>.), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3<br>1,2   | 0<br>37,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13         Graduation           14         Beneric           15         Sal           16a         Proto           b         To           17         Ott           18         To           19         References           20         To           21         To           22         To  | ants and similar amounts part (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16)<br>otal liabilities (Part X, line 26).<br>let assets or fund balances. Subtract  | t, column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>.), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3<br>1,2   | 0<br>37,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13         Graduation           14         Beneric           15         Sal           16a         Proto           b         To           17         Ott           18         To           19         References           20         To           21         To           22         To  | ants and similar amounts part (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16)<br>otal liabilities (Part X, line 26).<br>let assets or fund balances. Subtract  | t, column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>.), line 25)   | 20<br>50<br>Beginning of Curre<br>1,3<br>1,2   | 0<br>37,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>20 Tr<br>21 Tr<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), lin<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16) .<br>otal liabilities (Part X, line 16) .<br>let assets or fund balances. Subtract<br>Signature Block<br>of perjury, I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepa  | t, column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>(), line 25)<br>thedules and statement<br>on all information of wh       | 26<br>50<br>Beginning of Curre<br>1,3<br>1,2<br>nts, and to the best of munich preparer has any kn   | 0<br>37,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2            |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>veryster<br>19 Re<br>veryster<br>20 To<br>19 Re<br>21 To<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to<br>Sign   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), fir<br>otal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>otal assets (Part X, line 16) .<br>otal liabilities (Part X, line 26) .<br>let assets or fund balances. Subtract<br>Signature Block<br>of perjury, I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepa  | t, column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .   | , lines 5–10)<br>18,060<br>(), line 25)<br>thedules and statement<br>on all information of wh       | 20<br>50<br>Beginning of Curre<br>1,3<br>1,2   | 0<br>37,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166   | 310,50<br>662,55<br>-52,9•<br>End of Year<br>1,218,2<br>1,218,2 |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>20 Tr<br>21 Tr<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), line<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16) .<br>otal liabilities (Part X, line 16) .<br>det assets or fund balances. Subtract<br>Signature Block<br>of perjury, I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepa<br>Signature of officer<br>IOHN CANNON  | column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .<br>line 21 from line 20  | , lines 5–10)<br>18,060<br>(), line 25)<br>chedules and statemen<br>on all information of wh        | 26<br>50<br>Beginning of Curre<br>1,3<br>1,2<br>nts, and to the best of munich preparer has any kn   | 0<br>67,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166<br>y knowledge<br>owledge.<br>e   | 310,50<br>662,55<br>-52,9<br>End of Year<br>1,218,2<br>1,218,2  |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>veryster<br>19 Re<br>veryster<br>20 To<br>19 Re<br>21 To<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to<br>Sign   | ants and similar amounts pare (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>her expenses (Part IX, column (A), line<br>tal expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16) .<br>otal liabilities (Part X, line 16) .<br>otal liabilities (Part X, line 26) .<br>let assets or fund balances. Subtract<br>Signature Block<br>of perjury, I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepa<br>Signature of officer<br>JOHN CANNON<br>Type of print name and little                 | column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .<br>line 21 from line 20<br>etum, including accompanying sc<br>rer (other than officer) is based of<br>Preparer's signature   | , lines 5–10)<br>18,060<br>(), line 25)<br>Chedules and statement<br>on all information of wh       | 26<br>51<br>Beginning of Curre<br>1,3<br>1,2<br>1,2<br>nts, and to the best of mu<br>nich preparer has any kn<br>Date<br>Date  | 0<br>67,734<br>62,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166<br>71,166<br>while dge<br>owledge   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2<br>1,218,2 |
| 13 Gra<br>14 Ben<br>15 Sal<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>20 To<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to<br>Sign<br>Here  | ants and similar amounts plate (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>ther expenses (Part IX, column (A), lin<br>total expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line<br>total assets (Part X, line 16) .<br>otal liabilities (Part X, line 26) .<br>let assets or fund balances. Subtract<br><b>Signature Block</b><br>of perjury, I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepar<br>Signature of officer<br>JOHN CANNON<br>Type or print name and title<br>Print/Type preparer's name                 | column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .<br>line 21 from line 20<br>etum, including accompanying sc<br>rer (other than officer) is based of<br>Preparer's signature   | , lines 5–10)<br>18,060<br>(), line 25)<br>Chedules and statement<br>on all information of wh       | 20     20     50     1     1,3     1,2     1,2     1 | 0<br>67,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>71,166<br>71,166<br>7 knowledge<br>owledge<br>e<br>Check if<br>self-employed   | 310,50<br>662,55<br>-52,94<br>End of Year<br>1,218,2<br>1,218,2 |
| 13 Gra<br>14 Bei<br>15 Sal<br>16a Pro<br>b To<br>17 Ot<br>18 To<br>19 Re<br>veryster<br>19 Re<br>veryster<br>20 To<br>19 Re<br>21 To<br>22 N<br>Part II<br>Under penalties<br>and belief, it is to<br>Sign   | ants and similar amounts plate (Part IX<br>nefits paid to or for members (Part IX<br>laries, other compensation, employee be<br>ofessional fundraising fees (Part IX, col<br>tal fundraising expenses (Part IX, col<br>ther expenses (Part IX, column (A), lin<br>total expenses. Add lines 13–17 (must<br>evenue less expenses. Subtract line '<br>otal assets (Part X, line 16)<br>otal liabilities (Part X, line 26)<br>let assets or fund balances. Subtract<br><b>Signature Block</b><br>of perjury. I declare that I have examined this re<br>rue, correct, and complete. Declaration of prepa<br>Signature of officer<br>JOHN CANNON<br>Type or print name and title<br>Print/Type preparer's name<br>MICHAEL SOLAKIAN | column (A), line 4)<br>enefits (Part IX, column (A),<br>column (A), line 11e)<br>lumn (D), line 25)<br>nes 11a–11d, 11f–24e) .<br>t equal Part IX, column (A<br>18 from line 12 .<br>line 21 from line 20<br>eturn, including accompanying sc<br>rer (other than officer) is based of<br>Preparer's signature<br>MICHAEL SOLA  | , lines 5–10)<br>18,060<br>(), line 25)<br>chedules and statement<br>on all information of wr<br>TF | 26<br>56<br>Beginning of Curre<br>1,3<br>1,2<br>nts, and to the best of m<br>nich preparer has any kn<br>Date<br>REASURER<br>Date<br>12/7/2023<br>Firm's El  | 0<br>57,734<br>32,330<br>34,129<br>nt Year 1<br>13,632<br>42,466<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,166<br>971,176<br>972,175<br>972,175<br>972,175<br>972,175<br>972,175<br>972,175<br>972,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,175<br>975,1755<br>975,1755<br>975,1755<br>9755,1755<br>975,1755<br>975,17 | 1,218,2<br>1,218,2<br>1,218,2<br>971N<br>XXXXXXXXX<br>995       |

For Paperwork Reduction Act Notice, see the separate instructions.

Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

# Form NAA-01

# 2024 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

| Groundwork Bridgeport, Inc.         Address: 1001 Main Street, Suite 20, Bridgeport, CT 06604         Federal Employer Identification Number: 06-1556949         Program title: Urban Fellows         Name of contact person: Christina Smith         (203) 335-6126         Telephone number:         Email address: csmith@groundworkbridgeport.org         Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?         X       Yes         No | lamo of tax exempt organ  | nization/municipal agency:  |
|--|---|---|
| Address: 1001 Main Street, Suite 20, Bridgeport, CT 06604 Federal Employer Identification Number:06-1556949 Program title:Urban Fellows Name of contact person:Christina Smith(203) 335-6126 Telephone number: Email address:csmith@groundworkbridgeport.org Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00 Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax? No  | Tame of tax order of the state |   |
| Federal Employer Identification Number:       06-1556949         Program title:       Urban Fellows         Name of contact person:       Christina Smith         (203) 335-6126       (203) 335-6126         Telephone number:  | Sroundwork Bridger  |   |
| Federal Employer Identification Number:  | Address: 1001 Main Street   | , Suite 20, Bridgeport, CT 06604  |
| Program title:       Urban Fellows         Name of contact person:       Christina Smith         (203) 335-6126       (203) 335-6126         Telephone number:   | 11  | ination Number: 06-1556949  |
| Program title:       Urban Fellows         Name of contact person:       Christina Smith         (203) 335-6126       (203) 335-6126         Telephone number:   | Federal Employer Identity   |   |
| Name of contact person.       (203) 335-6126         Telephone number:   | Program title: Urban Fel  | lows  |
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| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00         Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?         X       Yes         No   | cemith(   | @aroundworkbridgeport.org   |
| Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?  | Email address:  | <u>s</u> 150 000 00   |
| X Yes No   | Total NAA funding red   | uested (\$250 minimum, \$150,000 maximum): \$ 150,000.00                    |
| X Yes No   | Is your organization  | n required to file federal Form 990 or 990EZ, Return of Organization Exempt |
| 2 A start roturn   | from Income Tax?  |   |
| If Yes, attach a copy of the first page of your most recent return.  | X Yes   | No  |
| If No, attach a copy of your determination letter from the 0.0. House your determination letter from the 0.0. House your determination letter from the 0.0.  | If No, attach a cor   | by of your determination letter   |

# Part II — Program Information

Check the appropriate description of your program:

# 100% credit percentage

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

# 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): After-School Youth Program for Bridgeport Students
- X

The Urban Fellows program trains highschool students from Bridgeport on ways to improve Bridgeport's Description of program: physical environment and create vibrant public spaces. The year round program teaches them about landscape design, horticulture, and creative placemaking with the aim of preparing the students to be the future stewards of the environment in which they live.

This program fills an opportunity gap for Bridgeport high-school students to participate in educational Need for program: after-school and summer activities. Additionally, this program seeks to address the issues of blight that plague parts of the city as a result of a lack of funding to provide the stewardship needed for sites across the city. The city still suffers from a negative perception which results in a hesitant for outsiders to invest and the goal of this program is to help with addressing this negative perception by improving the physical environment.

Neighborhood area to be served: Bridgeport

We run the program year-round meeting with students after-school during the school year from 3:30 to 6. The Plan to implement the program: goal of the program will be to work with residents, businesses, community organizations and the city to identify sites that the students will design during the studio and then implement after review by the various stakeholders.

### Timetable:

| Program start date: 09/02/20 | 024<br>MM - DD - YYYY |
|------------------------------|-----------------------|
| Program completion date:     | 10/31/2025            |
|                              | 01/20/////0           |
| Post-project audit due date: | MM - DD - YYYY        |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

# Program Budget:

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

| Sources of Revenue:                   | \$150,000.00 |
|---------------------------------------|--------------|
| NAA funds requested                   |              |
| Other funding sources - itemized sour | ces:         |
| a)                                    |              |
| b)                                    |              |
| c)                                    |              |
| d)                                    |              |

**Total Funding:** 

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

| a) Student Stipends (80 * 500)                  | \$16,000.00 |
|---|-------------|
| b) Project Materials (plants, paint, etc.)      | \$72,000.00 |
| c) Wages/Salaries                               |             |
| d)  |             |
| Administrative expenses - itemized description: | \$6,000.00  |
| a) Bent   | \$3,500.00  |
| b) Sexual Abuse and Molestation Insurance       | \$2,500.00  |
| c) Program Software (Sign in App, Slideroom)    |             |
| d)  |             |
| - likurosi                                      |             |

\$50,000.00

Total Proposed Expenditures:

# Part IV — Municipal Information

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

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

| Post-Pro                  | oject Audit               |
|---------------------------|---------------------------|
| Is a post-project audit r | equired for this proposal |
| Yes                       | No                        |
| If Yes, date pos          | st-project audit due:     |
|                           | Date                      |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

# Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Subscription         GROUNDWORK BRIDGEPORT INC         06-1556949           Daing Dusiness as         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Instance         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Present         BRIDGEPORT, CT         O66042-4200         Hois Iss a group return           Agendes         Finance and address of principal officer/CHRISTINA SMITH         Hois Iss a group return           Agendes         Finance and address of principal officer/CHRISTINA SMITH         Hois Ace and structions           Agendes         Store         Yes         Number attack is List See instructions           Medication         Store         Caroup exemption number         Hois Rist a group return           Tax exempt status:         IS 101(c)(1)         Instend triagal domicile. C         Form of arganization:         If Caroup exemption number           Tax exempt status:         IS 000NDWORKBRIDGEPORT.ORG         Hc Group exemption number         If the organization of most significant activities:         GROUNDWORK BRIDGEPORT'S MISSION           Is To BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND         Is 4         Is 4         Is 4           A Number of Induption inducting members of the governing body (Part VI, line 1a)  | For the 202     For the 202     Check If     applicable:     Address     change     hinitial     return     Final     return     return     for the 202     Check If     applicable:     Address     change     hinitial     return     return     for the 202     Address     change     Name     Address     change     Name     Address     change     Name     Address     change     Name     return     for the 202     Address     change     Name     Address     change     Name     Address     change     Name     change     Initial     return     form of orgo     So   | Do not enter social security numbers on this form as tenter<br>Go to www.irs.gov/Form990 for instructions and the lates         2 calendar year, or tax year beginning       and ending         Name of organization       and ending         GROUNDWORK BRIDGEPORT INC       Doing business as         Number and street (or P.0. box if mail is not delivered to street address)       Room/su<br>STE 2         City or town, state or province, country, and ZIP or foreign postal code<br>BRIDGEPORT, CT 06604-4200       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         status:       X 501(c)(3)       501(c)(       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG       Integration       Other       L Yei         Inization:       X Corporation       Trust       Association       Other       L Yei         Integration:       If the organization discontinued its operations or disposed of most significant activities:       GROUNDWOR         TO BRING ABOUT THE SUSTAINED REGENERATION       Integrations or disposed of most significant activities:       GROUNDWOR         Independent voting members of the governing body (Part VI, line 1a)       Integration is calendar year 2022 (Part V, line 2a)       Integration is calendar year 2022 (Part V, line 2a)       Integrate ad unumber of individuals employed in calendar year 2022 (Part V, line 2a)       Integrate ad business revenue | D Employer identificat<br>0 6 - 155694<br>1 te E Telephone number<br>2 0 3 - 335 - 6<br>G Gross receipts \$<br>H(a) Is this a group return<br>for subordinates?<br>H(b) Are all subordinates incluring<br>If "No," attach a list<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | Inspection<br>tion number<br>9<br>126<br>495,347.<br>Jrn<br>Yes X No<br>uded? Yes No<br>st. See instructions<br>number<br>State of legal domicile; CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>106<br>0.<br>0. |
|--|--|--|---|---|
| And Advances         and ending         and ending           C Name of organization         D Employer identification number           Objective         Onling builtness as         D Employer identification number           Objective         Doing builtness as         D Employer identification number           Drive         Doing builtness as         D Employer identification number           Drive         Doing builtness as         E Telephone number           Treative         Introduction         STE 20         203-335-6126           Treative         Treative         Treative         Treative         Treative           Provide         Number and street (or P.O. box if mail is not delivered to street address)         STE 20         Consumption for subordinates?           Provide         Finance         Grower evector 4         Hails this a group return for subordinates?         Yes X Number           Provide         SAME AS C ABOVE         Finance         Heigh is this a group return for subordinates?         Yes X Number           Website:         GROUNDWORKBRIDGEPORT.ORG         Heigh state of reganization is mission or most significant activities:         GROUNDWORK BRIDGEPORT'S AND           Is To B RING ABOUT         The organization is mission or most significant activities:         GROUNDWORK BRIDGEPORT'S AND         S           S Concit hi   | Tax-exempo<br>J Website:<br>Common of angle<br>Common of angle<br>Chack if<br>applicable:<br>Chack if<br>applicable:<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change | 2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       Status year, or tax year beginning         10 01 MAIN ST       STE 2         City or town, state or province, country, and ZIP or foreign postal code       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         t status:       \$ 501(c)(3)       501(c) (       (insert no.)       4947(a)(1) or       5         c status:       \$ \$ \$ 501(c)(3)       501(c) (       (insert no.)  | D Employer identificat<br>06-155694<br>Ite E Telephone number<br>20203-335-6<br>G Gross receipts \$<br>H(a) Is this a group retu-<br>for subordinates?<br>H(b) Are all subordinates incli-<br>if "No," attach a lise<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | 9 126 495,347. Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| Conserved       C Name of organization       0 Composition         Address       GROUNDWORK BRIDGEPORT INC       0 6 - 1556949         Description       Doing business as       Room/suite       E Takephone number         Number and street (or P.O. box if mail is not delivered to street address)       Stree 20       203 - 335 - 6126         Number and street (or P.O. box if mail is not delivered to street address)       Stree 20       Conservedues       495 , 347         Address       C Now, state or province, country, and 2IP or foreign postal code       Grows revealers       495 , 347         Address       F Name and address of principal officer CHR ISTINA SMITH       For subordinates?       Yes       No         Address       SAME AS C ABOVE       Instantis IX 501(c)       (insert no.)       4947(a)(1) or       Same       H(b) for subordinates       Yes       No         How submitation: IX 501(c)(3)       501(c)       (insert no.)       100ther       L teer of formation: 1988 M State of legal demicite. Chart not is submit and the second of the second state of tegal demicite. Chart not is mission or most significant activities: GROUNDWORK BRIDGEPORT 'S MISSION         1       Briefly describe the organization's mission or most significant activities: GROUNDWORK BRIDGEPORT 'S MISSION       198       198         2       Check this box       If the organizatin discontinued its operations or desposed of more tha  | Check if<br>applicable:<br>Address<br>onange<br>Initial<br>return<br>Final<br>return<br>Applica-<br>tion<br>Final<br>return<br>Applica-<br>tion<br>pending<br>I Website:<br>C Form of orgo<br>Part I SU<br>Part I SU<br>Form of orgo<br>S A Nur<br>3 Nur<br>4 Nur<br>5 Tot:<br>6 Tot<br>b Net  | Name of organization         GROUNDWORK BRIDGEPORT INC         Doing business as         Number and street (or P.0. box if mail is not delivered to street address)         1001 MAIN ST         City or town, state or province, country, and ZIP or foreign postal code         BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH         SAME AS C ABOVE         t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5         GROUNDWORKBRIDGEPORT.ORG         Inization: X Corporation Trust Association Other         TO BRING ABOUT THE SUSTAINED REGENERATION         Idex this box         If the organization discontinued its operations or disposed of monoperation of independent voting members of the governing body (Part VI, line 1a)         Inber of independent voting members of the governing body (Part VI, line 1a)         Inber of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12   | 06-155694<br>Ite E Telephone number<br>20203-335-6<br>G Gross receipts \$<br>H(a) Is this a group retu-<br>for subordinates?<br>H(b) Are all subordinates incli-<br>If "No," attach a lise<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>hore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | 9 126 495,347. Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| Name<br>Number and street (or P.0. box if mail is not delivered to street address)         Room/suite<br>STE 20         Cound<br>203-335-6126           Number and street (or P.0. box if mail is not delivered to street address)         Room/suite<br>STE 20         Cound<br>203-335-6126           Number and street (or P.0. box if mail is not delivered to street address)         Room/suite<br>STE 20         Cound<br>203-335-6126           Number and address of principal officer-CHRISTINA<br>SAME AS C ABOVE         Co food - 4200         H(a) Is this a group return<br>for subordinates?         Yes X/N<br>H(b) Are all aubordinates?           Website:         GROUNDWORKBRIDGEPORT.ORG         H(c) Group exemption number           Website:         GROUNDWORKBRIDGEPORT.ORG         H(c) Group exemption number           Website:         GROUNDWORKBRIDGEPORT.ORG         H(c) Group exemption number           1         Briefly describe the organization's mission or most significant activities:<br>GROUNDWORK BRIDGEPORT'S MISSION         State of legal demicle; C<br>form of organization's mission or most significant activities:<br>GROUNDWORK BRIDGEPORT'S MISSION           1         Briefly describe the organization's mission or most significant activities:<br>3 Number of individuals amployed in calendar year 2022 (Part V, line 1a)         3<br>4           4         State of individuals amployed in calendar year 2022 (Part V, line 1a)         3<br>4           5         Total number of individuals amployed in calendar year 2022 (Part V, line 1a)         4<br>4           6<  | hange<br>change<br>change<br>change<br>change<br>change<br>return<br>return<br>return<br>Applica-<br>tion<br>pending<br>Tax-exemp<br>J Website:<br>Form of orgo<br>Part I Su<br>a Nur<br>So Tot.<br>6 Tot.<br>7 a Tot.<br>b Net  | Doing business as       Room/su         Number and street (or P.0. box if mail is not delivered to street address)       Room/su         1001 MAIN ST       STE 2         City or town, state or province, country, and ZIP or foreign postal code       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         It status:       \$ 501(c)(3)  | te E Telephone number<br>203-335-6<br>G Gross receipts \$<br>H(a) is this a group retu<br>for subordinates?<br>H(b) Are all subordinates incl<br>if "No," attach a lis<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | 126<br>495,347.<br>Jrn<br>Yes X No<br>uded? Yes No<br>st. See instructions<br>number<br>State of legal domicile; CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>106<br>0.<br>0.                                   |
| Doing Doing Solaries as         Doing Journes as         Doing Journes as         Room/suite         E         Telephone number<br>203-335-6126           Internet<br>association         Outbook and street (of P.0. box it mail is not delivered to street address)         STE 20         Coreas realists 4         495,347           Approximation<br>association         Finance and address of principal officer/CHRISTINA SMITH<br>SAME AS C ABOVE         H(a) is this a group return<br>for subordinates?         Yes Xin Nit<br>(b) Ara situation and address of principal officer/CHRISTINA SMITH<br>SAME AS C ABOVE           Tax exempt status:         X Solic()         (insert no.)         4947(a)(1) or         Sector           Tax exempt status:         X Solic()         (insert no.)         4947(a)(1) or         Sector           Tax exempt status:         X Solic()         (insert no.)         0ther         L Year ottermation:         Yes Xin Nit<br>(b) Ara situation at its Sector ottermation:           Tax exempt status:         X Corporation         Trust         Association         Other         L Year ottermation:         Yes Xin Nit<br>(b) Ara situation at its Sector otteres and address of the governing body (Part VI, line 1a)         Number of independent voting members of the governing body (Part VI, line 1b)         Is of the other assets.           To tal number of individuals employed in calendar year 2022 (Part V, line 2a)         7, 300.         2, 7,02          Solic revenue (Part VIII, column (A), lines 3, 4,  | thange<br>change<br>change<br>change<br>return<br>Final<br>return<br>terrnin-<br>ated<br>Amended<br>return<br>terrnin-<br>ated<br>Amended<br>return<br>pending<br>Tax-exemp<br>1 Website:<br>C Form of orga<br>Part I Su<br>S Tot.<br>S Tot.<br>6 Tot.<br>7 a Tot.<br>b Net  | Number and street (or P.0. box if mail is not delivered to street address)       Indentised         1001 MAIN ST       STE 2         City or town, state or province, country, and ZIP or foreign postal code       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         t status:       X 501(c)(3)       501(c) (       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG       Other       L Y4         Immany       Association       Other       L Y4         Investigation:       X Corporation       Trust       Association       Other       L Y4         Immany       fly describe the organization's mission or most significant activities:       GROUNDWORK       GROUNDWORK         TO BRING ABOUT THE SUSTAINED REGENERATION       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)       Inter of independent voting members of the governing body (Part VI, line 1a)         Inber of independent voting members of the governing body (Part VI, line 1a)       Inter of individuals employed in calendar year 2022 (Part V, line 2a)       Inumber of volunteers (estimate if necessary)         al number of volunteers (estimate if necessary)       Interlead business revenue from Part VIII, column (C), line 12       Interlead  | 20 203-335-6<br>G Gross receipts \$<br>H(a) Is this a group return<br>for subordinates?<br>H(b) Are all subordinates inclu-<br>If "No," attach a lise<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a   | 495,347.  |
| Instruction       1001 MAIN ST       Intervention   | Tax-exemp<br>Tax-exemp<br>1 Website:<br>C Form of orga<br>Part 1 St<br>2 Che<br>3 Nur<br>2 Che<br>3 Nur<br>4 Nur<br>5 Tot.<br>6 Tot.<br>7 a Tot.<br>b Net  | 1001 MAIN ST       DID         City or town, state or province, country, and ZIP or foreign postal code         BRIDGEPORT, CT       06604-4200         F Name and address of principal officer: CHRISTINA SMITH         SAME AS C ABOVE         t status: X 501(c)(3)       501(c) ()         (insert no.)       4947(a)(1) or         GROUNDWORKBRIDGEPORT.ORG         Inization: X Corporation       Trust         Association       Other         LY4         Informary         fly describe the organization's mission or most significant activities:         GROUNDWORK BRIDGEPORT.ORG         TO BRING ABOUT THE SUSTAINED REGENERATION         Ick this box       If the organization discontinued its operations or disposed of most significant activities:         Inber of voting members of the governing body (Part VI, line 1a)         Inber of independent voting members of the governing body (Part VI, line 1b)         al number of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12   | G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates incluing the fill of th | 495,347.  |
| Image: Section of City or town, state or province, country, and ZiP or foreign postal code       Image: City or town, state or province, country, and ZiP or foreign postal code         Application       BRIDGEPORT, CT       06604-4200         Application       SAME AS C ABOVE       H(a) is this a group return for subordinates includent?         Tax exempt status:       XX 501(c)(3)       501(c) () (inset no.)       4947(a)(1) or       SZP         How subordinates includent?       Yes       XN         How subordinates includent?       Yes       No.         How subordinates includentes includentes includent       How subordinat  | Tax-exemp<br>Tax-exemp<br>Website:<br>Form of orga<br>Part I Su<br>Part I Su<br>a 1 Bries<br>Super 2 Che<br>3 Nur<br>4 Nur<br>ss 5 Tot.<br>6 Tot<br>b Net  | City or town, state or province, country, and ZIP or foreign postal code<br>BRIDGEPORT, CT 06604-4200<br>F Name and address of principal officer: CHRISTINA SMITH<br>SAME AS C ABOVE<br>t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5<br>GROUNDWORKBRIDGEPORT.ORG<br>Inization: X Corporation Trust Association Other L Ye<br>Immary<br>fly describe the organization's mission or most significant activities: GROUNDWOI<br>TO BRING ABOU'T THE SUSTAINED REGENERATION<br>ick this box I if the organization discontinued its operations or disposed of m<br>inber of voting members of the governing body (Part VI, line 1a)<br>inber of independent voting members of the governing body (Part VI, line 1b)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12  | H(a) Is this a group retu<br>for subordinates?<br>H(b) Are all subordinates inclu-<br>if "No," attach a lis<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT '<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | Yes X No<br>uded <sup>7</sup> Yes No<br>st. See instructions<br>number<br>State of legal domicile: CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>106<br>0.<br>0.   |
| Appender<br>Jerring<br>Same and address of principal officer: CHRISTINA SMITH<br>pending<br>SAME AS C ABOVE       for subordinates?       Yes X No.<br>H(b) Are all subordinates included?         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527       for subordinates included?       Yes X No.<br>H(b) Are all subordinates included?         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527       for subordinates?       Yes X No.<br>H(b) Are all subordinates included?         Yes X ME AS C ABOVE       527         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527         Yes X MC AS C C ABOVE       Yes X No.<br>H(b) Are all subordinates?         Yes X MC AS C ABOVE       Yes X No.<br>H(b) Are all subordinates?         Yes X MC AS C ABOVE       Yes X MC AS C ABOVE         Form of organization is consistent of the powernion of the form and the organization's mission or most significant activities: GROUNDWORK BRIDGEPORT'S MISSION         1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2022 (Part V, line 1a)       4         4       Number of individuals employed in calendar year 2022 (Part V, line 12)       5         7 a Total unrelated business revenue from Part VII, column (C), line 12       7       6       10         7 a Total unrelated business taxable income from Som 990-T, Part I, line 11       9       7, 300. 2,  | Applica-<br>bion<br>pending<br>Tax-exemp<br>Website:<br>Form of orga<br>Part I Su<br>a 1 Brie<br>I S<br>2 Che<br>3 Nur<br>2 Che<br>3 Nur<br>4 Nur<br>5 Tot.<br>7 a Tot<br>b Net  | BRIDGEPORT, CT UCCU4-4200<br>F Name and address of principal officer: CHRISTINA SMITH<br>SAME AS C ABOVE<br>t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5<br>GROUNDWORKBRIDGEPORT.ORG<br>Inization: X Corporation Trust Association Other L Ye<br>Immary<br>fly describe the organization's mission or most significant activities: GROUNDWO!<br>TO BRING ABOUT THE SUSTAINED REGENERATION<br>If the organization discontinued its operations or disposed of m<br>inber of voting members of the governing body (Part VI, line 1a)<br>inber of independent voting members of the governing body (Part VI, line 1b)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12  | for subordinates?<br>H(b) Are all subordinates inclu-<br>if "No," attach a lise<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT '<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | Yes X No<br>uded? Yes No<br>st. See instructions<br>number<br>State of legal domicile; CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>106<br>0.<br>0.   |
| Agenetical productions       F Name and address of principal officer/CHRISTINA SHITT       H(b) Are all unberchaltes included? Yes N(the second secon  | Tax-exemp<br>Website:<br>Form of orga<br>Part I SL<br>and I Brie<br>2 Che<br>3 Nur<br>2 Che<br>3 Nur<br>4 Nur<br>5 Tot.<br>6 Tot.<br>7 a Tot.<br>b Net   | SAME AS C ABOVE         t status:       \$ 501(c)(3)       \$ 501(c)(1)       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG         Inization:       X Corporation       Trust       Association       Other       L Ye         Immary         fly describe the organization's mission or most significant activities:       GROUNDWOW         TO BRING ABOUT THE SUSTAINED REGENERATION         ick this box       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)         nber of independent voting members of the governing body (Part VI, line 1b)         al number of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12   | H(b) Are all subordinates incli-<br>it "No," attach a list<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT '<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a   | uded? Yes No<br>st. See instructions<br>number<br>State of legal domicile: CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>6<br>106<br>0.<br>0.  |
| SAME       AS C ABOVE       If "No," attach a list. See instructions         Tax-exempt status:       X 501(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       527         Website:       GROUNDWORKBIDGEPORT.ORG       H(c) Group exemption number         Website:       GROUNDWORKBIDGEPORT.ORG       L Year of formation:       1998       M state of legal denicle; C         Form of organization;       X Corporation       Trust       Association       Other       L Year of formation:       1998       M state of legal denicle; C         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S MISSION         IS TO BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND       4         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)       4         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5         5 Total number of volunteers (estimate if necessary)       7a         7 a Total unrelated business revanue from Form 990-T, Part I, line 11       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       9       9       7, 300.       2, 704         9 Progr  | Tax-exemp<br>Website:<br>Form of orga<br>Part I SL<br>and I Brie<br>2 Che<br>3 Nur<br>2 Che<br>3 Nur<br>4 Nur<br>5 Tot.<br>6 Tot.<br>7 a Tot.<br>b Net   | SAME AS C ABOVE         t status:       \$ 501(c)(3)       \$ 501(c)(1)       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG         Inization:       X Corporation       Trust       Association       Other       L Ye         Immary         fly describe the organization's mission or most significant activities:       GROUNDWOW         TO BRING ABOUT THE SUSTAINED REGENERATION         ick this box       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)         nber of independent voting members of the governing body (Part VI, line 1b)         al number of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12   | If "No," attach a lis<br>H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT '<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | st. See instructions<br>number<br>State of legal domicile; CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>6<br>6<br>106<br>0 •<br>0 •   |
| Tax exempt status:       [X] 501(c)(X       1       (married)       H(c) Group exemption number         Website:       GROUNDWORKBRIDGEPORT.ORG       H(c) Group exemption number         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Demicility describe the organization is most significant activities:       GROUNDWORK BRIDGEPORT 'S MISSION         I       Brind y describe the organization is most significant activities:       GROUNDWORK BRIDGEPORT 'S MISSION         I       State of legal demicile; C       M State of legal demicile; C         Part I       It of organization is continued its operations or disposed of more than 25% of its net assets.       M State of legal demicile; C <tr< td=""><td>Website:           Form of args           Part I         SL           apureurance         I           apureurance         I</td><td>t status: X 501(c)(3) 501(c) (1) function (1) (Insertion) (1) (Insertion) (2) (201(c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2</td><td>H(c) Group exemption<br/>ear of formation: 1998 M<br/>RK BRIDGEPORT'<br/>IMPROVEMENTS<br/>nore than 25% of its net ass<br/>3<br/>4<br/>5<br/>6<br/>7a</td><td>number<br/>State of legal domicile; CT<br/>S MISSION<br/>AND<br/>sets.<br/>6<br/>6<br/>6<br/>6<br/>106<br/>0.<br/>0.</td></tr<> | Website:           Form of args           Part I         SL           apureurance         I  | t status: X 501(c)(3) 501(c) (1) function (1) (Insertion) (1) (Insertion) (2) (201(c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2   | H(c) Group exemption<br>ear of formation: 1998 M<br>RK BRIDGEPORT'<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | number<br>State of legal domicile; CT<br>S MISSION<br>AND<br>sets.<br>6<br>6<br>6<br>6<br>106<br>0.<br>0.   |
| Form of arganization:       X       Corporation       Trust       Association       Uther       L Year Ontinination:       I Streffy describe the organization's mission or most significant activities:       GROUNDWORK       BRIDGEPORT'S       MISSION         1       Brieffy describe the organization's mission or most significant activities:       GROUNDWORK       BRIDGEPORT'S       MISSION         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       5         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6       10         7       Total number of volunteers (estimate if necessary)       7a       7b       Current Year         7       Total unrelated business revenue from Part VIII, column (C), line 12       7b       7b       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       9       9       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 2g)       0.       Current Year       0.       0.         11       O   | Form of brgs<br>Part I Su<br>a 1 Brie<br>I S<br>Che<br>S Che<br>S Nur<br>4 Nur<br>5 Tot.<br>6 Tot.<br>5 Net  | Inization: X Corporation Trust Association Uther LY<br>Immany<br>fly describe the organization's mission or most significant activities: GROUNDWO<br>TO BRING ABOUT THE SUSTAINED REGENERATION<br>ick this box I if the organization discontinued its operations or disposed of m<br>inber of voting members of the governing body (Part VI, line 1a)<br>inber of independent voting members of the governing body (Part VI, line 1b)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12   | RK BRIDGEPORT '<br>IMPROVEMENTS<br>nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a   | S MISSION<br>AND<br>sets.<br>6<br>6<br>6<br>106<br>0.<br>0.   |
| Form of trightization;       Commany         Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S MISSION         1       Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VII, column (C), line 12       7a         b Net unrelated business revenue from Form 990-T, Part I, line 11       Prior Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.         10       Investment income (Part VIII, column (A), lines 1.3)       0.       20.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       20.       73.90.227, 62.         13       Grats and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column   | Part I SL<br>a 1 Brie<br>IS<br>Che<br>S Che<br>S Nur<br>Che<br>S Tot<br>6 Tot<br>b Net   | Initiation, a complication and a second structures of the organization of most significant activities: GROUNDWOI<br>TO BRING ABOUT THE SUSTAINED REGENERATION<br>ick this box if the organization discontinued its operations or disposed of m<br>inher of voting members of the governing body (Part VI, line 1a)<br>inher of independent voting members of the governing body (Part VI, line 1b)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12  | nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | sets.<br>6<br>6<br>106<br>0.<br>0.  |
| IS       TO       BRING       ABOUT       THE SOUTHALES OF MALLES         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         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       5       5         6       100         7 a Total unrelated business revenue from Part VII, column (C), line 12       7b         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year         8       Contributions and grants (Part VIII, line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other evenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.       0.       0. <td>IS<br/>2 Che<br/>3 Nur<br/>3 Nur<br/>4 Nur<br/>5 Tot.<br/>6 Tot<br/>7 a Tot<br/>b Net</td> <td>TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12</td> <td>nore than 25% of its net ass<br/>3<br/>4<br/>5<br/>6<br/>7a</td> <td>sets.<br/>6<br/>6<br/>106<br/>0.<br/>0.</td>   | IS<br>2 Che<br>3 Nur<br>3 Nur<br>4 Nur<br>5 Tot.<br>6 Tot<br>7 a Tot<br>b Net  | TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12  | nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | sets.<br>6<br>6<br>106<br>0.<br>0.  |
| IS       TO       BRING       ABOUT       THE SOUTHALES OF MALLES         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         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       5       5         6       100         7 a Total unrelated business revenue from Part VII, column (C), line 12       7b         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year         8       Contributions and grants (Part VIII, line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other evenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.       0.       0. <td>IS<br/>2 Che<br/>3 Nur<br/>3 Nur<br/>4 Nur<br/>5 Tot.<br/>6 Tot<br/>7 a Tot<br/>b Net</td> <td>TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12</td> <td>nore than 25% of its net ass<br/>3<br/>4<br/>5<br/>6<br/>7a</td> <td>sets.<br/>6<br/>6<br/>106<br/>0.<br/>0.</td>   | IS<br>2 Che<br>3 Nur<br>3 Nur<br>4 Nur<br>5 Tot.<br>6 Tot<br>7 a Tot<br>b Net  | TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12  | nore than 25% of its net ass<br>3<br>4<br>5<br>6<br>7a  | sets.<br>6<br>6<br>106<br>0.<br>0.  |
| 2       Check this box       if the organization discontinued its operations or disposed of more than 20% Or taket associations of the governing body (Part VI, line 1a)       3         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       5         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       7a         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         0       Notice revenue (Part VIII, line 1h)       9         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0       0         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total evenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0       0       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0       0       0       0       0       0       0       0       0       0       0       0  | Vertinities & Che<br>Che<br>Che<br>Che<br>Che<br>Che<br>Che<br>Che   | if the organization discontinued its operations or disposed of moments of voting members of the governing body (Part VI, line 1a) wher of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12  | 10re man 25% of its iteraso<br>3<br>4<br>5<br>6<br>7a   | 6<br>6<br>106<br>0.<br>0.   |
| b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | b Net  | nber of voting members of the governing body (Part VI, line 1a)<br>nber of independent voting members of the governing body (Part VI, line 1b)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12  | 4<br>5<br>6<br>7a   | 6<br>106<br>0.<br>0.  |
| b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | b Net  | nber of independent voting members of the governing body (Part VI, line 16)<br>al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12   | 5<br>6<br>7a  | 6<br>106<br>0.<br>0.  |
| b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | b Net  | al number of individuals employed in calendar year 2022 (Part V, line 2a)<br>al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12  | 6<br>7a   | 106<br>0.<br>0.   |
| b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | b Net  | al number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12   | 7a  | 0.  |
| b Net unrelated business taxable income from Form Form Form Form Form Form Form F  | b Net  | al unrelated business revenue from Part VIII, column (C), line 12  |   | 0.  |
| b Net unrelated business taxable income from Form Form Form Form Form Form Form F  | b Net  | unrelated business taxable income from Form 990-T, Part I, line 11   | 7b  | • •   |
| B         Contributions and grants (Part VIII, line 1h)         421,117.         492,643           9         Program service revenue (Part VIII, line 2g)         7,300.         2,704           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         27,655           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         200,739,227,655           14         Benefits paid to or for members (Part IX, column (A), line 4)         26,099.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         0.         200,739,227,62           16a         Professional fundraising fees (Part IX, column (D), line 25)         26,099.         141,092.         158,64           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         341,831.         413,91           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         86,586.         81,43           19         Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year <td></td> <td></td> <td></td> <td>Current Vear</td>  |  |  |   | Current Vear  |
| 8       Contributions and grants (Part VIII, line 1h)       7,300.       2,704         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       0.       0.       0.       0.         16a       Professional fundraising fees (Part IX, column (D), line 25)       26,099.       141,092.       158,64         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       341,831.       413,91         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       86,586.       81,433         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       <   |  |  |   |   |
| 9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       0.         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)       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       26,099.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       341,831.       413,91         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       86,586.       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | - 8 Co   | ntributions and grants (Part VIII, line 1h)  |   | 2,704.  |
| 11       Other revenue (Part VIII, column (A), lines 0, 60, 60, 60, 60, 60, 60, 60, 60, 60,  | 9 Pro  | oram service revenue (Part VIII, line 2g)  |   | 0.  |
| 11       Other revenue (Part VIII, column (A), lines 0, 60, 60, 60, 60, 60, 60, 60, 60, 60,  | 2 10 Inv   | estment income (Part VIII, column (A), lines 3, 4, and 7d)   |   | 0.  |
| 12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       27,65.         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.       200,739,2227,62.         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.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       26,099.       141,092.       158,64         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86,586.       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | 111 01   | per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | 495,347.  |
| 14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12   | 12 Tot   | al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |   | 27,653.   |
| 15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       26,099.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       141,092.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       341,831.         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year  | 13 Gr  | ants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.  | 0.  |
| 15       Salaries, other compensation, employee benefits (Part IX, column (A), line 3 0 (a), line 3 0 (b), line 2 (b), line 3 0 (c), line 3 0 (c   | 14 Be  | nefits paid to or for members (Part IX, column (A), line 4)  | 200,739.  | 227,623.  |
| Ide Professional fond along recomposed         Part IX, column (D), line 25)         26,099.           b Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         141,092.         158,64           17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         341,831.         413,91           18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         86,586.         81,43           19 Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year   | n 15 Sa  | aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |   | 0.  |
| 17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         141,092,158,04           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         341,831.         413,91           19         Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year  | 5 16a Pro  | ofessional fundraising fees (Part IX, column (A), line 11e) 26.099.  | a second second   |   |
| 11       Outlie expenses (add lines 13-17 (must equal Part IX, column (A), line 25)       341,831       415,51         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86,586       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year   | dx b To  | a rundraising expenses (ran bs, ceramination   |   | 158,641   |
| 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year  |  | her expenses (Part IX, column (A), lines 11a-11a, 117-246)   |   | 413,917   |
| Duginning of starts  | 18 To  | tal expenses. Add lines 13-17 (must equal Part IA, column (N), me so,  |   |   |
| 289,578.         339,95           289,578.         339,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           21         Total liabilities (Part X, line 26)           230,358.         310,78   |  | venue less expenses. Subtract line to normine te   |   |   |
| 20 Total liabilities (Part X, line 26) 51,220, 20,10   | ts o   | (Jacobs (Dart V line 16)   |   | 339,952   |
|  | asse 20 10   |  |   |   |
| 238, 558. J15, 70  | 100 21 10  | tanaotic or fund balances. Subtract line 21 from line 20   | 238,358.  | 319,700   |
|  |  |  |   | · · · · · · · · · · · · · · · · · · ·   |
|  | Lund Ba  | tal liabilities (Part X, line 26)<br>It assets or fund balances. Subtract line 21 from line 20   | 51,220.<br>238,358.   | 20,1<br>319,7   |
| The state of a property is a property of the state of the   | Under penaltie   | is of perjury, I declare that I have examined this reach, including assembling information of which pre-   | parer has any knowledge.  |   |
| Under penalties of perjury, ruegare that i have examined the output officer) is based on all information of which preparer has any knowledge.  | rue, correct,  | and complete, Decial and in property (build main annual) is such as a  |   |   |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer needing interests  | -  | ignature of officer  | Date  |   |
| Signature of officer   | aign   |  |   |   |
| Sign Signature of officer Date   | Here C   |  |   | U. DTIN   |
| Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.  |  |  | Date Check  |   |
| Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Type or print name and title       Prenarer's signature       Date  | F  | The type preparer a marine   |   | P00631754   |
| Sign       Signature of officer       Date         Bign       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Here       Print name and title       Preparer's signature       Date         Print/Type preparer's name       Preparer's signature       Date       11/13/23         Interview       WILLIAM SKODY       11/13/23       P00631754  |  | THEFT BEACH COOR CO CPAS PC  | Firm's EIN 1  | 3-3597814   |
| Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Print/Type or print name and title       Preparer's signature       Date         Paid       WILLIAM SKODY       WILLIAM SKODY       11/13/23         self-employed       COMPAS, PC       Firm's EIN 13-3597814   | -  | irm's name SKODI SCOI & CO, CITE, 2200   |   |   |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare was any information of which prepare and the Date         Sign       Signature of officer       Date         Primt/Type or print name and title       Preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         Primt       MILLIAM SKODY       11/13/23       Prim's EIN       13-3597814         Preparer       Firm's name       SKODY SCOT & CO, CPAS, PC       Firm's EIN       13-3597814   | Use Uniy   | NEW YORK, NY 10018   | Phone no. 21  | 2 967-1100  |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare was only information of other was only information of   | 1  | NEW TORING THE TOUTO   |   | X Yes N<br>Form 990 (202  |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: CITY OF BRIDGEPORT



# Form NAA-01

# 2023 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: \_\_\_\_\_ BOYS CLUB AND GIRLS CLUB OF BRIDGEPORT INC

Address: 102 PARK STREET, BRIDGEPORT CT 06608

Federal Employer Identification Number: 06-0669105

Program title: ENERGY CONSERVATION AND GREEN PROJECTS

Name of contact person: ROBERT KEELEY

Telephone number: (203) 913-2373

Email address: INFO@JEROMEORCUTT.COM

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

| Is your orga                |             | quired to file federal Form 990 or 990EZ, Return of Organization Exempt |
|-----------------------------|-------------|---|
| ×                           | Yes         | No  |
| If Yes, attac               | ch a copy o | f the first page of your most recent return.                            |
| If No, attack<br>Revenue Se |             | your determination letter from the U.S. Treasury Department, Internal   |

# Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- X 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):

#### Description of program:

The Boys Club and Girls Club of Bridgeport is a 501C3 non-profit agency that has been in existence since 1893. Our mission is to provide a safe, educational, and recreational environment for the children and youth of the East Side of Bridgeport. The club is in need of new windows and an air conditioning system.

#### Need for program:

The club needs to reduce the cost of heating by installing energy efficient windows. The club also needs to install an energy efficient air conditioning system to support the children in our daycare program. We currently use inefficient fans that do not cool the rooms adequately. A proper system will allow us to keep the appropriate climatic temperature for the children in the building

Neighborhood area to be served: \_\_\_\_\_\_ East Side of Bridgeport

### Plan to implement the program:

K5– 12, 200-child After School & Child Care Program. We are renovating the facility to meet building requirements. We have begun the permitting process and have submitted room layouts and specifications to the building department in Bridgeport, CT for their review and approval - Q223. We will replace doors, windows, implement a security and fire alarm system, outside fencing, new elevator and build out rooms to accommodate classes. We are currently going through the Child Care Center licensing process with the Department of Early Childhood Education. GO LIVE Q423

### Timetable:

| Program start date: 09/01/20 | 23                          |
|------------------------------|-----------------------------|
| Flogram start date.          | MM - DD - YYYY              |
| Program completion date: 0   | 8/31/2024<br>MM - DD - YYYY |
| Post-project audit due date: | 11/30/2024                  |
|                              | MM - DD - YYYY              |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

# Program Budget:

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

#### Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:                                    | \$150,000.00 |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) WINDOWS  | \$100,000.00 |
| b) COMMERCIAL THROUGH THE WALL UNITS              | \$50,000.00  |
| c) ROOFTOP AIR CONDITIONERSHVAC                   | \$100,000.00 |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  | -            |
| Total Proposed Expenditures:                      | \$250,000.00 |

### Part IV — Municipal Information

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

| CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEV |   |
|---|---|
| Mailing address:                                      |   |
| 999 BROAD STREET BRIDGEPORT CT 06608                  |   |
| Name of municipal liaison: MAX PEREZ                  |   |
| Telephone number: 203-576-3976                        |   |
| Fax number: _203-576-3979                             | - |
| Email address:  |   |

| Post-Pro                   | ject Audit               |
|----------------------------|--------------------------|
| Is a post-project audit re | equired for this proposa |
| Yes                        | X No                     |
| If <b>Yes</b> , date post  | -project audit due:      |
| D                          | ate                      |

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Form <b>990</b> | Return of Or                  |
|-----------------|-------------------------------|
|                 | Under section 501(c), 527, or |

### ganization Exempt From Income Tax

4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2021

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|----------------------------|----|
| Department of the Treasury |    |
|                            |    |

|                                |           | f the Treasury<br>nue Service   | ► Do<br>► G  | not enter soci<br>to to www.irs. | gov/Form990 for   | ers on this form as it n<br>instructions and the l | atest inf  | ormation.                      |  | Open to Pu<br>Inspectio                                | iblic<br>on |
|--------------------------------|-----------|---|--|----------------------------------|---|--|------------|--------------------------------|--|--|-------------|
|                                |           | And the second strends to second  | dar year, or tax                                     |                                  |   | 07/01, 2021, and e                                 |            | (                              | 6/30   |  |             |
|                                |           | applicable:   |  |                                  |   | LUB OF BRIDGEPORT                                  | INC        |                                | the second s   | er identification nu                                   | umber       |
|                                |           | change  | Doing business                                       | s as                             |   |  | _          |                                |  | 69105  |             |
| - P                            | lame ch   | nange   |  | treet (or P.O. box<br>K STREET   | if mail is not delivere   | ed to street address)                              | Roor       | m/suite                        | E Telephon<br>203-2  | 75-8925  | -           |
| D F                            | inal retu | im/terminated<br>d return   |  | tate or province,                | country, and ZIP or   | foreign postal code                                |            |                                | G Gross re   | a a p t a a  | 98202       |
|                                | pplicati  | ion pending   |  |                                  | ) ◀ (insert no.)  |  | 527        | H(b) Are all s                 | ubordinates  | ubordinates? Yes<br>included? Yes<br>See instructions. | No<br>No    |
| -                              |           | mpt status:   | X 501(c)(3)  | 501(c) (                         | ) = (mserr no.)   |  |            | H(c) Group e                   |  |  |             |
|                                | Vebsite   |   |  |                                  |   | I Verro  | f formatio | n: 1930                        |  | legal domicile: C                                      | CT          |
|                                |           |   | Corporation  | Trust Assoc                      | ciation Other >   | L rear o   | Turnado    | 1. 1990                        | In oraro or  |  |             |
| Pa                             | rtl       | Summa   | ry   |                                  |   | 144  |            |                                |  |  |             |
| Activities & Governance        | 1         | TO PROVIE   | E CITIZENSHIP  | AND LEADERSH                     | IP DEVELOPMENT  | services and cultura                               |            |                                |  |  |             |
| ua                             | 2         | Check this  | box > if th  | ne organizatio                   | on discontinued   | its operations or disp                             | osed of    | f more than                    | 25% of it  | s net assets.  |             |
| NO                             | 3         | Number o  | f voting memb  | ers of the gov                   | verning body (Pa  | art VI, line 1a)                                   |            | 1.1.1.1                        | 3  |  | 10          |
| 0                              | 4         | Number of independent voting members of the governing body (Part VI, line 1b) |  |                                  |   | * * * *  | 4          |                                | 10   |  |             |
| es                             | 5         | Total num   | ber of individu                                      | als employed                     | I in calendar yea   | r 2021 (Part V, line 2:                            | a) -       | a .a. a. a.                    | 5  |  | 4           |
| ivit                           | 6         | Total num   | ber of voluntee                                      | ers (estimate i                  | if necessary) .   |  |            | 8 8 8 8                        | 6  |  |             |
| Act                            | 7a        | Total unre  | lated business                                       | revenue from                     | n Part VIII, colun  | nn (C), line 12                                    |            | $(a_1,a_2,a_3) \in \mathbb{R}$ | 7a   |  |             |
|                                | b         | Net unrela  | ted business t                                       | axable incom                     | te from Form 99   | 0-T, Part I, line 11 .                             |            |                                | 7b   |  |             |
| -                              |           |   |  |                                  |   |  | -          | Prior Yea                      |  | Current Yea  |             |
| -                              | 8         | Contributi  | ons and grants                                       | s (Part VIII, lin                | ie 1h)  | a state a state a                                  |            | 12                             | 0809   | 96   | 6101        |
| Revenue                        | 9         | Program :   | service revenue                                      | e (Part VIII, lin                | ne 2g)  |  |            |                                |  |  | 1101        |
| eve                            | 10        | Investmen   | t income (Part                                       | VIII, column                     | (A), lines 3, 4, an   | nd 7d)   |            |                                | 1515   |  | 2101        |
| Ř                              | 11        | Other rev   | enue (Part VIII,                                     | column (A), li                   | ines 5, 6d, 8c, 9   | c, 10c, and 11e) .                                 | -          | 10                             | 0004   | 0/   | 0000        |
|                                | 12        | Total reve  | nue-add lines  | 8 through 11                     | (must equal Par   | t VIII, column (A), line                           | 12)        | 12                             | 2324   | 98   | 8202        |
| -                              | 13        | Grants an   | d similar amou                                       | unts paid (Par                   | t IX, column (A),   | lines 1-3)   | 0          |                                |  |  |             |
|                                | 14        | Benefits r  | aid to or for m                                      | nembers (Part                    | IX, column (A),   | line 4)  |            |                                | 1000   | 1.   | 2576        |
| in                             | 15        | Salaries, o   | ther compensa  | ation, employe                   | e benefits (Part I  | X, column (A), lines 5-                            | -10)       | 11                             | 4932   | 4.   | 2510        |
| Expenses                       | 16a       | Professio   | nal fundraising                                      | fees (Part IX,                   | , column (A), line  | e 11e)   | 5. L       |                                |  |  |             |
| per                            | b         | Total fund  | fraising expension                                   | ses (Part IX, c                  | column (D), line 2  | 25) 🕨 🔤 🕹  | 442        |                                | 0000   | 1.0  | 1720        |
| Ĕ                              | 17        | Other exp   | penses (Part IX, column (A), lines 11a–11d, 11f–24e) |                                  | the second se | 1720   |            |                                |  |  |             |
|                                | 18        | Total exp   | enses. Add line                                      | es 13-17 (mu                     | st equal Part IX,   | column (A), line 25)                               | -          |                                |  |  | 4296        |
|                                | 19        | Revenue   | less expenses.                                       | . Subtract line                  | e 18 from line 12   |  |            |                                | 2846   |  | 6094        |
| to sa                          |           |   |  |                                  |   |  | B          | eginning of Cu                 | and the second sec | End of Yea   |             |
| ets                            | 20        | Total ass   | ets (Part X, line                                    | 16)                              |   |  |            |                                | 3408   |  | 0177        |
| Net Assets or<br>Fund Balances | 21        | Total liab  | lities (Part X, li                                   | ine 26)                          |   | and a state of the                                 |            |                                | 0900   |  | 0900        |
| Net                            | 22        | Net asset   | s or fund balar                                      | nces. Subtrac                    | t line 21 from lin  | ne 20  | < A        | 50                             | 2508   | 40   | 9277        |
|                                | art II    |   | ure 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<br>Here | Signature of officer<br>ROBERT KEELEY, EXEC | CUTIVE DIRECTOR               | Date                     | 8                        |                        |
|--------------|---|-------------------------------|--------------------------|--------------------------|------------------------|
|              | Type or print name and title                |                               |                          | 1                        | Steril                 |
| Paid         | Print/Type preparer's name<br>KEVIN M LAING | Preparer's signature          | Date<br>11/10/2022       | Check X if self-employed | P01896941              |
| Preparer     |   | TING AND TAX SERVICE          |                          | sEIN ► 81-               | -0981258               |
| Use Only     | Firm's address > 18 PLASKON DR 06           | 484-                          |                          | neno. 203.               | -914-0832              |
| May the IRS  | discuss this return with the preparer       | shown above? See instructions | 4 4 6 6 6 6 <del>6</del> | 1 1. 1. N.               | Yes No                 |
|              | rk Reduction Act Notice, see the separa     |                               |                          |                          | Form <b>990</b> (2021) |

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: CITY OF BRIDGEPORT

### Form NAA-01

### 2023 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: \_\_\_\_\_\_ BOYS CLUB AND GIRLS CLUB OF BRIDGEPORT INC

Address: 102 PARK STREET, BRIDGEPORT CT 06608

Federal Employer Identification Number: 06-0669105

Program title: PROJECT LEARN

Name of contact person: ROBERT KEELEY

Telephone number: (203) 913-2373

Email address: INFO@JEROMEORCUTT.COM

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

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

Yes X 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;
- X Program serving low-income persons;
- X Child care services;
- X Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify):

#### Description of program:

Our project proposes three phases of growth that will allow us to become a greater pillar of the community and serve up to 200 children and youth ages 3 to 18. With the focus on cultivating safety, unity, education and generational growth. This project will expand our After School Program and Early Childhood Development capacity and add three areas of support for the community; 1) provide additional children and youth of the East Side of Bridgeport a safe place from 7:00 am to 6:00 pm, 2) provide additional programs, that enhance academic and life opportunities and 3) expanded child care options in Bridgeport by adding a child care center for families with children 3-5 years old who are needing educational care and stability for employment.

#### Need for program:

According to the State of the Child 2019 report by the Bridgeport Child Advocacy Coalition; For the 5,470 Bridgeport children ages 3-5 in 2018, there were 68 nursery school capacity slots to serve them, with one vacancy. Our project will expand the need for additional 3-5 year old care by 200 slots. The report also stated that Math and English Language Arts/Literacy test results for Bridgeport schools show on average 55% of students do not meet the achievement level tested for, compared to 25% statewide. And 72.5% of children ages 6-17 lived in families in which both parents were in the labor force, leaving the gap from 3-6 pm to be unsupervised at times. Violent Crime on East Side is 3x to 5x grater than state and national average.

Neighborhood area to be served: \_ East Side of Bridgeport

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

K5– 12, 200-child After School & Child Care Program. We are renovating the facility to meet building requirements. We have begun the permitting process and have submitted room layouts and specifications to the building department in Bridgeport, CT for their review and approval - Q223. We will replace doors, windows, implement a security and fire alarm system, outside fencing, new elevator and build out rooms to accommodate classes. We are currently going through the Child Care Center licensing process with the Department of Early Childhood Education. GO LIVE Q423

Timetable:

| Program start date:   | 09/01/2023       |  |
|-----------------------|------------------|--|
| Program start date.   | MM - DD          |  |
| Program completion    | date: 08/31/2024 |  |
|                       |                  |  |
| Rost-project audit di | ue date          |  |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

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

| Sources of Revenue:                    | \$150,000.00   |
|--|----------------|
| NAA funds requested                    |                |
| - itemized sources - itemized sources: | \$800,000.00   |
| a) CARE FOR KIDS PROGRAM FUNDS         | \$50,000.00    |
| b) SPECIAL EVENTS                      | \$30,000.00    |
| c) PRIVATE DONATIONS                   |                |
| d)                                     | \$1,030,000.00 |
| Total Funding:                         |                |

## Proposed Program Expenditures:

| Direct operating expenses - itemized description.  | \$721,733.00   |
|--|----------------|
| Direct operating expenses - Itemized et al.<br>a) DIRECTOR, TEACHERS, SUPPORT, CONSULTANTS | \$116,000.00   |
| b) SUPPLIES<br>c) REPAIR, MAINTENANCE, TRASH DISPOSAL                                      | \$50,400.00    |
| <ul> <li>d)</li></ul>  | \$30,000.00    |
|  | \$126,000.00   |
| a) UTILITIES b) ACCOUNTING, HR, LEGAL, IT, COMPLIANCE c) INSURANCE                         | \$43,800.00    |
| d)   | \$1,087,933.00 |
| Brenesed Expenditures:   |                |

Total Proposed Exp

## 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<br>CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEV | n:<br>YELOPMENT |
|--|-----------------|
| Mailing address:<br>999 BROAD STREET BRIDGEPORT CT 06608   |                 |
| Name of municipal liaison: MAX PEREZ   |                 |
| Telephone number: 203-576-3976   |                 |
| Fax number: _203-576-3979  | -               |
| Email address:   |                 |

| Post-Proj                  | ject Audit                |
|----------------------------|---------------------------|
| Is a post-project audit re | equired for this proposal |
| Yes                        | No                        |
| If <b>Yes</b> , date post  | -project audit due:       |
| D                          | ate                       |

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

|      | 000 |
|------|-----|
| Form | 330 |

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2021

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.

**Open to Public** 

|                         | Revenue Serv  | Go to www.irs.gov/Form990 for instructions and the fatest in   | normation.                        | 2100  | nispection  |
|-------------------------|---|--|-----------------------------------|---|---|
|                         |   | calendar year, or tax year beginning 07/01, 2021, and ending   | C                                 | 6/30  |   |
| C                       | neck if applica   | ble: C Name of organization BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC   |                                   | D Employer identification numb<br>06-0669105  |   |
|                         | Address change         Doing business as           Jame change         Number and street (or P.O. box if mail is not delivered to street address)           100         DARK  |  | om/suite                          | E Telephon<br>203-2   | e number<br>75-8925                                       |
|                         | itial return<br>nal return/term   | 102 PARK STREET           City or town, state or province, country, and ZIP or foreign postal code   |                                   | G Gross re  |   |
| ] A                     | mended return<br>oplication pen<br>ax-exempt sta  | ding F Name and address of principal officerROBERT KEELEY  | H(b) Are all si<br>If "No," a     | oup return for su<br>ubordinates<br>attach a list,  | bordinates? Yes N<br>included? Yes N<br>See instructions. |
| -                       | ebsite: ►   |  | H(c) Group e                      |   |   |
|                         |   | tion: ∑ Corporation ☐ Trust  | ion: 1930                         | M State of  | legal domicile: $CT$                                      |
| -                       | and the second se |  |                                   |   |   |
| Pai                     | tl Su   | mmary<br>y describe the organization's mission or most significant activities:   |                                   |   |   |
|                         | 1 Brief   | y describe the organization's mission of most significant association of the second structure of the s | CHMENT, PERS                      | ONAL  |   |
| אכוואותבא מ מסאבוושוורם | TO P  | ROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CODIDUCT STATE  |                                   |   |   |
|                         | EDUC  | ATION AND SOCIAL RECREATION PROGRAMS.  | of more than                      | 25% of it   | s net assets.   |
|                         | 2 Chec  | k this box  Image: the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the transmission of transmissio | or more man                       | 3   | 1(  |
| 1                       | n Num   | por of voting members of the governing body (Part VI, line 1a)   |                                   |   | 1   |
|                         | A Mum   | per of independent voting members of the governing body (Part VI, line TD)   |                                   | 4   |   |
|                         | 4 Total   | number of individuals employed in calendar year 2021 (Part V, line 2a)   | 4. 4. 18 ( 1)                     | 5   |   |
|                         | 5 Total   | number of volunteers (estimate if necessary)   |                                   | 6   |   |
|                         | 6 Tota  | unrelated business revenue from Part VIII, column (C), line 12   |                                   | 7a  |   |
|                         | 7a Tota   | unrelated business revenue from Part VIII, column (o), and re  |                                   | 7b  |   |
|                         | b Net u   | inrelated business taxable income from Form 990-T, Part I, line 11   | Prior Yea                         |   | Current Year  |
|                         |   |  |                                   | 0809  | 9610  |
|                         | 8 Cont  | ributions and grants (Part VIII, line 1h)  | + 6                               | 1005  |   |
|                         | D Proc  | ram service revenue (Part VIII, line 2g)   |                                   | 1515  | 210   |
|                         | 10 Inve   | tment income (Part VIII, column (A), lines 3, 4, and 7d)   |                                   | 1313  | 210   |
|                         | 11 Othe   | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                                   |   | 0000  |
|                         | TT Othe   | revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 12                                | 2324  | 9820  |
| -                       | 12 Tota   | ts and similar amounts paid (Part IX, column (A), lines 1–3)   |                                   |   |   |
|                         | 13 Gran   | ts and similar amounts paid (Part IX, column (A), incore of the  |                                   |   |   |
|                         | 14 Ben  | fits paid to or for members (Part IX, column (A), line 4)  | 11                                | 4932  | 4257  |
| 2                       | 15 Sala   | ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                                   |   |   |
| ISC                     | 16a Prof  | essional fundraising fees (Part IX, column (A), line 11e)  |                                   |   |   |
| 13                      | h Tota  | I fundraising expenses (Part IX, column (D), line 25)  | 10                                | 0238  | 10172   |
| ā                       | 17 Othe   | (Det IV column (A) lines 11a-11d 11f-24e)  |                                   |   | 14429   |
|                         |   | r expenses (Fait IX, column (V), mod (Ta   | 215170                            |   | 19967   |
| cxbi                    | 18 Tota   | Lexpenses Add lines 13–17 (must equal Part IX, column (A), line 25)  |                                   | the second se |   |
| cxbi                    | 18 Tota   | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | -9                                | 2846  | -4609   |
|                         | 18 Tota   | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | - 9<br>Beginning of Cu            | 2846<br>rrent Year  | -4609<br>End of Year                                      |
|                         | 18 Tota<br>19 Rev   | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | -9<br>Beginning of Cu<br>57       | 2846<br>rrent Year<br>3408  | -4609<br>End of Year<br>48017                             |
| salances Expenses       | 18 Tota<br>19 Reve<br>20 Tota   | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)<br>enue less expenses. Subtract line 18 from line 12   | -9<br>Beginning of Cu<br>57       | 2846<br>rrent Year  | -4609<br>End of Year<br>48017<br>7090                     |
| Fund Balances Expo      | 18 Tota<br>19 Revo<br>20 Tota<br>21 Tota  | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | -9<br>Beginning of Cur<br>57<br>7 | 2846<br>rrent Year<br>3408  | -4609   |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre

| Sign<br>Here       | Signature of officer Date Date            |  |           |                 |                   |  |
|--------------------|---|--|-----------|-----------------|-------------------|--|
|                    | Type or print name and title              | La contra de la co | Date      | Check X if      | PTIN              |  |
| Paid               | Print/Type preparer's name                | Preparer's signature   | 11/10/202 | 2 self-employed |                   |  |
| Preparer           | THEFT IN THE ACCOUNT                      | TING AND TAX SERVICE   | LLC Firm  |                 | -0981258          |  |
| Use Only           | Title Sharto                              |  |           |                 | -914-0832         |  |
|                    | Eirm's address P IDFLADAUT                | above? See instructions  |           | ne no. 203-     | X Yes No          |  |
| May the IRS        | discuss this return with the preparer     | shown above? See instructions  |           |                 | Form 990 (2021)   |  |
| For Paperwo<br>QNA | rk Reduction Act Notice, see the separate | ate instructions.  |           |                 | 1.000 000 000 000 |  |

Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

### Form NAA-01

### 2024 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 exe<br>Bridgeport Public | mpt organization/municipal agency:<br>Education Fund                   |
|--------------------------------------|--|
| Address: 271 Pa                      | ark Ave, Bridgeport, CT 06604  |
| Federal Employe                      | er Identification Number:06-1379383                                    |
| Program title:                       | Support for Low Income Students at the University of Bridgeport        |
| Name of contact                      | person: Faith Villegas   |
| Telephone numb                       | (203) 331-0551   |
| Email address:                       | fvillegas@bpef.org   |
| Total NAA fund                       | ing requested (\$250 minimum, \$150,000 maximum): \$ <u>150,000.00</u> |

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

X 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify):

### Description of program:

BPEF functions as a unique organization focused on collegiate credentials for graduates of Bridgeport Public Schools. The purpose of this program is to provide pre-collegiate and collegiate education programs for up to 100 local residents of the University of Bridgeport, so that they may eventually be more prepared for employment in this region.

Need for program: \_

There is a growing disconnect between a diverse local population and the education and workforce opportunities in the region. Working in partnership with the University of Bridgeport, we hope to secure scholarships to support Bridgeport Public School graduates in focused progrmas at the University. Many of our students elect to stay home for college, and the proximity and mission of the University of Bridgeport provides critical opportunities for success for these graduates.

Neighborhood area to be served:

Bridgeport

Plan to implement the program:

Faith Villegas- Executive Director, BPEF - Overall management of agency and coordination of the program. Elena Cahill, VP, UB- Training in vocational areas and ESL.

### Timetable:

| - 12/31/202                   | 24                           |
|-------------------------------|------------------------------|
| Program start date: 12/3/1202 | MM - DD - YYYY               |
| Program completion date: 12   | 2/31/2025<br>MM - DD - YYYY  |
| Post-project audit due date:  | 03/31/2026<br>MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

### Program Budget:

| Program Budge     | 38:          |      |          | honewa | Intal  | funding. |
|-------------------|--------------|------|----------|--------|--------|----------|
| Complete in full. | Expenditures | must | equal or | exceed | Bergen |          |

| Sources of Revenue:  | \$150,000.00 |
|--|--------------|
| NAA funds requested  |              |
| Other funding sources - itemized sources:  |              |
| a)   |              |
| a)   |              |
| b)<br>c)   |              |
| c)   | \$150,000.00 |
| Total Funding:   |              |
| Proposed Program Expenditures:<br>Direct operating expenses - itemized description:<br>a) <u>Tuition</u><br>b) | \$150,000.00 |
| b)<br>c)<br>d)   |              |
| interactive expenses - itemized description:   |              |
|  |              |
|  |              |
|  |              |
| d)   | \$150,000.00 |
| Total Proposed Expenditures:   |              |

### 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:<br>City of Bridgeport, Office of Planning & Economic Development |   |
|---|---|
| Mailing address:  |   |
| 999 Broad Street, Bridgeport, CT 06604  |   |
| Name of municipal liaison: Max Perez, Director of Business Development  |   |
| Telephone number: (203) 576-3976  |   |
| Fax number: (203) 576-3979  | - |
| Email address:@bridgeportct.gov   |   |

| Post-Proj                 | ject Audit               |
|---------------------------|--------------------------|
| s a post-project audit re | quired for this proposal |
| X Yes                     | No                       |
| If Yes, date post-        | project audit due:       |
| 03/31/                    | 2026                     |
| Da                        | ite                      |

Form NAA-01 (Rev. 01/24)

|  | Deturn of Transison Lyamor Lyan   | nincome  |  |  |   |
|--|---|--|--|--|---|
| 990  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation<br>Do not enter social security numbers on this form as it may be made public.   |  |  |  |   |
| Revenue Service  |   | Inspection   |  |  |   |
| the 2021 c   | alendar year, or tax year beginning 01-01-2021 , and ending 12-3  | 1-2021   |  |  |   |
| k if applicable:   | C Name of organization  |  | D Employer   | identifica   | ation number  |
| ress change  | BRIDGEPORT PUBLIC EDUCATION TOND INC.   |  | 83   |  |   |
| ne change  | Doing business as   |  |  |  |   |
| al return<br>return/terminated   | Territion and the second se   |  |  | - 16   |   |
| nded return  | Number and street (or P.O. box if mail is not delivered to street address) Room/se  | uite   | E Telephone r  | number   |   |
| lication pending   | 446 UNIVERSITY AVENUE   |  | (203) 331-0551   |  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code  |  |  |  |   |
|  | BRIDGEPORT, CT 06604  |  | G Gross recei  | pts \$ 387   | ,230  |
|  | F Name and address of principal officer:  | H(a) Is this a   | group retur  | n for  |   |
|  | FAITH VILLEGAS<br>446 UNIVERSITY AVENUE   | subordi  | nates?   |  | Yes No  |
|  | BRIDGEPORT, CT 06604  | H(b) Are all s   | subordinates   |  | Yes No  |
| exempt status:   | ☑ 501(c)(3) □ 501(c) ( ) ◀ (insert no ) □ 4947(a)(1) or □ 527   | Contraction of the second s  | attach a list  | . See ins  | structions.   |
| bsite: WW  | /W.BPEF.ORG   | H(c) Group e   | exemption nu   | imber 🕨  |   |
|  |   |  |  |  |   |
| of organization  | Corporation Trust Association Other >   | L Year of formation  | on: 1993 M   | State of   | legal domicile: CT  |
|  |   |  |  |  |   |
| DEVELOPN<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN   | ASE INNAUCTAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCH<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LE/<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>HIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCI<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PI   | ARNING FOR THE<br>AND EFFECTIVE<br>REN'S EDUCATION<br>ES AND TO INCR<br>CHALLENGES FANN<br>N TO THE GREATE   | E, AND TO R<br>DNAL PROCE<br>EASE PUBLIC<br>CED BY URB<br>ER BRIDGEP   | ECOGNI<br>SS; TO S<br>C AWARE<br>AN EDUC<br>ORT COM  | ZE THEM FOR<br>STRENGTHEN<br>ENESS OF<br>CATION AND<br>MUNITY   |
| DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of   | MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEY<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>HEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCI<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PU<br>IS box I If the organization discontinued its operations or disposed of<br>of voting members of the governing body (Part VI, line 1a)  | MOLE SYSTEM; TC<br>ARNING FOR THE<br>E, AND EFFECTIV<br>REN'S EDUCATIC<br>ES AND TO INCR<br>CHALLENGES FAI<br>N TO THE GREATI<br>ROMOTE CHANGE   | FRIDGEPOR<br>E, AND TO R<br>DNAL PROCE<br>EASE PUBLIG<br>CED BY URB<br>ER BRIDGEP<br>IN THE BRI<br>Of its net ass  | ECOGNI<br>SS; TO S<br>C AWARE<br>AN EDUC<br>ORT COM<br>DGEPOR  | ZE THEM FOR<br>STRENGTHEN<br>ENESS OF<br>CATION AND<br>MUNITY   |
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| DEVELOPN<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7a Total unr   | MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEJ<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>HIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCI<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PI<br>ICE WITHIN THE BRIDGEPORT OB STATES AND TO PI<br>ICE WITHIN THE BRIDGEPORT OB STATES AND TO PI<br>ICE WITHIN THE OUT ON ALL THOUGHT IN THE UNITED STATES AND TO PI<br>ICE OF INTEGRATION OF THE OWNER OF THE OWNER OF THE OWNER<br>IS BOX ► IF THE ORGANIZATION DESCRIPTION OF DESCRIPTION OF DESCRIPTION<br>INFORMATION OF THE OWNER OWNER OWNER OWNER OF THE OWNER OW | MANING FOR THE<br>E, AND EFFECTIV<br>REN'S EDUCATION<br>ES AND TO INCR<br>CHALLENGES FAIN<br>N TO THE GREATH<br>ROMOTE CHANGE<br>MORE CHANGE<br>MORE CHANGE  | E, AND TO R<br>DNAL PROCE<br>EASE PUBLIA<br>CED BY URB<br>ER BRIDGEP<br>IN THE BRI<br>of its net ass   | ets.   | E SCHOOL<br>ZE THEM FOR<br>STRENGTHEN<br>ENESS OF<br>CATION AND<br>MMUNITY<br>IT SCHOOLS.<br>18<br>18<br>17<br>28<br>0<br>0   |
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| DEVELOPN<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>7 Total num<br>8 Contribut  | MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEP<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>HIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCI<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PI<br>is box ▶ ☐ If the organization discontinued its operations or disposed of<br>of voting members of the governing body (Part VI, line 1a)   | More than 25% of   | ERIDGEPOH<br>E, AND TO R<br>DNAL PROCE<br>EASE PUBLIG<br>CED BY URB<br>ER BRIDGEP<br>IN THE BRI<br>of its net ass<br>of its net ass  | ets.<br>3<br>4<br>5<br>6<br>7a<br>7b<br>COBLICATION  | 2E THEM FOR<br>STRENGTHEN<br>ENESS OF<br>CATION AND<br>MMUNITY<br>ET SCHOOLS.<br>18<br>18<br>17<br>28<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0       |
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| DEVELOPN<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev  | MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEX<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>ATEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCI<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>ING CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PI<br>is box ▶ ☐ If the organization discontinued its operations or disposed of<br>of voting members of the governing body (Part VI, line 1a)  | More than 25% of   | ER IDGEPOR<br>E, AND TO R<br>DNAL PROCE<br>EASE PUBLIA<br>CED BY URB<br>ER BRIDGEP<br>IN THE BRI<br>of its net ass<br>of its net ass   | ets.<br>7a<br>7b<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C  | E SCHOOL<br>ZE THEM FOR<br>STRENGTHEN<br>ENESS OF<br>CATION AND<br>MMUNITY<br>IT SCHOOLS.<br>18<br>17<br>28<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |
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er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my wledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

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|  |  | Doing business as  |   |                         | L   |  | 1000   |   |
| ial retu   | um   |  |   | Room/suite              |   | E Telephone  | number   |   |
| l ratura   | /terminated  | Number and street (or P.O. box if ma   | ail is not delivered to street address)   | (dom/auro               |   | (860) 54   | 8-2648   |   |
|  | return<br>on pending   |  |   |                         | -   |  |  |   |
| pacatio  |  | City or town, state or province, coun  | itry, and ZIP or foreight postal court  |                         | -   | G Gross rec  | eipts \$ 113,  | 459,983   |
|  |  | BRIDGEPORT, CT OBCCT   |   | H                       | a) Is this i  | a group ret  | urn for  |   |
|  |  | F Name and address of principa   | al officer.   |                         | subard  | inates?  |  | Yes No  |
|  | 1  | WILLIAM GUERRERO   |   | H                       | h) Are all  | subordinati  | es   | Yes No  |
|  |  | 126 PARK AVE<br>BRIDGEPORT, CT 06604   |   |                         |   | " attach a l   |  | structions.   |
| -  |  | ₩ 501(c)(3) S01(c)() 4   | (insert no.) a947(a)(1) or L  | 527                     | (c) Group   | exemption  | number P   | •   |
|  | mpt status:  | S01(c)(3) L1 S01(c) 1 4  |   | 1                       | (c) Groop   |  |  |   |
| ebsit  | te: WW   | W.GOODWIN.EDU  |   | 1.0                     | ear of forma  | tion: 2021   | M State of   | f legal domicile CT   |
|  |  | Corporation Trust Ass  | aciation D other >  | 1.1                     | ant an contribu                                       |  |  |   |
| m of e   | organization   | Corporation L Trust L Ass  |   |                         |   |  |  |   |
| Part   | E.m.   | 10.3.FV  |   |                         |   |  |  | TINCTIVE  |
| 1  | THE UNIN<br>CURRICU  | mary<br>scribe the organization's mission<br>(ERSITY PROMOTES ACADEMIC E<br>LA IN AN INTERNATIONAL, CULTI<br>LA IN AN INCREASINGLY INTER<br>HIP IN AN INCREASINGLY INTER   | UNALLY OIVERSE SUPPORTATE OF  | ARNING EN               | VIRONMEN  | PREPARE  | GRADE  |   |
|  | LEMULINS   |  |   |                         | -   |  |  |   |
| 1  |  |  |   |                         | - 1h 75%  | 6 of its net   | assets.  |   |
|  | -  |  | discontinued its operations or dis<br>ning body (Part VI, line 1a)  | posed of mor            | e man zar   |  | 3  | 13  |
| 1 2  | 2 Check t  | his box P L I the organized the govern   | Jac hady (Part VI, line 1a)   |                         |   |  | 4  | 11  |
| 3  |  |  | ning bouy (Fait - it man  | an thi                  |   |  |  |   |
| 1.1  |  |  | of the governing body (Part VI, II  | ne 16) ·                |   | 5  | 5  | 1,040   |
| 1  | 4 Numbe  | r of independent voting members  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, Iine  | ne 16) ·                | • • •   | -  | -  | 0   |
|  | 4 Numbe<br>5 Total n   | r of independent voting members<br>umber of individuals employed in  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)  | ne 16) ·                |   |  | 5  | 0   |
|  | 4 Numbe<br>5 Total n<br>6 Total n  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if i  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)  | ne 1b)<br>Za)           |   |  | 5  | 0   |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if i  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)  | ne 1b)<br>Za)           |   |  | 5<br>6<br>7a   | 0<br>0<br>Current Year  |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if i  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)  | ne 1b)<br>Za)           |   | rior Year  | 5<br>6<br>7a<br>7b   | 0<br>0  |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if i<br>nrelated business revenue from F<br>related business taxable income f   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11  | ne 1b)<br>Za)           |   | rior Year<br>5,20  | 5<br>6<br>7a<br>7b<br>3,087  | 0<br>0<br>Current Year  |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>6 Net un<br>8 Contri  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)   | ne 1b) .<br>2a)<br>     |   | rior Year<br>5,20  | 5<br>6<br>7a<br>7b<br>3,087<br>58,800  | 0<br>0<br>0<br>Current Year<br>9,522,579  |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, line<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>J lines 3, 4, and 7d )  | ne 1b) .<br>2a)<br>     |   | rior Year<br>5,20<br>3,86  | 5<br>6<br>7a<br>7b<br>3,087<br>8,800<br>125  | 0<br>0<br>Current Year<br>9,522,579<br>100,787,609<br>9,150<br>3,140,645  |
| 7 Anuale   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ument income (Part VIII, column (J   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, Iine<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)   | ne 1b) .<br>Za)         |   | rior Year<br>5,20<br>3,86  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618   | 0<br>0<br>Current Year<br>9,522,579<br>100,787,609<br>9,150   |
| 7 Anuale   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ument income (Part VIII, column (J   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, Iine<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)   | ne 1b) .<br>Za)         |   | rior Year<br>5,20<br>3,86  | 5<br>6<br>7a<br>7b<br>33,087<br>58,800<br>125<br>12,618<br>84,630  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7 ADUAACH  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Cantri<br>9 Progra<br>10 Invest<br>11 Other   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column ( <i>I</i> )<br>revenue (Part VIII, column ( <i>I</i> ). Itin   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, Iine<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d )<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(mist equal Part VIII, column (A)   | ne 1b) .<br>2a)<br><br> |   | rior Year<br>5,20<br>3,86  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0  | 0<br>0<br>Current Year<br>9,522,579<br>100,787,609<br>9,150<br>3,140,645  |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J)<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, Iine<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3)  | ne 1b) .<br>2a)<br>     |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>outions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J)<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>s and similar amounts paid (Part  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3)  | , line 12)              |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7<br>Anuale  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (A), line<br>revenue (Part VIII, column (A), line<br>revenue—add lines 8 through 11<br>s and similar amounts paid (Part<br>lits paid to or for members (Part I   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)<br>from Form 990-T, Part I, Iine 12<br>from Form 990-T, Part I, Iine 11<br>1h)<br>2g)<br>A), lines 3, 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3)<br>x, column (A), line 4)<br>a benefits (Part IX, column (A), I  | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7<br>Anuale  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>outions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>iment income (Part VIII, column (J),<br>revenue (Part VIII, column (A), line<br>revenue —add lines 8 through 11<br>is and similar amounts paid (Part<br>lits paid to or for members (Part I)<br>ise, other compensation, employe  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)<br>from Form 990-T, Part I, line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>X, column (A), line 4)<br>ee benefits (Part IX, column (A), II<br>column (A), line 11e)  | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,44<br>5,3   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>884,630<br>0<br>0<br>59,836<br>0  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7<br>Anuale  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profi   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J)<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>is and similar amounts paid (Part<br>lits paid to or for members (Part I)<br>ises, other compensation, employe<br>essional fundralsing fees (Part IX,  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d )<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>x, column (A), line 4)<br>ee benefits (Part IX, column (A), II<br>column (A), line 1e)  | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>59,836<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7<br>Anuale  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profi<br>b Total  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J)<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>is and similar amounts paid (Part<br>fits paid to or for members (Part I)<br>is, other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)  | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>884,630<br>0<br>0<br>59,836<br>0  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profra<br>b Total<br>17 Other<br>17 Other<br>10 Cher  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J),<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>is and similar amounts paid (Part<br>fits paid to or for members (Part I)<br>is, other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column (A), I  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)   | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>59,836<br>0<br>59,836<br>0<br>418,104<br>777,940<br>706,690  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 7<br>Anuale  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profra<br>b Total<br>17 Other<br>17 Other<br>10 Cher  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J),<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>is and similar amounts paid (Part<br>fits paid to or for members (Part I)<br>is, other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column (A), I  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)   | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>59,836<br>0<br>59,836<br>0<br>418,104<br>777,940<br>706,690  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profe<br>15 Salar<br>16a Profe<br>17 Other<br>18 Total<br>19 Rev.   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column (J),<br>revenue (Part VIII, column (A), lin<br>revenue (Part VIII, column (A), lin<br>revenue—add lines 8 through 11<br>is and similar amounts paid (Part<br>fits paid to or for members (Part I)<br>is, other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column (A), I  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIne<br>necessary)  | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>18,<br>18,<br>18,<br>19,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10  | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>59,836<br>0<br>418,104<br>777,940<br>706,690<br>ent Year  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16a Profe<br>15 Salar<br>16a Profe<br>17 Other<br>18 Total<br>19 Rev.   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>um service revenue (Part VIII, line<br>ment income (Part VIII, column ( <i>I</i> )<br>revenue (Part VIII, column ( <i>I</i> ), line<br>revenue (Part VIII, column ( <i>I</i> ),<br>revenue (Part VIII, column ( <i>I</i> ),<br>its paid to or for members (Part II<br>sand similar amounts paid (Part<br>fits paid to or for members (Part IX,<br>standraising expenses (Part IX, column<br>r expenses (Part IX, column ( <i>A</i> ),<br>I expenses. Add lines 13–17 (mus<br>enue less expenses. Subtract line   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)   | ne 1b) .<br>2a)         |   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,7<br>18,7<br>18,7<br>18,7<br>35,   | 5<br>6<br>7a<br>7b<br>3,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>418,104<br>777,940<br>706,690<br>ent Year<br>999,321  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
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| Net Assets of Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>15 Salar<br>15 Salar<br>16 Profe<br>16 Total<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>Salar<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>23 Net<br>24 Net<br>24 Net<br>25 Net<br>26 Net<br>27 Net<br>28 Net<br>28 Net<br>29 Net<br>20 Total<br>20 Net<br>20 Net<br>21 Net<br>20 | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>netlated business revenue from F<br>related business taxable income f<br>outions and grants (Part VIII, line<br>im service revenue (Part VIII, line<br>im service revenue (Part VIII, column (/),<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>iss add to or for members (Part I)<br>iss add to or for members (Part I)<br>iss other compensation, employe<br>issional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column (A), l<br>expenses. Add lines 13–17 (mus<br>inue less expenses. Subtract line<br>al lassets (Part X, line 16) · · ·<br>assets or fund balances. Subtract<br>Sof perjury, I declare that I have<br>belief, it is true, correct, and corr   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, II<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>(X, column (A), lines 1-3)<br>X, column (A), line 4)<br>e benefits (Part IX, column (A), II<br>column (A), line 1e)<br>(D), line 25) >0<br>lines 11a-11d, 11F-24e)<br>at equal Part IX, column (A), line 1<br>8 from line 12  | ne 1b) .<br>2a)         | P   | rior Year<br>5,20<br>3,86<br>16,41<br>25,44<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>sing of Curr<br>35,<br>17,<br>18,<br>s and state<br>red on all 10  | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ant Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Net Assets of Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7 Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16 Profi<br>16 Profi<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>24 Total<br>25 Total<br>20 Total<br>25 Total<br>26 Total<br>27 Total<br>28 Total<br>29 Total<br>20 To   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>netlated business revenue from F<br>related business taxable income f<br>outions and grants (Part VIII, line<br>im service revenue (Part VIII, line<br>im service revenue (Part VIII, column (/),<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>iss add to or for members (Part I)<br>iss add to or for members (Part I)<br>iss other compensation, employe<br>issional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column (A), l<br>expenses. Add lines 13–17 (mus<br>inue less expenses. Subtract line<br>al lassets (Part X, line 16) · · ·<br>assets or fund balances. Subtract<br>Sof perjury, I declare that I have<br>belief, it is true, correct, and corr   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, II<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d )<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>X, column (A), line 4 )<br>to benefits (Part IX, column (A), II<br>column (A), line 11e)<br>(D), line 25) ▶0<br>lines 11a-11d, 11f-24e) <<br>st equal Part IX, column (A), line 1<br>18 from line 12 .  | ne 1b) .<br>2a)         | P   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>11,4<br>6,7<br>18,<br>11,7<br>18,<br>17,<br>18,<br>17,<br>18,<br>18,<br>17,<br>2023-05-3  | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ant Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Net Assets of Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>15 Salar<br>15 Salar<br>16 Profe<br>16 Total<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>Salar<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>23 Net<br>24 Net<br>24 Net<br>25 Net<br>26 Net<br>27 Net<br>28 Net<br>28 Net<br>29 Net<br>20 Total<br>20 Net<br>20 Net<br>21 Net<br>20 | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>imment income (Part VIII, column (/),<br>revenue (Part VIII, column (/), line<br>revenue (Part VIII, column (/), line<br>s and similar amounts paid (Part<br>fits paid to or for members (Part I)<br>iss, other compensation, employe<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column (A), l<br>I expenses (Part X, column (A), l<br>I expenses. Add ines 13–17 (mus<br>enue less expenses. Subtract line<br>al liabilities (Part X, line 16) · .<br>assets or fund balances. Subtract<br>Signature Block<br>s of perjury, I declare that I have<br>bellef, it is true, correct, and cor   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, II<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>(X, column (A), lines 1-3)<br>X, column (A), line 4)<br>e benefits (Part IX, column (A), II<br>column (A), line 1e)<br>(D), line 25) >0<br>lines 11a-11d, 11F-24e)<br>at equal Part IX, column (A), line 1<br>8 from line 12  | ne 1b) .<br>2a)         | P   | rior Year<br>5,20<br>3,86<br>16,41<br>25,44<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>sing of Curr<br>35,<br>17,<br>18,<br>s and state<br>red on all 10  | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ant Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Net Assets of Expenses Havenue La Avenue La Avenue La Assets of Expenses   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Cantri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>15 Salar<br>16a Profi<br>b Total<br>17 Other<br>18 Tota<br>19 Revu<br>20 Tota<br>21 Tota<br>21 Tota<br>22 Net<br>er penaltic<br>wiedge and<br>knowledge   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>imment income (Part VIII, column ( <i>J</i> )<br>revenue (Part VIII, column ( <i>J</i> ), line<br>revenue (Part VIII, column ( <i>A</i> ), line<br>revenue add lines 8 through 11<br>is and similar amounts paid (Part<br>fits paid to or for members (Part IX,<br>souther compensation, employe<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column ( <i>A</i> ), line<br>enue less expenses. Subtract line<br>in assets (Part X, line 16) ·<br>al liabilities (Part X, line 26) ·<br>assets or fund balances. Subtract<br>Signature Block<br>s of perjury, I declare that I have<br>a belief, it is true, correct, and cor<br>s.   | of the governing body (Part VI, II<br>calendar year 2021 (Part VI, II<br>recessary)<br>from Form 990-T, Part I, line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>X, column (A), line 4)<br>to column (A), line 4)<br>to column (A), line 11e)<br>(D), line 25) ▶0<br>lines 11a-11d, 11f-24e)<br>to equal Part IX, column (A), line<br>18 from line 12  | ne 1b) .<br>2a)         | P   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>11,4<br>6,7<br>18,<br>11,7<br>18,<br>17,<br>18,<br>17,<br>18,<br>18,<br>17,<br>2023-05-3  | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ant Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Net Assets of Expenses Havenue La Conses Analysis San  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16 Profit<br>16 Total<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>23 Grant<br>23 Grant<br>23 Grant<br>24 Grant<br>20 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>23 Grant<br>24 Grant<br>25 Grant<br>26 Grant<br>27 Total<br>27 Total<br>27 Total<br>28 Grant<br>20 Total<br>20  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>imment income (Part VIII, column ( <i>J</i> ),<br>revenue (Part VIII, column ( <i>J</i> ), line<br>revenue (Part VIII, column ( <i>A</i> ), line<br>revenue add lines 8 through 11<br>is and similar amounts paid (Part<br>lits paid to or for members (Part IX,<br>souther compensation, employe<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column ( <i>A</i> ), i<br>l expenses. Add lines 13–17 (mus<br>enue less expenses. Subtract line<br>in assets (Part X, line 16) ·<br>assets or fund balances. Subtract<br><b>Signature Block</b><br>s of perjury, I declare that I have<br>belief, it is true, correct, and cor<br>s.<br>  | of the governing body (Part VI, II<br>calendar year 2021 (Part VI, II<br>recessary)<br>from Form 990-T, Part I, line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>X, column (A), line 4)<br>to column (A), line 4)<br>to column (A), line 11e)<br>(D), line 25) ▶0<br>lines 11a-11d, 11f-24e)<br>to equal Part IX, column (A), line<br>18 from line 12  | ne 1b) .<br>2a)         | P   | rior Year<br>5,20<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>11,4<br>6,7<br>18,<br>11,7<br>18,<br>17,<br>18,<br>17,<br>18,<br>18,<br>17,<br>2023-05-3  | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ant Year<br>999,321<br>292,631<br>706,690<br>ments, an<br>formation  | 0<br>0<br>0<br>0<br>0<br>Current Year<br>9,522,579<br>100,787,609<br>9,150<br>3,140,645<br>113,459,982<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,95<br>4,007,00<br>End of Year<br>41,862,1<br>19,148,4<br>22,713,6<br>of which preparer has |
| Net Assets of Expenses Havenue La Avenue La Avenue La Assets of Expenses   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16 Profit<br>16 Total<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>23 Grant<br>23 Grant<br>23 Grant<br>24 Grant<br>20 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>23 Grant<br>24 Grant<br>25 Grant<br>26 Grant<br>27 Total<br>27 Total<br>27 Total<br>28 Grant<br>20 Total<br>20  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>imment income (Part VIII, column ( <i>J</i> ),<br>revenue (Part VIII, column ( <i>J</i> ),<br>intervenue (Part VIII, column ( <i>J</i> ),<br>intervenue (Part VIII, column ( <i>A</i> ),<br>is and similar amounts paid (Part<br>fits paid to or for members (Part I),<br>sand similar amounts paid (Part<br>fits paid to or for members (Part I),<br>souther compensation, employe<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column ( <i>A</i> ), i<br>expenses. Add lines 13–17 (mus<br>enue less expenses. Subtract line<br>in assets (Part X, line 16) ·<br>al liabilities (Part X, line 26) ·<br>assets or fund balances. Subtract<br>Signature Block<br>s of perjury, I declare that I have<br>belief, it is true, correct, and cor<br>s.  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, II<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3)<br>X, column (A), line 4)<br>e benefits (Part IX, column (A), II<br>column (A), line 1e)<br>(D), line 25) >0<br>lines 11a-11d, 11f-24e)<br>at equal Part IX, column (A), line i<br>18 from line 12<br>18 from line 20<br>examined this return, including<br>mplete. Declaration of preparer (or<br>FOR FINANCE/CFO   | ne 1b) .<br>2a)         | P<br>Beginr<br>Beginr<br>IDate                        | rior Year<br>5,20<br>3,86<br>16,43<br>25,44<br>5,3<br>1,4<br>6,7<br>18,<br>ing of Curr<br>35,<br>17,<br>18,<br>is and state<br>sed on all 0<br>2023-05-1<br>Date   | 5<br>6<br>7a<br>7b<br>33,087<br>48,800<br>125<br>12,618<br>884,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>259,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>125<br>12,618<br>84,630<br>0<br>59,836<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>0<br>125<br>12,618<br>84,630<br>125<br>12,618<br>84,630<br>125<br>12,618<br>84,630<br>125<br>12,618<br>84,630<br>125<br>12,618<br>94,630<br>125<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,618<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,400<br>12,719,40 | 0<br>0<br>0<br>0<br>0<br>Current Year<br>9,522,579<br>100,787,609<br>9,150<br>3,140,645<br>113,459,982<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,95<br>4,007,00<br>End of Year<br>41,862,1<br>19,148,4<br>22,713,6<br>of which preparer has |
| Net Assets of Expenses Havenue La Conses Analysis San  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invest<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16 Profit<br>16 Total<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>21 Total<br>22 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Grant<br>23 Grant<br>23 Grant<br>23 Grant<br>24 Grant<br>20 Total<br>21 Total<br>22 Total<br>23 Grant<br>20 Total<br>23 Grant<br>24 Grant<br>25 Grant<br>26 Grant<br>27 Total<br>27 Total<br>27 Total<br>28 Grant<br>20 Total<br>20  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>imment income (Part VIII, column ( <i>J</i> ),<br>revenue (Part VIII, column ( <i>J</i> ), line<br>revenue (Part VIII, column ( <i>A</i> ), line<br>revenue add lines 8 through 11<br>is and similar amounts paid (Part<br>lits paid to or for members (Part IX,<br>souther compensation, employe<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses (Part IX, column ( <i>A</i> ), i<br>l expenses. Add lines 13–17 (mus<br>enue less expenses. Subtract line<br>in assets (Part X, line 16) ·<br>assets or fund balances. Subtract<br><b>Signature Block</b><br>s of perjury, I declare that I have<br>belief, it is true, correct, and cor<br>s.<br>  | of the governing body (Part VI, II<br>calendar year 2021 (Part VI, II<br>recessary)<br>from Form 990-T, Part I, line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3 )<br>X, column (A), line 4)<br>to column (A), line 4)<br>to column (A), line 11e)<br>(D), line 25) ▶0<br>lines 11a-11d, 11f-24e)<br>to equal Part IX, column (A), line<br>18 from line 12  | ne 1b) .<br>2a)         | Beginn<br>Beginn<br>Beginn<br>Beginn                  | rior Year<br>5,20<br>3,86<br>16,41<br>25,44<br>5,3<br>5,3<br>1,4<br>6,7<br>18,7<br>35,<br>10,7<br>18,7<br>35,<br>17,<br>18,<br>s and state<br>red on all II<br>2023-05-3<br>Date   | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ent Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Anony Det Assets of Expenses Havenue and Balances  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>16 Profit<br>17 Other<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>22 Net<br>21 Total<br>23 Total<br>24 Total<br>25 Salar<br>16 Profit<br>17 Other<br>18 Revu<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>22 Net<br>21 Total<br>23 Total<br>24 Total<br>25 Salar<br>17 Other<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>21 Total<br>22 Net<br>21 Total<br>21 Total<br>21 Total<br>22 Net<br>21 Total<br>21 Total<br>20 Total<br>21 Total  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>im service revenue (Part VIII, line<br>ment income (Part VIII, column (//<br>revenue (Part VIII, column (//<br>revenue (Part VIII, column (//<br>revenue (Part VIII, column (//<br>iss paid to or for members (Part I)<br>iss, other compensation, employe<br>issional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column<br>r expenses. (Part IX, column (//, I<br>expenses. Add lines 13–17 (mus<br>enue less expenses. Subtract line<br>al lassets (Part X, line 16) · · ·<br>assets or fund balances. Subtract<br>Signature Block<br>sof perjury, I declare that I have<br>belief, it is true, correct, and cor   | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)<br>Part VIII, column (C), line 12<br>from Form 990-T, Part I, line 11<br>1h)<br>2g)<br>A), lines 3. 4, and 7d)<br>nes 5, 6d, 8c, 9c, 10c, and 11e)<br>(must equal Part VIII, column (A)<br>IX, column (A), lines 1-3)<br>X, column (A), line 4)<br>(C), line 25) <b>&gt;</b> 0<br>lines 11a-11d, 11f-24e)<br>(O), line 25) <b>&gt;</b> 0<br>lines 11a-11d, 11f-24e)<br>(C), line 25) <b>&gt;</b> 0<br>lines 11a-11d, 11f-24e)<br>(C), line 21 from line 20<br>(C), IIE 21 from line | ne 1b) .<br>2a)         | P<br>Beginr<br>Beginr<br>IDate                        | rior Year<br>5,20<br>3,86<br>16,41<br>25,44<br>5,3<br>5,3<br>1,4<br>6,7<br>18,7<br>35,<br>10,7<br>18,7<br>35,<br>17,<br>18,<br>s and state<br>red on all II<br>2023-05-3<br>Date   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>88,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>118,104<br>777,940<br>706,690<br>ent Year<br>999,321<br>292,631<br>706,690<br>ments, an<br>aformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Average Fund Balances Expenses Havenue   | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>15 Salar<br>15 Salar<br>16 Profe<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>22 Net<br>21 Total<br>23 Net<br>24 Net<br>24 Net<br>25 Net<br>20 Total<br>21 Total<br>22 Net<br>21 Total<br>22 Net<br>23 Net<br>24 Net<br>24 Net<br>25 Net<br>26 Net<br>27 Net<br>28 Net<br>20 Total<br>29 Net<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>21 Total<br>21 Total<br>22 Net<br>21 Total<br>23 Net<br>24 Net<br>25 Net<br>26 Net<br>20 Total<br>27 Net<br>28 Net<br>28 Net<br>29 Net<br>20 Total<br>20 T   | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line<br>im service revenue (Part VIII, line<br>imment income (Part VIII, column (//<br>revenue (Part VIII, column (//<br>revenue (Part VIII, column (//<br>revenue -add lines 8 through 11<br>is and similar amounts paid (Part<br>lits paid to or for members (Part I)<br>is, other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column (A), II<br>revenues (Part X, line 15) · · · ·<br>al lassets (Part X, line 15) · · ·<br>assets or fund balances. Subtract<br>Signature Block<br>s of perjury, I declare that I have<br>belief, it is true, correct, and cor<br>Signature of officer<br><u>WILLIAM GUERRERO VICE PRESIDENT</u><br>Type or print name and title<br>Print/Type preparer's name<br>Firm's name ► COHNREZNICC  | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)   | ne 1b) .<br>2a)         | P<br>Beginr<br>Beginr<br>IDate                        | rior Year<br>5,20<br>3,86<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>18,<br>18,<br>10,<br>18,<br>19,<br>10,<br>19,<br>10,<br>14,<br>19,<br>10,<br>11,<br>14,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10   | 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>118,104<br>777,940<br>706,690<br>ent Year<br>999,321<br>292,631<br>706,690<br>ments, an<br>formation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| A Participation  | 4 Numbe<br>5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contri<br>9 Progra<br>10 Invesi<br>11 Other<br>12 Total<br>13 Grant<br>14 Bene<br>15 Salar<br>15 Salar<br>15 Salar<br>16a Profe<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>31 Total<br>21 Total<br>22 Net<br>31 Total<br>31 Total<br>32 Net<br>33 Grant<br>33 Grant<br>34 Bene<br>35 Salar<br>15 Salar<br>15 Salar<br>15 Salar<br>16 Profe<br>18 Total<br>19 Revu<br>20 Total<br>21 Total<br>22 Net<br>31 Total<br>31  | r of independent voting members<br>umber of individuals employed in<br>umber of volunteers (estimate if in-<br>nrelated business revenue from F<br>related business taxable income f<br>butions and grants (Part VIII, line-<br>immer income (Part VIII, column (/),<br>revenue (Part VIII, column (/), line-<br>revenue (Part VIII, column (/), line-<br>s and similar amounts paid (Part I)<br>is and similar amounts paid (Part I)<br>is other compensation, employer<br>essional fundraising fees (Part IX,<br>fundraising expenses (Part IX, column (A), I<br>l expenses. (Part X, column (A), I<br>l expenses. Add lines 13–17 (mus-<br>enue less expenses. Subtract line-<br>al liabilities (Part X, line 16) ·<br>al liabilities (Part X, line 26) ·<br>assets or (und balances. Subtract<br>Sof parjury, I declare that I have<br>belief, it is true, correct, and cor<br>Signature of officer<br><u>WILLIAM GUERRERO VICE PRESIDENT</u><br>Type or print name and title<br><u>Print/Type preparer's name</u><br><u>Firm's name</u> COHNREZNICC | of the governing body (Part VI, II<br>calendar year 2021 (Part V, IIe<br>necessary)   | ne 1b) .<br>2a)         | P<br>Beginr<br>Beginr<br>IDate                        | rior Year<br>5,20<br>3,86<br>3,86<br>16,41<br>25,41<br>5,3<br>5,3<br>1,4<br>6,7<br>18,<br>18,<br>18,<br>10,<br>18,<br>19,<br>10,<br>19,<br>10,<br>14,<br>19,<br>10,<br>11,<br>14,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>14,<br>15,<br>10,<br>11,<br>10,<br>10,<br>10,<br>10,<br>10,<br>10   | 5<br>6<br>7a<br>7b<br>3,087<br>38,800<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>418,104<br>777,940<br>706,690<br>ent Year<br>999,321<br>292,631<br>706,690<br>ments, annformation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
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(A), line<br>18 from line 12<br>(A), line 21<br>(C), line 21 from line 20<br>(C), Column (A), line 20<br>(C), Column (A), Column (A), Column<br>(A), Column (A), Column (A), Column (A), Column (A), Column<br>(A), Column (A), Column (A), Column (A), Column (A), Column<br>(A), Column (A), Column (A)  | ne 1b) .<br>2a)         | P<br>P<br>Beginr<br>Beginr<br>Beginr<br>ficer) is bas | rior 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| 5<br>6<br>7a<br>7b<br>33,087<br>125<br>12,618<br>84,630<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>59,836<br>0<br>0<br>118,104<br>777,940<br>706,690<br>ent Year<br>999,321<br>292,631<br>706,690<br>ments, an<br>formation  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



### Form NAA-01

### 2024 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: |  |
|---|--|
| Bridgeport Public Education Fund, Inc             |  |

Address: 271 Park Avenue Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

Program title: Mentoring for Academic Achievement and College/Career Success (MAACS)

Name of contact person: Faith VIIlegas

(203) 331-0551 Telephone number:

Email address: \_fvillegas@bpef.org

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

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

X 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

- 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;
- X Child care services;
- Establishment of a child day care facility; 11
- Open space acquisition fund; or
- - Other (specify):

The Mentoring for Academic Achievement and College/Career Success (MAACS) is a high school mentoring and tutoring program. MAACS is dedicated to postivle youth development by supporting Bridgeport Public high school students with academic/social/emotional success and post-secondary planning. MAACS mentors and tutors, who are college students themselves, meet one-on-one with referred high school students on a weekly basis. Matches meet for approximately 24 weeks of the school calendar year. The mentor-mentee and/or tutor/student matches must establish short, intermediate, and long-term goals as the relationship progresses.

The BPEF is dedicated to assisting students in the Bridgeport Public high schools to successfully graduate from high school, pursue a post-secondary education, and complete post-secondary education. The Bridgeport Need for program: Public Schools district continues to experience fluctuating graduation rates, low standardized test scores and low college-attendace rates for its' graduates. Our mission and intent remains that same. We know that a student must first succeed in high school before transitioning to a post-secondary institution or any branch of the armed services. Additionally, the BPS has seen the needs of students increase to include english language learners, truancy/absenteeism, and mental health. The BPEF is aligning resources to better assist students.

trict are served by the MAACS program. These schools include Bassick, Bpt. Military Academy, Central, and Fairchild Wheeler STEM academies (3). The locale of all schools encompasses a broad swath of the Bridgeport community.

Mentor, tutor and high school student recruitment begins on the college campuses and high schools in late August and throughout September. The students who are accepted as mentors and tutors will attend a mandatory four hour virtual orientation session. The high school students must submit a signed application and class schdule once they are approved for the MAACS program. Once the mentors and tutors have completed their required training and background checks, the formal process of mentoring and tutoring begins. Due to the fluid school structure, we anticipate mentoring and tutoring for a minimum of 12 weeks in both the fall and Page 2 of 5 spring semesters. Visit us at portal.ct.gov/DRS for more information.

Form NAA-01 (Rev. 01/24)

### Timetable:

Program start date: 08/01/2024 MM - DD - YYYY

Program completion date: 07/31/2025 MM - DD - YYYY

Post-project audit due date:

\$90,000.00

\$40,000.00 \$20,000.00

\$35,000.00

\$40,000.00

\$225,000.00

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III — Financial Information

### Program Budget:

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

### Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

- a) Foundations
- b) Individuals
- c) Scholarships
- d) Grants

Total Funding:

## Proposed Program Expenditures:

| Direct operating expenses - itemized description:     | \$120,000.00 |
|---|--------------|
| a) MAACS Staff salaries                               | \$18,000.00  |
| <ul> <li>b) Mentor and tutor pay</li> </ul>           | \$45,000.00  |
| c) Student scholarships                               |              |
| d)<br>Administrative expenses - itemized description: | \$11,500.00  |
| a) Accounting/payroll                                 | \$1,500.00   |
| b) Telephone/Internet                                 | \$6,000.00   |
| c) Postage/print/subscriptions/fees                   | \$24,000.00  |
| d) BPEF staff   | \$226,000.00 |

## Total Proposed Expenditures:

## Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation of u |   |
|---|---|
| Mailing address:  |   |
| Name of municipal liaison:                              |   |
| Telephone number:                                       | - |
| Fax number:   |   |
| Email address:  |   |

s the program:

| Post-Pr                 | oject Audit                |
|-------------------------|----------------------------|
| Is a post-project audit | required for this proposal |
| Yes                     | No                         |
| If Yes, date po         | st-project audit due:      |
|                         | Date                       |

| in .           | 99                      | Ó                  | Linden excellen 501(a) 527 or 40  | anization Exemp                     | enue Code (ex  | cept private foundations        | <b>2022</b>   |
|----------------|-------------------------|--------------------|---|-------------------------------------|--|---------------------------------|---|
| arnal F        | Revenue                 | Treasury           | Do not enter social a<br>Go to www.irs.go                                     | V/Form990 for instructions a        | and the latest   | e made public.                  | Open to Public<br>Inspection  |
| For            | the 20                  | 22 calen           | dar year, or tax year beginning   |                                     | and ending   |                                 | Alex number   |
| Chec           | ck If<br>icable:        | C Name             | of organization   | COD                                 | V  | D Employer Identifica           | tion number   |
|                | ddress<br>hange         | BRI                | DGEPORT PUBLIC EDU  | CA CON UND HIS                      | -  | 06-137938                       | 3   |
|                | ame                     | Doing I            | business as   | 1. Prove data strends addressed     | Room/suite   | E Telephone number              | *   |
| re             | itial                   | Numbe              | er and street (or P.O. box if mail is not                                     | dervered to street douress)         | 100mosulo  | (203) 331                       | -0551   |
|                | inal<br>iturn/          | 446                | UNIVERSITY AVENUE   | d 710 or foreign poetal code        |  | G Gross receipts S              | 355,390   |
|                | rmin-<br>led            | City or            | town, state or province, country, an  | In ZIP of loreign postal cours      |  | H(a) Is this a group retu       | im  |
| re             | mended<br>turn          | BEII               | OGEPORT, CT 06604<br>and address of principal officer: FA                     | TTH VILLEGAS                        |  | for subordinates?               | Yes X N   |
| B              | pplica-<br>on<br>ending | FName              | INIVERSITY AVENUE,  | BRIDGEPORT, C                       | r 06604  | H(b) Are all subordinates Inclu | ided? Yes N   |
| -              |                         | 440 (              | X 501(c)(3) 501(c) (  | ) (insert no.) 4947(a)              | (1) or 527   |                                 | t. See Instructions   |
|                |                         | t status:          | BPEF.ORG  | /                                   |  | H(c) Group exemption            |   |
| Wel            | bsite:                  | www.ww             | X Corporation Trust   | Association Other                   | L Year   | of formation: 1993 MS           | State of legal domicile: C  |
| art            | 1 0                     | strain ches manual |   |                                     |  |                                 |   |
| -              |                         |                    | un un antestinate mission or mo   | st significant activities: TO       | INCREAS  | E INVOLVEMEN                    | r of the  |
| 1              | GE                      | EATER              | BRIDGEPORT COMMU  | NITY IN THE BR.                     | LDGEPURI   | FORDIC Detto                    | Uni Uni Uni maria I   |
| 1              | Che                     | ack this bo        | if the organization disc  | continued its operations or dis     | sposed of more   | than 25% of its net asse        | 118.  |
| 3              | Alu                     | mber of ve         | ting members of the governing boo   | ty (Part VI, line 1a)               |  |                                 |   |
| 4              | . Nur                   | nhor of in         | dependent voting members of the   | overning body (Part VI, line 1      | b)   |                                 |   |
| E              | Tot                     | al number          | of individuals employed in calenda  | r year 2022 (Part V, line 2a)       |  |                                 |   |
| 6              | Tot                     | al number          | of volunteers (estimate if necessar   | y) (y                               |  |                                 | (   |
| 17             | a Tot                   | al unrelate        | d business revenue from Part VIII,  | column (C), line 12                 |  | 7a                              | (   |
|                | b Net                   | unrelated          | business taxable income from For  | m 990-T, Part I, line 11            |  | Prior Year                      | Current Year  |
| T              |                         |                    |   |                                     | -  | 386,972.                        | 355,201   |
| 8              | Cor                     | tributions         | and grants (Part VIII, line 1h)   |                                     |  | 380,972.                        | 555,201   |
| 9              | Pro                     | dram serv          | ice revenue (Part VIII, line 2g)  |                                     | in in the second | 258.                            | 189   |
| 10             | ) Inve                  | estment in         | come (Part VIII, column (A), lines 3,   | 4, and 7d)                          |  | 0.                              | 10.   |
| 1              | 1 Oth                   | er revenue         | e (Part VIII, column (A), lines 5, 6d, 8                                      | 3c, 9c, 10c, and 11e)               |  | 387,230.                        | 355,390   |
| 12             | 2 Tota                  | al revenue         | - add lines 8 through 11 (must equ  | al Part VIII, column (A), line 12   | 9  | 30,550.                         | 25,447  |
| 13             | Gra                     | nts and si         | milar amounts paid (Part IX, column   | (A), lines 1-3)                     |  | 0.                              |   |
| 14             | Ben                     | efits paid         | to or for members (Part IX, column  | (A), line 4)                        | 0  | 148,754.                        | 202,576   |
| 15             | 5 Sala                  | aries, othe        | r compensation, employee benefits   | (Part IX, column (4), intes 5-1     | · · · · · · · ·  | 0.                              | 0   |
| 16             | Sa Pro                  | fessional f        | undraising fees (Part IX, column (A)  | (110 25) 28                         | 977.   |                                 |   |
|                | b Tota                  | al fundrais        | ing expenses (Part IX, column (D), 1<br>es (Part IX, column (A), lines 11a-11 |                                     |  | 77,572.                         | 113,435   |
| 17             | r Oth                   | er expens          | es. Add lines 13-17 (must equal Part  | IX column (A). line 25)             |  | 256,876.                        | 341,458   |
| 18             | s lota                  | al expense         | expenses. Subtract line 18 from lin   | a 12                                |  | 130,354.                        | 13,932  |
| 19             | Rev                     | enue less          | expenses, Subtract the 10 nonnin  |                                     | Beg  | ginning of Current Year         | End of Year   |
| 20<br>21<br>22 | Tate                    | I secole li        | Part X, line 16)  |                                     |  | 619,643.                        | 627,774   |
| 21             |                         |                    |   |                                     |  | 19,557.                         | 24,496  |
| 22             | Not                     | accate or          | fund balances. Subtract line 21 fro   | m line 20                           |  | 600,086.                        | 603,278   |
| -              | II IC                   | anature            | Block   |                                     |  | in the second second            |   |
|                | naltine                 | of nariury         | I declare that I have examined this return                                    | n, including accompanying sched     | ules and stateme   | ents, and to the best of my kr  | eowledge and belief, it is  |
| cor            | rect, an                | d complete.        | Declaration of preparer (other than offi                                      | cer) is based on all information of | which preparer   | has any knowledge.              |   |
|                | 1                       |                    |   |                                     |  | Date                            |   |
| 1              | Sig                     | nature of of       |   | WUP                                 |  | Mate                            |   |
| e              |                         |                    | ILLEGAS, EXECUTIVI<br>ame and title   | E DIRECTOR                          |  | ata Aust                        | PTIN  |
|                | Prin                    | t/Type preg        | parer's name  | Preparer's signature                |  | ate Check                       | and the second se |
|                | SA                      | NDRA               | D. CALLANAN, CPA  |                                     | 0  | 7/07/23 self-employed           | 1532215   |
| arer           | -                       | n's name           | CIRONEFRIEDBERG,  | LLP                                 |  | Firm's EIN 06 -                 | 12222212  |
| Daly           |                         | n's address        | 6 RESEARCH DRIVE  | , #450                              |  | 0.000                           | 266 5976  |
| -              |                         |                    | SHELTON, CT 06484   | 1                                   |  | Phone no. 203 -                 | X Yes N   |
| the            | IRS d                   | iscuss this        | s return with the preparer shown ab   | ove? See instructions               |  |                                 | Form 990 (202)  |
| LING           |                         |                    | or Paperwork Reduction Act Not  | an ana the congrate instru          | nons.  |                                 | 10111000 (202)  |

Department of Revenue Services State of Connecticut (Rev. 01/24) Print Form

Reset Form



Municipality: Bridgeport

### Form NAA-01

### 2024 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: Wakeman Memorial Association (dba Wakeman Boys & Girls Club

Address: Smilow-Burroughs Clubhouse, 2414 Fairfield Avenue, Bridgeport, CT 06605

Federal Employer Identification Number: 06-0662198

Program title: Enhancing Energy Efficiency and Environmental Sustainability at the Smilow-Burroughs Clubhouse

Name of contact person: Margaret Reynolds, Director of Foundation and Government Relations

Telephone number: 203-908-3381 x206

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$29,632

| Is your organization rec<br>from Income Tax?  | uired to file federal Form 990 c  | or 990EZ, Return of Organization Exempt |
|---|-----------------------------------|---|
| X Yes   | No                                |   |
| If Yes, attach a copy of                      | the first page of your most rea   | cent return.                            |
| If No, attach a copy of y<br>Revenue Service. | our determination letter from the | ne U.S. Treasury Department, Internal   |

### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- x \_ 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):

**Description of program:** The Smilow-Burroughs Clubhouse is dedicated to fostering a sustainable environment while prioritizing long-term cost efficiency. With a bustling 23,000 square foot facility hosting year-round activities, including sports leagues, After School Program, Summer Camp, and various community-focused initiatives, our commitment to energy efficiency remains steadfast.

**Need for program:** The Smilow-Burroughs Clubhouse gymnasium has 20 large single-pane windows dating back to the Clubhouse's construction in 2011. These windows require immediate attention to enhance insulation and mitigate heating and air conditioning expenses. To address this, we propose the installation of energy-efficient, motorized window coverings to provide insulation and regulate indoor temperatures effectively. The windows measure 14 feet from the bottom of the window to the gym floor therefore, motorized coverings are required for safety and efficiency of moving the shades open and closed as needed.

In addition, we aim to replace the Clubhouse's three original water coolers with modern water bottle filling machines. This initiative not only reduces waste by encouraging the use of reusable water bottles but also aligns with our environmental stewardship goals. By promoting sustainable practices among Club participants, we aim to foster a culture of conservation and responsibility towards our planet.

Neighborhood area to be served: Smilow-Burroughs Clubhouse is located in the West End of Bridgeport. After school and during the summer, The Club provides over 500 K-12th grade youth in the community with the opportunity to participate in impactful educational and enrichment programs that support long-term academic success, including successful high school graduation with a plan for college and career. No one is turned away regardless of their ability to pay.

Plan to implement the program: The project will begin as soon as Wakeman Boys & Girls Club receives notification of funding support through the Neighborhood Assistance Act program

### Timetable:

Program start date: 01/02/25 Program completion date: 1/31/25 Post-project audit due date: 3/3/25

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

### Program Budget:

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

| Sources of Revenue:   | \$29,632    |
|---|-------------|
| NAA funds requested   |             |
| Other funding sources - itemized sources:   |             |
|   |             |
| a) <u>N/A</u><br>b)   |             |
|   |             |
| c)  | \$29,632.00 |
| Total Funding:  |             |
| Proposed Program Expenditures:<br>Direct operating expenses - itemized description:<br>a) <u>Elkay LZSTL8WSSP Enhanced EZH2O Bottle Filling</u><br>Station, & Versatile Bi-Level ADA Cooler, Filtered 8 GPH | \$6,882.00  |
| Station, & Versaule Dr  | \$5,250.00  |
| Stainless (3)         b) Water Cooler Installation(EMCORNew England         Mechanical)   | \$17,500.00 |
| c) Motorized shades for gymnastum (20)<br>installation (Draperies, Inc)<br>d)   |             |
| A description.  |             |
| a)  |             |
| a)<br>b)  |             |
| b)<br>c)<br>d)  |             |
|   | \$29,632.00 |
| Total Proposed Expenditures:  |             |

### Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation o |   |
|--|---|
| Mailing address:                                     |   |
| Name of municipal liaison:                           |   |
| Telephone number:                                    |   |
| Fax number:  | - |
| Email address:                                       |   |

| Post-Pro                   | ject Audit                |
|----------------------------|---------------------------|
| Is a post-project audit re | equired for this proposal |
| T Yes                      | D No                      |
| If Yes, date post-         | -project audit due:       |
| D                          | ate                       |

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

**Post-Project Audit:** Any program receiving \$25,000 or more in NAA funding is required to provide a postproject audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. Email any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

|               | 990   | EXTENDED TO JUNE 1<br>Return of Organization Exemp<br>Under section 50 1(c), 527, or 4947(a)(1) of the Internal Rev        | ot From I<br>enue Code (exc         | chr hundre ingringen in      | OMB No. 1545 (704)           |
|---------------|---|--|-------------------------------------|------------------------------|------------------------------|
|               | ni of the Treasury  | Do not enter social security numbers on this is<br>Content on the security numbers on this is now/Form990 for instructions | orm as it may t<br>s and the latest | information.                 | Open to Public<br>Inspection |
| ternal Fli    | avenue Service  | ndar year, or tax year beginning AUG 1, 2021   | and ending J                        | 01 51, 2022                  |                              |
|               |   | hoar year, or tax year organiting  |                                     | D Employer identificat       | ion number                   |
| Check         | c it C Name   | of organization  |                                     |                              |                              |
| Ad            |   | EMAN MEMORIAL ASSOCIATION, INC   |                                     |                              |                              |
| Na            |   | business as WAKEMAN BOYS & GIRLS CLU   | в                                   | 06 0662198                   | }                            |
| Ini           | tial Doing  | per and street (or P.O. box it mail is not delivered to street address)  | Room/suite                          | E Telephone number           | 201                          |
| Fir           | nal 268   | POST ROAD 2ND FLOOR  | -                                   | (203)908-3                   | 17,327,320.                  |
| ter<br>ate    | min- City o   | r town, state or province, country, and ZIP or foreign postal code   | 1                                   | G Gross receipts \$          |                              |
| An            | nended FAT  | RETELD. CT 06824   |                                     | H(a) Is this a group retu    | Yes X No                     |
|               | plica- E Man  | and address of principal officer SABRINA E. SMELT  |                                     | for subordinates?            | present present              |
| pe            | inding 268  | POST ROAD, ZND FLOOR, FRIRITEDD,   | CT 068                              |                              |                              |
| Tax           | exempt status   |  | a)(1) or 527                        | H(c) Group exemption r       |                              |
| Wel           | hsite: WWW  | V.WAKEMANCLUB.ORG  | L. Ver                              | of formation: 1920 MS        | tate of legal domicile: CT   |
| Forn          | n of organization   | X Corporation Trust Association Other  | IL rear                             | or idiliauon, To a of Mic    |                              |
| Part          | 1 Summa   | ry   | MMTINITTY                           | YOUTH SERVICE                | ES                           |
|               | 1 Briefly desc  | cribe the organization's mission or most significant activities: CC  | MACHINI                             | 100111 00111-0               |                              |
|               |   | box > if the organization discontinued its operations or   | disposed of mor                     | e than 25% of its net asse   | ets.                         |
|               | 2 Check this  | box > if the organization discontinued its operations of t   | alaposed or mor                     | 3                            |                              |
|               | 3 Number of   | voting members of the governing body (Part VI, line 1a)  | 16)                                 | 4                            | 3:                           |
|               | 4 Number of   | independent voting members of the governing body (Part VI, line  |                                     | 5                            | 16                           |
|               | 5 Total numb  | er of individuals employed in calendar year 2021 (Part V, line 2a)   |                                     | 6                            |                              |
|               | 6 Total numb  | per of volunteers (estimate if necessary)<br>ated business revenue from Part VIII, column (C), line 12                     |                                     | 7a                           | 0                            |
| 2             | 7 a Total unrela  | ted business taxable income from Form 990 T, Part I, line 11   |                                     | 7b                           | 0                            |
| +             | b Net unrelat   | ed business (axable income norm on roos in art, and  |                                     | Prior Year                   | Current Year                 |
| 1.            | e contributio   | ons and grants (Part VIII, line 1h)  |                                     | 4,758,254.                   | 9,667,644                    |
| 5 1           | 8 Contributio   | ervice revenue (Part VIII, line 2g)  |                                     | 588,055.                     | 772,605                      |
|               | 9 Program se<br>10 Investment   | t income (Part VIII, column (A), lines 3, 4, and 7d)   |                                     | 318,395.                     | 347,696                      |
|               | 11 Other reve   | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -                                   | 63,444.                      | 10,913,041                   |
|               | 12 Total rever  | nue add lines 8 through 11 (must equal Part VIII, column (A), line   | 12)                                 | 5,728,148.                   | 10,913,041                   |
|               | 13 Grants and   | d similar amounts paid (Part IX, column (A), lines 1-3)  | -                                   | 0.                           | 0                            |
| 1.1           | 14 Repetits D   | aid to or for members (Part IX, column (A), line 4)  | -                                   | 1,903,133.                   | 2,180,068                    |
| 0 1           | 15 Salaries, o  | ther compensation, employee benefits (Part IX, column (A), lines   | 5-10)                               | 1,303,133.                   | 0                            |
| SU            | 16a Profession  | al fundraising fees (Part IX, column (A), line 11e)  | 8,252.                              |                              | and the second               |
| a             | b Total fund  | raising expenses (Part IX, column (D), Ine 25)   | 0,634.                              | 934,729.                     | 1,375,901                    |
|               | 17 Other exp  | enses (Part IX, column (A), lines 11a-11d, 11f-24e)  | +                                   | 2,837,862.                   | 3,555,969                    |
|               | 18 Total expe   | nses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | - F                                 | 2,890,286.                   | 7,357,072                    |
|               | 19 Revenue l  | ess expenses. Subtract line 18 from line 12  |                                     | Beginning of Current Year    | End of Year                  |
| Fund Balances |   | Charles and an   | F                                   | 16,157,524.                  | 24,372,927                   |
| Bala          |   | its (Part X, line 16)  | F                                   | 471,080.                     | 2,208,435                    |
| Sel           | 21 Total liabil   | ities (Part X, line 26)  | F                                   | 15,686,444.                  | 22,164,492                   |
|               | and the second se | s or fund balances. Subtract line 21 from line 20  |                                     |                              |                              |
|               | t II Signa  | I deplace that I have exampled this return including accompanying  | chedules and stat                   | ments, and to the best of my | knowledge and belief, it is  |
| Inder         | penalties of perj   | plete. Declaration of preparer (other than officer) is based on all information  | on of which prepa                   | rer has any knowledge.       |                              |
| rue, c        | orrect, and com   | hieler ereneration of historical factor reaction of historical   |                                     |                              |                              |
| Sign<br>Here  | SA  | ature of officer<br>BRINA E. SMELTZ, CEO   |                                     | Date                         |                              |
|               |   | e or print name and tille Preparer's signature   |                                     | Date Check                   | PTIN                         |
|               | Print/Type  | picparci a indirio   | RRANCA,                             | 05/25/23 sell-emp ye         | P00591111                    |
| Paid          |   | A V. DARIGHTON, CALL PLAN  |                                     |                              | 06 1415579                   |
| Prepa         | arer Firm's na  | dress 368 CENTER STREET  |                                     |                              |                              |
| Use (         | Firm's ad   | SOUTHPORT, CT 06890  |                                     | Phone no.20                  | 3.254.7000                   |
| _             |   | a this return with the preparer shown above? See instructions  |                                     |                              | X Yes N                      |

May the IRS discuss this return with the preparer shown above role interesting 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



### Form NAA-01

### 2024 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 exer<br>Bridgeport Public I                      |                  |                                     | gency:   |
|--|------------------|-------------------------------------|--|
| Address: 271 Par   | rk Ave, Bridge   | port, CT 06604                      |  |
| Federal Employe  | er Identificatio | n Number:06-'                       | -1379383   |
|  |                  |                                     | nd Energy Efficient Repairs and Upgrades   |
| Name of contact  | person: Fa       |                                     |  |
| Telephone numb   | er:              |                                     |  |
|  |                  |                                     | um, \$150,000 maximum): \$ <u>150,000.00</u>                                     |
| Is your organ<br>from Income                                 | nization requi   | red to file federa                  | al Form 990 or 990EZ, Return of Organization Exempt                              |
| X  | Yes              | No                                  |  |
| If <b>Yes</b> , attac<br>If <b>No</b> , attach<br>Revenue Se | a copy of yo     | ne first page of your determination | your most recent return.<br>n letter from the U.S. Treasury Department, Internal |

### Part II - Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- \_X\_ 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): \_\_\_\_\_

#### Description of program:

The purpose of this grant is to provide energy construction upgrades to the buildings on the University of Bridgeport campus which are used to support the offices of the BPEF. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program:

The University of Bridgeport is a 98-year-old institution which is comprised of many older buildings that were built before modern construction programs were in place. Many of the buildings do not meet current energy standards and are expensive to operate.

Neighborhood area to be served:

Bridgeport

Plan to implement the program:

AS funds are received, work will be bid on and commence on UB properties according to the correct job specifications and estimates.

Faith Villegas-Executive Director-Coordination of the programs.

Bryant Harrell, University of Bridgeport-Oversight of work according to job specifications.

### Timetable:

| Program start date: 12/31/20 | )24            |
|------------------------------|----------------|
| r rogram otart dato:         | MM - DD - YYYY |
| Program completion date: 1   | 2/31/2025      |
| Post-project audit due date: | 03/31/2026     |
| i oot projoot daan dae aan   | MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III - Financial Information

### Program Budget:

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

#### Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:                                    | \$150,000.00 |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) Contracts for energy efficent upgrades         | \$150,000.00 |
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  | -            |
| Total Proposed Expenditures:                      | \$150,000.00 |

### Part IV — Municipal Information

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

| Mailing address:   | and the second s |
|--|--|
| 999 Broad Street, Bridgeport, CT 06604                                 |  |
| Name of municipal liaison: Max Perez, Director of Business Development |  |
| Telephone number: (203) 576-3976                                       |  |
| Fax number: (203) 576-3979   |  |



| 990  | Return of Organization Exempt From   | Income Tax   | K   | OMB No. 1545-0047   |
|--|--|--|---|---|
| 330  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code<br>Do not enter social security numbers on this form as it may   |  | 2021  |   |
| ment of the  | ▶ Go to www.irs.gov/Form990 for instructions and the   | Open to Public   |   |   |
| ry<br>I Revenue Service  |  |  |   | Inspection  |
|  | alendar year, or tax year beginning 01-01-2021 , and ending 12-3.  | 1-2021   |   |   |
| ck if applicable:  | C Name of organization   | DEm  | nployer ide   | ntification number  |
| dress change<br>me change  | BRIDGEPORT PUBLIC EDUCATION FUND INC   | 06   | -1379383  |   |
| tial return  | Doing business as  |  |   |   |
| inal return/terminated Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite  |  | E Tel  | E Telephone number<br>(203) 331-0551  |   |
| plication pending  | 446 UNIVERSITY AVENUE  |  |   |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>BRIDGEPORT, CT 06604   | <b>G</b> Gri   | oss receipts  | \$ 387,230  |
|  | F Name and address of principal officer:   | H(a) Is this a grou  | up return f   | or  |
|  | FAITH VILLEGAS   | subordinates   | ?   | Yes No  |
|  | 446 UNIVERSITY AVENUE<br>BRIDGEPORT, CT 06604  | H(b) Are all subor<br>included?  | dinates   | Yes No  |
| -exempt status:  | ✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527   |  | ch a list. Se   | ee instructions.  |
| ebsite: > WW   |  | H(c) Group exem  | ption numb  | per Þ   |
| n of organization:   | : 🗹 Corporation 🗋 Trust 🗋 Association 🗋 Other 🕨  | L Year of formation: 19  | 993 M St  | ate of legal domicile: CT   |
| nt I Sum   | mary   |  |   |   |
| AND SOLID<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN  | ASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BR<br>CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEA<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>HEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDP<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR   | NOL SYSTEM; TO ACT<br>RNING FOR THE BRID<br>, AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI   | PROCESS<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>HEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDS<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE CA<br>CACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRID<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>IS AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN T  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>FHE BRIDG   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)   | OL SYSTEM; TO ACT<br>RNING FOR THE BRID<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>IS AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN T  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>HE BRIDG  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>WG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRID<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>IS AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN T  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>HE BRIDG  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7a Total num   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>VG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7a Total unn   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>WG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>RIDGEPOR<br>RIDGEPOR<br>net assets  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0  |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>5 Net unrel  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>mber of volunteers (estimate if necessary)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                     | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>RIDGEPOR<br>RIDGEPOR<br>net assets  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0  |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>b Net unrel<br>8 Contribut  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>VG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                     | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year  |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>b Net unrel<br>8 Contribut<br>9 Program   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>nber of volunteers (estimate if necessary)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                     | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>HE BRIDG<br>net assets  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>6 Total num<br>7 Total unrel<br>8 Contribut<br>9 Program<br>10 Investme  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>WG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>nber of volunteers (estimate if necessary)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                     | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>INE BRIDG<br>Net assets.  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>258<br>0  |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICCE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>WG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>mber of volunteers (estimate if necessary)<br>is and grants (Part VIII, line 1h)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED O<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                   | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>net assets   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>256   |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE CA<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>related business revenue from Part VIII, column (C), line 12<br>Is and grants (Part VIII, line 1h)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED O<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>Nore than 25% of its                   | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>NET ASSETS<br>0<br>0<br>355<br>0   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>387,230<br>30,550   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>6 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>VG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>nber of volunteers (estimate if necessary)<br>is and grants (Part VIII, line 1h)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BH<br>OMOTE CHANGE IN T<br>TO THE GREATER BH<br>OMOTE CHANGE IN T | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>IHE BRIDG<br>net assets.<br>296,004<br>0<br>355<br>0<br>296,359<br>28,949<br>0  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>255<br>0<br>387,230<br>30,550   |
| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM: 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>6 Total num<br>7 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>IEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>VG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box b if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>mber of volunteers (estimate if necessary)<br>related business revenue from Part VIII, column (C), line 12<br>lated business taxable income from Form 990-T, Part I, line 11<br>tions and grants (Part VIII, line 1h)   | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BH<br>OMOTE CHANGE IN T<br>TO THE GREATER BH<br>OMOTE CHANGE IN T | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>IN<br>10 CEPOR<br>THE BRIDG<br>IN<br>296,004<br>0<br>296,359<br>28,949<br>0<br>151,091   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>387,230<br>30,550   |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>6 Total num<br>7 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,<br>16 Professio  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>ILEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>CACE IN THE GREATER BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE C<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box I if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>Inber of individuals employed in calendar year 2021 (Part V, line 2a)<br>mber of volunteers (estimate if necessary)<br>related business revenue from Part VIII, column (C), line 12<br>Inter of volunteers (Part VIII, line 1h) | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BH<br>OMOTE CHANGE IN T<br>TO THE GREATER BH<br>OMOTE CHANGE IN T | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>IHE BRIDG<br>net assets.<br>296,004<br>0<br>355<br>0<br>296,359<br>28,949<br>0  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>255<br>0<br>387,230<br>30,550   |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>6 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,<br>16 Professio<br>b Total fundi  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>ILEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE C<br>ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | OL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED I<br>TO THE GREATER BH<br>OMOTE CHANGE IN T<br>TO THE GREATER BH<br>OMOTE CHANGE IN T | AS A CAT<br>DGEPORT F<br>IO TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>net assets   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>7b 0<br>Current Year<br>386,972<br>0<br>258<br>0<br>0<br>387,230<br>30,550<br>0<br>148,754  |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total num<br>6 Total num<br>7 Total num<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,<br>16 Professio<br>b Total fundi<br>17 Other exp   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAN<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAN<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>HEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDF<br>(CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>INTHE GREATER BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE C<br>ACCE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)<br>of independent voting members of the governing body (Part VI, line 1b) .<br>mber of individuals employed in calendar year 2021 (Part V, line 2a)<br>mber of volunteers (estimate if necessary)<br>related business revenue from Part VIII, column (C), line 12<br>lated business taxable income from Form 990-T, Part I, line 11<br>tions and grants (Part VIII, line 1b)        | DOL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>nore than 25% of its<br>Prior Yea       | AS A CAT<br>DGEPORT F<br>IO TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>net assets   | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3 18<br>4 17<br>5 28<br>6 0<br>7a 0<br>7b 0<br>Current Year<br>386,972<br>0<br>0<br>Current Year<br>386,972<br>0<br>0<br>255<br>0<br>0<br>148,754<br>0<br>0<br>77,572  |
| TO INCRE/<br>AND SOLII<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>2 Check thi<br>3 Number of<br>4 Number of<br>5 Total num<br>6 Total num<br>6 Total num<br>7 Total unm<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits 1<br>15 Salaries,<br>16 Professio<br>b Totai fundi<br>17 Other exp<br>18 Total exp  | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCH<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAR<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>HIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDR<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O<br>ACCE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)   | DOL SYSTEM; TO ACT<br>RNING FOR THE BRIG<br>AND EFFECTIVE, AN<br>REN'S EDUCATIONAL<br>S AND TO INCREASE<br>CHALLENGES FACED<br>TO THE GREATER BI<br>OMOTE CHANGE IN 1<br>nore than 25% of its<br>Prior Yea       | AS A CAT<br>DGEPORT F<br>IO TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>net assets<br>r<br>P<br>296,004<br>0<br>355<br>0<br>296,359<br>28,949<br>0<br>151,091<br>0<br>81,082<br>261,122  | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3<br>3<br>4<br>4<br>17<br>5<br>28<br>6<br>0<br>7a<br>0<br>7b<br>0<br>Current Year<br>386,972<br>386,972<br>0<br>0<br>148,754<br>0<br>77,572<br>256,876   |
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| TO INCRE/<br>AND SOLIT<br>DEVELOPM<br>SYSTEM; 1<br>SUCH ACH<br>COMMUNI<br>EXCELLEN<br>THEIR PLA<br>REGARDIN<br>4 Number of<br>5 Total num<br>6 Total num<br>7 Total unrel<br>8 Contribut<br>9 Program<br>10 Investme<br>11 Other rev<br>12 Total rev<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,<br>16 Professio<br>b Total fundr<br>17 Other ex)<br>18 Total exp<br>19 Revenue   | CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLICS SCHO<br>MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEAN<br>TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE,<br>HIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILD<br>CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE<br>(CE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE<br>CACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION<br>NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR<br>is box ▶ ☐ if the organization discontinued its operations or disposed of m<br>of voting members of the governing body (Part VI, line 1a)  | Beginning of Curr  | AS A CAT<br>DGEPORT F<br>ID TO REC<br>PROCESS;<br>PUBLIC A<br>BY URBAN<br>RIDGEPOR<br>THE BRIDG<br>net assets<br>net assets<br>296,004<br>0<br>3555<br>0<br>296,359<br>28,949<br>0<br>151,091<br>0<br>151,091<br>0<br>81,082<br>261,122<br>35,237<br>rent Year                          | ALTST FOR THE<br>PUBLIC SCHOOL<br>DGNIZE THEM FOR<br>TO STRENGTHEN<br>WARENESS OF<br>EDUCATION AND<br>T COMMUNITY<br>EPORT SCHOOLS.<br>3<br>3<br>4<br>4<br>7<br>5<br>28<br>6<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>current Year<br>3<br>86,972<br>3<br>0<br>7<br>c<br>2<br>5<br>6<br>0<br>7<br>a<br>0<br>7<br>b<br>0<br>7<br>current Year<br>3<br>86,972<br>0<br>0<br>7<br>current Year<br>3<br>87,230<br>3<br>0,550<br>0<br>0<br>7<br>current Year<br>3<br>87,230<br>3<br>0,550<br>0<br>0<br>7<br>current Year<br>3<br>8<br>7,737<br>2<br>5<br>6<br>0<br>7<br>current Year<br>3<br>8<br>7,737<br>2<br>5<br>6<br>0<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 |
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Partil Signature Block er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my wiedge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



### Form NAA-01

### 2024 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: Ct State Community College Housatonic

Address: 900 Lafayette Boulevard Bridgeport, CT 06604

Federal Employer Identification Number: 76-0729241

Program title: Housatonic Museum of Art LED Upgrades

Name of contact person: Mario Pierce

203-332-5015 Telephone number:

Email address: mario.pierce@ctstate.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,000

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

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): \_\_\_\_\_

Description of program:

Retrofit existing flourent light fixtures with the Art Gallery Spaces across campus with LED fixtures that provide enhanced lighting and energy efficiency.

Need for program:

Community College finances have been greatly affected like other sectors during the pandemic.

This funding would greatly assist HCC with upgrading the lighting in our art gallery and provide

the energy efficiency benefits and better lighting. The HMA is used by the entrie community and

at no cost.

Neighborhood area to be served:

Housatonic Community College is located in Bridgeport, Connecticut's largest city, and serves an eleven-town area in Southwestern Connecticut. The Museum of Art is open to the public during all hours of operation and is provided at no cost.

Plan to implement the program:

We plan to implement this project as soon as funds are received. We will be utilizing a state vendor who has partnered with us to do much of our LED work thus far.

Form NAA-01 (Rev. 01/24)

Timetable:

| Program start date:         | 1/2024         |
|-----------------------------|----------------|
| Program completion date:    | 12/31/24       |
|                             | MM - DD - YYYY |
| Post-project audit due date | MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

### Part III — Financial Information

#### **Program Budget:**

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

### Sources of Revenue:

| NAA funds requested                               | \$10,000 |
|---|----------|
| Other funding sources - itemized sources:         |          |
| a)  |          |
| b)  |          |
| c)  |          |
| d)  |          |
| Total Funding:                                    |          |
| Proposed Program Expenditures:                    |          |
| Direct operating expenses - itemized description: |          |
| a)  |          |
| b)  |          |
| c)  |          |
| d)  |          |
| Administrative expenses - itemized description:   |          |
| a)  |          |
| b)  |          |
| c)  |          |
| d)  |          |
| Total Proposed Expenditures:                      | \$10,000 |

### 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-Pro                  | oject Audit                |
|---------------------------|----------------------------|
| ls a post-project audit r | equired for this proposal? |
| 🗖 Yes                     | 🗖 No                       |
| If Yes, date pos          | t-project audit due:       |
|                           | Date                       |

Form NAA-01 (Rev. 01/24)

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| Purchaser is:   |   |  |   |
|---|---|--|---|
| United States   |   | - State of Connecticut   | onic Community College #76-0729241                      |
| Nan   | ne of agency  | Name   | e of agency (List exemption number, if any.)            |
| Federal credit union  |   | Connecticut municipality   | Town or district and agency                             |
| Nan   | ne of credit union  |  | Town of district and agoney                             |
| Other entity exempted by Con  | mecticut law  | Name of entity   | Exempting Connecticut statute                           |
| □ Other entity exempted by fede   |   | value of entry   | 1 0   |
| Guide entity exempted by read   | 1   | Name of entity   | Exempting federal statute                               |
|   |   | or check box if acknowledgment letter  | from DRS is attached.                                   |
| Connecticut Development Au  |   |  |   |
| Agent of a qualifying governme<br>Name of agent:  | nental agency listed above (Attac   | h documentation of appointment as age  | nt.)  |
| Agent's CT Tax Registration   | Number:   | Agent's Federal Employer ID N  | Number:   |
| Name of qualifying governme   | ental agency:   |  |   |
| Appointed agent for making t  | he following types of purchases:  |  |   |
|   |   |  |   |
|   |   | CT 06604 4704  |   |
| Address of purchaser: 900 Lafa  | ayette Biva, Bridgeport   | C1 00004-4704  |   |
| Name of seller  | Address   |  | CT Tax Registration Number                              |
| City of Bridgeport  | PO Box 621  |  | (If none, explain.)                                     |
| ony of bridgepoin   | Bridgeport, CT 066  | 01   | Federal Employer ID Number                              |
|   |   |  | 06-6001865  |
| Check one box:  |   |  | 0000000   |
|   | T-134 may not be used as a blank  | et certificate for purchases of tangible p   | ersonal property for resale at any one of five          |
| fundraising or social even  | te per calandar year exempt unde  | er certificate ter paratitier at an Orace P  |   |
| and the second se | its per carendar year exempt and  | er Conn. Gen. Stat. §12-412(94). See be  | low.)   |
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| Purchases that qualify for  | ise only<br>r exemption under Conn. Gen. Sta  | er Conn. Gen. Stat. §12-412(94). See be<br>at. §12-412(94). Indicate the number of   | low.)<br>prior fundraising or social events during this |
| Purchases that qualify for calendar year for which y  | use only<br>r exemption under Conn. Gen. Sta<br>rou claimed exemption under Con   | er Conn. Gen. Stat. §12-412(94). See be<br>at. §12-412(94). Indicate the number of<br>in. Gen. Stat. §12-412(94):  | low.)   |
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| <ul> <li>Purchases that qualify for calendar year for which y</li> <li>Check the appropriate box(es) and</li> <li>Tangible personal property</li> </ul>   | ase only<br>r exemption under Conn. Gen. Sta<br>you claimed exemption under Cor<br>I provide a written description of   | er Conn. Gen. Stat. §12-412(94). See be<br>at. §12-412(94). Indicate the number of<br>in. Gen. Stat. §12-412(94):  | low.)   |
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| Purchases that qualify for<br>calendar year for which y<br>Check the appropriate box(es) and  | ase only<br>r exemption under Conn. Gen. Sta<br>you claimed exemption under Corr<br>l provide a written description of<br>ty Taxable services   | r Conn. Gen. Stat. §12-412(94). See be<br>at. §12-412(94). Indicate the number of<br>in. Gen. Stat. §12-412(94):<br>each item purchased:   | low.)   |
| <ul> <li>Purchases that qualify for calendar year for which y</li> <li>Check the appropriate box(es) and</li> <li>Tangible personal propert</li> <li>Description:</li> <li>Building Services</li> </ul>   | exemption under Conn. Gen. Sta<br>you claimed exemption under Corn<br>I provide a written description of<br>ty I Taxable services<br>Declar   | r Conn. Gen. Stat. §12-412(94). See be<br>at. §12-412(94). Indicate the number of<br>in. Gen. Stat. §12-412(94):<br>each item purchased:<br>ration by Purchaser  | low.)<br>prior fundraising or social events during this |
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If the purchaser is an entity exempted under Connecticut law other than Conn. Gen. Stat. §12-412(1)(A), I have entered the citation of the exempting law above. If the purchaser is an entity exempted under federal law, I have entered the citation of the exempting law above, or, if there is no specific statutory authority, I have attached a copy of the letter from DRS acknowledging the exempt status.

If the purchaser is an agent of a qualifying governmental agency, I have attached a copy of the document from the qualifying governmental agency expressly designating the purchaser as agent.

CERT-134, Exempt Purchase by Qualifying Governmental Agencies (Rev. 07/09)

IRS Department of the Treasury Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248222025 Sep. 18, 2018 LTR 4076C 0 13-4310869 0000000 00 00013793 BODC: TE

HOUSATONIC COMMUNITY COLLEGE % RALPH T TYLER 900 LAFAYETTE BLVD BRIDGEPORT CT 06604-4704

002268

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Federal Identification Number: 13-4310869 Person to Contact: Customer Service Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

#### GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or Charitable contributions to governmental units are departments. tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose,

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1) An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

### TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.

Internal Revenue Service

Date: March 10, 2006

STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER % ANDREW LEINER PAYROLL EXAMINER II 55 ELM ST HARTFORD CT 06106-1746 991 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact: Mr. Mason 31-07424 Customer Service Specialist Toll Free Telephone Number: 877-829-5500 Federal Identification Number: 06-6000798

Dear Sir/Madam:

This is in response to your request of March 10, 2006, regarding your organization's exemption from Federal income tax.

As a governmental unit or a political subdivision thereof, your organization is not subject to Federal income tax under the provisions of Section 115(1) of the Internal Revenue Code, which states in part:

"Gross income does not include income derived from ... the exercise of any essential governmental function and accruing to a State or any political subdivision thereof ..."

Because your organization is a governmental unit or a political subdivision thereof, its income is not taxable as explained above. Contributions used exclusively for public purposes are deductible under Section 170(c)(1) of the Code.

Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Your organization may obtain a letter ruling on its status under section 115 by following the procedures specified in Rev. Proc. 2004-1 or its successor.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

for Janna K. Skufca, Director, TE/GE Customer Account Services Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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 ex<br>Bridgeport Carit |                          |                       | gency:   |
|------------------------------------|--------------------------|-----------------------|--|
| Address: 1067                      | Park Avenue,             | Bridgeport, CT 0660   | D4   |
| Federal Emplo                      | yer Identifica           | tion Number: 20-0     | 0421577  |
| Program title:                     | Workforce T              | echnology Program     |  |
| Name of conta                      | ict person: _            | John Torres, Execut   | ive Director                                       |
| Telephone nun                      | (203) 9<br>nber:         | 13-0073               |  |
| Email address:                     | jtorres@bc               | yl.org                |  |
| Total NAA fun                      | nding reques             | sted (\$250 minimu    | m, \$150,000 maximum): \$ <u>150,000.00</u>        |
| Is your org<br>from Incom          | anization rec<br>ne Tax? | uired to file federal | I Form 990 or 990EZ, Return of Organization Exempt |
| ×                                  | Yes                      | No                    |  |
| If Yes, atta                       | ich a copy of            | the first page of y   | rour most recent return.                           |
| If No, attac                       | ch a copy of             | your determination    | letter from the U.S. Treasury Department, Internal |

### 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;
- X Program serving low-income persons;
- \_\_\_\_\_ Child care services;
- \_\_\_\_\_ Establishment of a child day care facility;
- \_\_\_\_\_ Open space acquisition fund; or
- \_\_\_\_ Other (specify): \_\_\_\_\_

#### Description of program:

BCYL functions as a unique social and economic development organization. The purpose of this program is to provide pre-vocational and vocational education for 100 local residents, so that they may be more prepared for employment in this region.

Need for program:

There is a growing disconnect between a diverse local population and the workforce opportunities in the region. There is a significant need for basic and pre-vocational education to connect the large population of unemployed and unskilled residents to existing jobs and future opportunities in higher education. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served:

Bridgeport Labor Market Area (as described by the CT DOL)

Plan to implement the program:

John Torres, BCYL-Executive Director--Overall management of agency and coordination of the program. University of Bridgeport-Training in vocational areas and ESL.

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 2 of 5

### Timetable:

| Program start date: 12/31/20 | )24                          |
|------------------------------|------------------------------|
|                              | MM - DO - YYYY               |
| Program completion date: _1  | 12/31/2025<br>MM - DD - YYYY |
| Post-project audit due date: | 03/31/2026                   |
| i our project and and and    | MM - DD - YYYY               |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III - Financial Information

#### **Program Budget:**

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

### Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

| a) | <br> |
|----|------|
|    |      |
| c) | <br> |
| d) | <br> |

\$150,000.00

\$150,000.00

**Total Funding:** 

### Proposed Program Expenditures:

Direct operating expenses - itemized description:

| a) Tuition                                      | \$150,000.00 |
|---|--------------|
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description: |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:                    | \$150,000.00 |

Form NAA-01 (Rev. 01/24)

## 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:     |   |
|--|---|
| City of Bridgeport, Office of Planning & Economic Development          |   |
| Mailing address:   |   |
| 999 Broad Street, Bridgeport, CT 06604                                 |   |
| Name of municipal liaison: Max Perez, Director of Business Development |   |
| Telephone number: (203) 576-3976                                       | - |
| Fax number: (203) 576-3979   | - |
| Email address:   |   |

| Post-Proj                 | ect Audit               |
|---------------------------|-------------------------|
| s a post-project audit re | quired for this proposa |
| X Yes                     | No                      |
| If Yes, date post-        | project audit due:      |
| 03/31/                    | 2026                    |
| Da                        | ite                     |

Form NAA-01 (Rev. 01/24)

|  | rint - DO NOT PROCESS   As Filed Data -  | Income           | lax  | -   | 0.01   |
|--|--|------------------|--|---|--|
| 90   | Return of Organization Exchapter<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  | be made put      | olic.  | Ope   | 021<br>In to Public<br>Inspection  |
| pent of the  | <ul> <li>Do not enter social security numbers on university of the security numbers of the securit</li></ul> |                  |  |   |  |
| Revenue Service  | invine 01-01-2021 , and ending 12-31   | -2021            | D Employer ide   | ntificatio  | on number  |
| or the 2021 ca   | elendar year, or tax year beginning 01-01-2021 , and ending 12-31  |                  |  |   |  |
| k if applicable:<br>fress change   | C Name of organization<br>BRIDGEPORT CARIBE YOUTH LEADERS INC  |                  | 20-0421577   |   |  |
| me change  | Doing business as  |                  | E Telephone nur  | mber  |  |
| tial return<br>al return/terminated  | Number and street (or P.O. box if mail is not delivered to street address) Room/suit   | te               | (203) 913-0  |   |  |
| plication pending  |  |                  |  |   | 751  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>BRIDGEPORT, CT 06604   | H(a) Is th       | G Gross receipt  |   |  |
|  | F Name and address of principal officer:   | - who            | rdinates7  |   | Yes No   |
|  | 10HN TORRES  | H(b) Are a       | all subordinates   |   | Yes No   |
|  | I067 PARK AVENUE<br>BRIDGEPORT, CT 06604   | inclu            | ided?<br>Io," attach a list.   | See ins   | tructions.   |
| ax-exempt status   | 4947(a)(1) or 1 527  | H(c) Grou        | up exemption nu  | mber 🕨  |  |
|  | WW.BCYL.ORG  | L Year of lon    | mation: 2003 M   | State of  | legal domicile: CT   |
|  | on: 🗹 Corporation 🗋 Trust 🗋 Association 🗋 Other Þ  | L fear of lon    |  |   |  |
|  | mmary<br>lescribe the organization's mission or most significant activities:<br>VIDE YOUTH WITH ENRICHMENT PROGRAMS AND ACTIVITIES VIA THE SPO<br>NG THEM TO ROLE MODELS, MENTORS AND SUPPORT NECESSARY FOR TH<br>NG THEM TO ROLE MODELS, VOCATIONAL PROGRAM OR WORKFORCE UPON G<br>AY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OR WORKFORCE UPON G<br>C. CUCCESCHI, CONTRIBUTING MEMBERS IN THEIR COMMUNITY.   | RADUATING        | FROM HIGH SCH  | OOL SO  | THEY CAN   |
| PATHW  | AY TO ATTEND COLLEGE, VOCATIONAL PROBABLY IN THEIR COMMUNITY.  |                  |  |   |  |
| BECOM  | AY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OK NOMUNITY.  |                  |  |   |  |
|  |  |                  |  |   |  |
| _  |  |                  | not stille not ac  | ote.  |  |
|  | tions or disposed o  | f more than 2    | 5% of its net as   | 121   | 14   |
| > Check  | this box  I if the organization discontinued its operations or disposed o  | f more than 2    | . 5% of its net as   | 3   | 14   |
| 2 Check<br>3 Numb  | this box  if the organization discontinued its operations or disposed o<br>er of voting members of the governing body (Part VI, line 1a)   | f more than 2    |  |   |  |
| 3 Numb   | er of voting memoers of the governing body (Part VI, line 1b)  | f more than 2    |  | 5   | 14   |
| 3 Numb<br>4 Numb   | er of independent voting members of the governing body (Part VI, line 1b)<br>er of independent voting members of the governing body (Part VI, line 2a)   | f more than 2    |  | 5   | 14<br>23   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total   | er of voting memory of independent voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)   |                  |  | 5<br>6<br>7a  | 14<br>23<br>170<br>0   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total   | er of voting memory of independent voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)   |                  | <br><br>   | 5   | 14<br>23<br>170<br>0<br>0  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total   | er of voting memory of independent voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)   |                  | Prior Year   | 5<br>6<br>7a<br>7b  | 14<br>23<br>170<br>0<br>Current Year   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Net u  | er of voting memory with the second s       |                  | Prior Year<br>679,4  | 5<br>6<br>7a<br>7b<br>497   | 14<br>23<br>170<br>0<br>Current Year<br>966,332  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Net u  | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>nurelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)   |                  | Prior Year   | 5<br>6<br>7a<br>7b<br>497   | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Net u<br>8 Cont  | er of voting memorie voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>mrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)   |                  | Prior Year<br>679,4<br>32,<br>2,   | 5<br>6<br>7a<br>7b<br>497<br>704<br>021   | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>64  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog  | er of Voting memous voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)   |                  | Prior Year<br>679,4<br>32,<br>2,<br>-14,   | 5<br>6<br>7a<br>7b<br>197<br>704<br>021<br>055  | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>64<br>64  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve   | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a) .<br>number of volunteers (estimate if necessary) .<br>unrelated business revenue from Part VIII, column (C), line 12 .<br>inrelated business taxable income from Form 990-T, Part I, line 11 .<br>ributions and grants (Part VIII, line 1h) .<br>ram service revenue (Part VIII, line 2g) .<br>stment income (Part VIII, column (A), lines 3, 4, and 7d ) .   |                  | Prior Year<br>679,4<br>32,<br>2,   | 5<br>6<br>7a<br>7b<br>197<br>704<br>021<br>055  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>643<br>-5,803<br>1,006,83   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe  | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a) .<br>number of volunteers (estimate if necessary)  |                  | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,   | 5<br>6<br>7a<br>7b<br>197<br>704<br>021<br>055  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota   | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 1h)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d)<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>stment income (A), lines 1, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12   |                  | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,   | 5<br>6<br>7a<br>7b<br>497<br>704<br>021<br>055<br>167   | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,83<br>97,29  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Grau  | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 1h)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d )<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1–3 )  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,   | 5<br>6<br>7a<br>7b<br>704<br>021<br>055<br>167<br>145<br>0  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Grav<br>14 Ben  | er of Voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d )<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1–3 )<br>effits paid to or for members (Part IX, column (A), line 4)   | 2)               | Prior Year<br>679,4<br>32,<br>-14,<br>700,<br>85,  | 5<br>6<br>7a<br>7b<br>704<br>021<br>055<br>167<br>145<br>0  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Grau<br>14 Ben<br>15 Sala  | er of voting memous voting members of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)   | 2)               | Prior Year<br>679,4<br>32,<br>-14,<br>700,<br>85,  | 5<br>6<br>7a<br>7b<br>7b<br>21<br>055<br>167<br>145<br>0<br>3373  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro  | er of voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a) .<br>number of volunteers (estimate if necessary) .<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294   | 5<br>6<br>7a<br>7b<br>7b<br>21<br>055<br>167<br>145<br>0<br>3373  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Prog<br>b Total   | er of Voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d)<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1–3)<br>efits paid to or for members (Part IX, column (A), line 4)<br>aries, other compensation, employee benefits (Part IX, column (A), lines 5–<br>ifessional fundraising fees (Part IX, column (A), line 11e)<br>at fundraising expenses (Part IX, column (D), line 25) ≥20,719<br>at fundraising expenses (Part IX, column (D), line 211a–111d, 11f–24e)  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294<br>233  | 5<br>6<br>7a<br>7b<br>7b<br>21<br>055<br>167<br>145<br>0<br>,373<br>0   | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>285,56<br>706,16   |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Grav<br>14 Ben<br>15 Sala<br>16a Pro<br>b Tota<br>17 Oth  | er of voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d)<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>a revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1−3 )<br>aries, other compensation, employee benefits (Part IX, column (A), lines 5-<br>aftessional fundraising fees (Part IX, column (A), line 11e)<br>thraising expenses (Part IX, column (A), line 25) ≥20,719<br>er expenses (Part IX, column (A), lines 11a−11d, 11f−24e)  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294<br>233<br>613   | 5<br>6<br>7a<br>7b<br>7b<br>197<br>704<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,575  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,83<br>97,29<br>323,30<br>323,30  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Grav<br>14 Ben<br>15 Sala<br>16a Pro<br>b Total<br>17 Oth  | er of voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d)<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>a revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1−3 )<br>aries, other compensation, employee benefits (Part IX, column (A), lines 5-<br>aftessional fundraising fees (Part IX, column (A), line 11e)<br>thraising expenses (Part IX, column (A), line 25) ≥20,719<br>er expenses (Part IX, column (A), lines 11a−11d, 11f−24e)  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294<br>233<br>613   | 5<br>6<br>7a<br>7b<br>7b<br>201<br>021<br>025<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>,575<br>3,093<br>7,074  | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,83<br>97,29<br>323,30<br>285,56<br>706,14  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro<br>b Tota<br>17 Oth<br>18 Total<br>19 Re   | er of Voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d)<br>er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12<br>ints and similar amounts paid (Part IX, column (A), lines 1–3)<br>efits paid to or for members (Part IX, column (A), line 4)<br>aries, other compensation, employee benefits (Part IX, column (A), lines 5–<br>ifessional fundraising fees (Part IX, column (A), line 11e)<br>at fundraising expenses (Part IX, column (D), line 25) ≥20,719<br>at fundraising expenses (Part IX, column (D), line 211a–111d, 11f–24e)  | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294<br>233<br>613<br>87<br>inning of Current                  | 5<br>6<br>7a<br>7b<br>7b<br>197<br>704<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>0<br>,373<br>0<br>0<br>,375<br>5,093<br>7,074<br>2,575   | 14<br>23<br>170<br>0<br>0<br><b>Current Year</b><br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>285,56<br>706,16<br>300,66<br>End of Year                  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Grau<br>14 Ben<br>15 Sala<br>16a Pro<br>b Tota<br>17 Total<br>18 Total<br>19 Re   | er of Voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a) .<br>number of volunteers (estimate if necessary)   | 2)               | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>85,<br>294<br>233<br>613<br>87<br>inning of Current<br>76            | 5<br>6<br>7a<br>7b<br>7b<br>204<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>0<br>,373<br>0<br>0<br>,373<br>0<br>2,575<br>5,093<br>7,074<br>5,775  | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>323,30<br>285,56<br>706,16<br>300,64<br>End of Year                    |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro<br>b Tota<br>17 Oth<br>18 Total<br>19 Re   | er of Voting memous of the governing body (Part VI, line 1b)<br>number of individuals employed in calendar year 2021 (Part V, line 2a) .<br>number of volunteers (estimate if necessary) .<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)  | 2)               | Prior Year<br>679,4<br>32,<br>2,1<br>-14,<br>700,<br>35,<br>294<br>233<br>613<br>87<br>inning of Current<br>76<br>9      | 5<br>6<br>7a<br>7b<br>7b<br>204<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,2575<br>3,093<br>7,074<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,575<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>7,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,775<br>5,77 | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>285,56<br>706,16<br>300,66<br>End of Year<br>1,034,7<br>66,0           |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Grau<br>14 Ben<br>15 Sala<br>16 Prot<br>17 Oth<br>18 Total<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Grau<br>14 Ben<br>15 Sala<br>16 Total<br>17 Total<br>18 Total<br>19 Prog<br>20 To  | er of voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11<br>ributions and grants (Part VIII, line 1h)<br>ram service revenue (Part VIII, line 2g)<br>stment income (Part VIII, column (A), lines 3, 4, and 7d )   | 2)               | Prior Year<br>679,4<br>32,<br>2,1<br>-14,<br>700,<br>35,<br>294<br>233<br>613<br>87<br>inning of Current<br>76<br>9      | 5<br>6<br>7a<br>7b<br>7b<br>204<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>0<br>,373<br>0<br>0<br>,373<br>0<br>2,575<br>5,093<br>7,074<br>5,775  | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>647<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>285,56<br>706,14<br>300,66<br>End of Year<br>1,034,7<br>66,0           |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Tota<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro<br>b Tota<br>17 Oth<br>18 Total<br>19 Re<br>20 Total<br>21 Total<br>21 Total<br>20 Total<br>21 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>24 Total<br>25 Total<br>26 Total<br>27 Total<br>28 Cont<br>29 Prog<br>20 Inve<br>20 Total<br>20 To           | er of Voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11  | 2)<br>10)<br>Beg | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>35,<br>294<br>233<br>613<br>87<br>inning of Current<br>76<br>9<br>66 | 5<br>6<br>7a<br>7b<br>704<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,093<br>7,074<br>: Year<br>2,578<br>6,296<br>6,282  | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>647<br>-5,802<br>1,006,830<br>97,299<br>323,30<br>285,56<br>706,16<br>300,60<br>End of Year<br>1,034,7<br>66,0<br>968,7 |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro<br>b Total<br>16 Total<br>17 Total<br>18 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>17 Total<br>18 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>17 Total<br>18 Cont<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>18 Total<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>18 Cont<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Dotal<br>17 Othe<br>18 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>10 Total<br>1 | er of Voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1a)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12<br>inrelated business taxable income from Form 990-T, Part I, line 11  | 2)<br>10)<br>Beg | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>35,<br>294<br>233<br>613<br>87<br>inning of Current<br>76<br>9<br>66 | 5<br>6<br>7a<br>7b<br>704<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,093<br>7,074<br>: Year<br>2,578<br>6,296<br>6,282  | 14<br>23<br>170<br>0<br>Current Year<br>966,332<br>45,653<br>644<br>-5,807<br>1,006,830<br>97,29<br>323,30<br>285,56<br>706,14<br>300,60<br>End of Year<br>1,034,7<br>66,0<br>968,7  |
| 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net u<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16a Pro<br>b Total<br>16 Total<br>17 Total<br>18 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>17 Total<br>18 Cont<br>9 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>17 Total<br>18 Cont<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Total<br>18 Total<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>18 Cont<br>19 Prog<br>10 Inve<br>11 Othe<br>12 Total<br>13 Gran<br>14 Ben<br>15 Sala<br>16 Dotal<br>17 Othe<br>18 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>19 Re<br>20 Total<br>10 Total<br>1 | er of voting memous of the governing body (Part VI, line 1b)<br>number of independent voting members of the governing body (Part VI, line 1b)<br>number of volunteers (estimate if necessary)<br>unrelated business revenue from Part VIII, column (C), line 12  | 2)<br>10)<br>Beg | Prior Year<br>679,4<br>32,<br>2,<br>-14,<br>700,<br>35,<br>294<br>233<br>613<br>87<br>inning of Current<br>76<br>9<br>66 | 5<br>6<br>7a<br>7b<br>704<br>021<br>055<br>167<br>145<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,373<br>0<br>,093<br>7,074<br>: Year<br>2,578<br>6,296<br>6,282  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |

Signature of officer

Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

# Form NAA-01

# 2024 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 exe<br>Bridgeport Caribe |                          |                    | agency:   |
|--------------------------------------|--------------------------|--------------------|---|
| Address: 1067 F                      | <sup>o</sup> ark Avenue, | Bridgeport, CT 0   | 6604  |
| Federal Employ                       | er Identificat           | tion Number:       | 20-0421577  |
| Program title: _                     | Energy Efficie           | ent Repairs and L  | Upgrades  |
| Name of contac                       | t person: _              | John Torres, Exe   | ecutive Director                                      |
| Telephone num                        | (203) 9*                 | 13-0073            |   |
| Email address:                       | jtorres@bcy              | yl.org             |   |
| Total NAA fund                       | ding reques              | ted (\$250 minir   | mum, \$150,000 maximum): \$ <u>150,000.00</u>         |
| Is your orga                         | anization req<br>e Tax?  | uired to file fede | eral Form 990 or 990EZ, Return of Organization Exempt |
|                                      | Yes                      | No                 |   |
|                                      | and the state of         | IL - Frank manage  | of your most recent return                            |

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

- \_X\_ 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):

### Description of program:

The purpose of this grant is to provide energy construction upgrades to the buildings on the University of Brdigeport campus which are used to support the recreation and education programs for BCYL. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program:

The University of Bridgeport is a 98-year-old institution which is comprised of many older buildings that were built before modern construction programs were in place. Many of the buildings do not meet current energy standards and are expensive to operate.

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

Plan to implement the program:

As funds are received, work will be bid on and commence on UB properties according to the appropriate job specifications and estimates.

John Torres, BCYL-Executive Director-Coordination of Caribe Programs Bryant Harrell, UB-Senior Vice President Facilities, Security and IT-Oversight of work according to job specifications

### Timetable:

| Program start date: 12/31/20 | 24                          |
|------------------------------|-----------------------------|
|                              | MM - DD - YYYY              |
| Program completion date: 1   | 2/31/2025<br>MM - DD - YYYY |
| Post-project audit due date: | 02/24/2026                  |
| i out project dans           | MM - DD - YYYY              |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

\$150,000.00

\$150,000.00

Part III - Financial Information

### **Program Budget:**

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

#### Sources of Revenue:

| NAA | funds | requested | 1 |
|-----|-------|-----------|---|
|     |       |           |   |

Other funding sources - itemized sources:

| a) | <br> |
|----|------|
|    |      |
|    |      |
| d) | <br> |

### **Total Funding:**

### Proposed Program Expenditures:

Direct operating expenses - itemized description:

| a) Contracts for Energy Efficiencies            | \$150,000.00 |
|---|--------------|
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description: |              |
| a)  |              |
| b)  |              |
| c)  | _            |
| d)  |              |
| u)  |              |

Form NAA-01 (Rov. 01/24)

Visit us at portal.ct.gov/DRS for more information.

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### Part IV — Municipal Information

F

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

| Mailing address:   |  |
|--|--|
| 999 Broad Street, Bridgeport, CT 06604                                 |  |
| Name of municipal liaison: Max Perez, Director of Business Development |  |
|  |  |
| Telephone number: (203) 576-3976                                       |  |

| Post-Proj                   | ect Audit               |
|-----------------------------|-------------------------|
| Is a post-project audit red | quired for this proposa |
| X Yes                       | No                      |
| If Yes, date post-p         | project audit due:      |
| 03/31/2                     | 2026                    |
| Da                          | te                      |

Form NAA-01 (Rev. 01/24)

| SKAP HACP  | rint - DO NOT PROCESS As Filed Data - 1   | Income       | Tax   |  | 0. 1545-0047  |
|--|---|--------------|---|--|---|
| 90   | rint - DO NOT PROCESS As Filed Data -<br>Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code<br>> Do not enter social security numbers on this form as it may<br>> Go to www.irs.gov/Form990 for instructions and the   | ay be made p | ublic.  | Oper   | 021<br>n to Public<br>spection  |
| an of an   |   | 1-2021       |   |  |   |
| levenue Service  | alendar year, or tax year beginning 01-01-2021 , and ending 12-3  | 1-10-11      | D Employer i  | dentificatio   | n number  |
| the 2021 c   | C Name of organization  |              | 20-04215  | 77   |   |
| if applicable:   | C Name of organization<br>BRIDGEPORT CARIBE YOUTH LEADERS INC   |              | -   |  |   |
| ress change<br>ne change   |   |              | -   | umbar  |   |
| al return  | Doing business as   | suite        | E Telephone   |  |   |
| return/terminated  | Alignment and street (or P.O. box if mail is not delivered to street address)   |              | (203) 913   | 1-0073   |   |
| ended return   | 1067 PARK AVENUE  |              |   |  | 751   |
| lication pending   | at a tomin state of province, as  |              | G Gross rece  |  | /31   |
|  | BRIDGEPORT, CT GGGG   | H(a) Is      | this a group retu   | Irn for  | TYes No   |
|  | F Name and address of principal officer:  | su           | bordinates?   | s  |   |
|  | JOHN TORRES   | H(b) Ar      | e all subordinate<br>cluded?  |  |   |
|  | BRIDGEPORT, CT 06604  | If           | If "No," attach a list. See Instructions<br>H(c) Group exemption number ►                                       |  |   |
| x-exempt statu   |   | H(c) G       | roup exemption  | number 🕨   |   |
|  | VWW.BCYL.ORG  |              | 2007  | M State of I   | egal domicite: CT   |
| lebsite:   |   | L Year of    | formation: 2003   | In State .   |   |
|  | ion: 🗹 Corporation 🗋 Trust 🗋 Association 🗍 Other 🅨  |              |   |  |   |
|  |   |              | - ace/s of its net  | assets.  |   |
| 2 Chec<br>3 Num  | k this box ▶  | of more tha  | n 25% of its net  | assets.  | 14  |
| 3 Num  | ber of voting memory of the governing body (Part VI, me the   | of more tha  | n 25% of its net  | assets.<br>3<br>4<br>5<br>6  | 14  |
| 3 Num<br>4 Num<br>5 Tota   | ber of independent voting members of the governing body (Part V), intervi-<br>ber of independent voting members of the governing body (Part V), line 2a)<br>I number of individuals employed in calendar year 2021 (Part V), line 2a)   |              | n 25% of its net  | 5  | 14<br>23<br>170   |
| 3 Num<br>4 Num<br>5 Tota   | ber of voting members of the governing body (Part V), me is<br>ber of independent voting members of the governing body (Part V), me is<br>i number of individuals employed in calendar year 2021 (Part V, line 2a)<br>i number of volunteers (estimate if necessary)  |              | · · ·   | 5  | 14<br>23<br>170   |
| 3 Num<br>4 Num<br>5 Tota   | ber of voting members of the governing body (Part V), me is<br>ber of independent voting members of the governing body (Part V), me is<br>i number of individuals employed in calendar year 2021 (Part V, line 2a)<br>i number of volunteers (estimate if necessary)  |              | · · ·   | 5<br>6<br>7a   | 14<br>23<br>170   |
| 3 Num<br>4 Num<br>5 Tota   | ber of voting members of the governing body (Part V), me is<br>ber of independent voting members of the governing body (Part V), me is<br>i number of individuals employed in calendar year 2021 (Part V, line 2a)<br>i number of volunteers (estimate if necessary)  |              | · · ·   | 5<br>6<br>7a<br>7b   | 14<br>23<br>170<br>Current Year   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7a Tota<br>b Net   | ber of voting members of the governing body (Part V), me is<br>ber of independent voting members of the governing body (Part V), me is<br>i number of individuals employed in calendar year 2021 (Part V, line 2a)<br>i number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11   |              | Prior Year  | 5<br>6<br>7a<br>7b<br>9,497  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7a Tota<br>b Net<br>8 Cor  | ber of voting members of the governing body (Part V), me is<br>ber of independent voting members of the governing body (Part V), me is<br>i number of individuals employed in calendar year 2021 (Part V, line 2a)<br>i number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>intributions and grants (Part VIII, line 1h)   |              | Prior Year  | 5<br>6<br>7a<br>7b   | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro  | ber of voting members of the governing body (Part Vi, me and<br>ber of independent voting members of the governing body (Part Vi, me and<br>how the second |              | Prior Year<br>67  | 5<br>6<br>7a<br>7b<br>9,497<br>02,704  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
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| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott  | ber of voting members of the governing body (Part Vi, me and<br>ber of independent voting members of the governing body (Part Vi, me and<br>ber of independent voting members of the governing body (Part Vi, line 2a)<br>il number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income (Part VIII, line 2g)<br>unrelated business (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |              | • • • • • • • • • • • • • • • • • • •   | 5<br>6<br>7a<br>7b<br>2,704<br>2,021<br>14,055   | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 To   | ber of voting members of the governing body (Part VI, me and<br>ber of independent voting members of the governing body (Part VI, me and<br>ber of individuals employed in calendar year 2021 (Part V, line 2a)<br>all number of volunteers (estimate if necessary)<br>all unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>1-3)   |              | • • • • • • • • • • • • • • • • • • •   | 5<br>6<br>7a<br>7b<br>9,497<br>32,704<br>2,021<br>14,055<br>00,167   | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ottl<br>12 Tot   | ber of voting members of the governing body (Part VI, me and<br>ber of independent voting members of the governing body (Part VI, me and<br>ber of individuals employed in calendar year 2021 (Part V, line 2a)<br>all number of volunteers (estimate if necessary)<br>all unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business (Part VIII, column (A), lines 3, 4, and 7d )<br>unrelated business taxable income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>ants and similar amounts paid (Part IX, column (A), lines 1-3 )  |              | • • • • • • • • • • • • • • • • • • •   | 5<br>6<br>7a<br>7b<br>9,497<br>02,704<br>2,021<br>14,055<br>00,167<br>85,145   | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 Tot<br>13 Gr<br>14 Be  | ber of voting members of the governing body (Part VI, me and<br>ber of independent voting members of the governing body (Part VI, me and<br>ber of individuals employed in calendar year 2021 (Part V, line 2a)<br>all number of volunteers (estimate if necessary)<br>all unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business (Part VIII, line 2g)<br>vestment income (Part VIII, column (A), lines 3, 4, and 7d)<br>tal revenue (Part VIII, column (A), lines 5, 6d. 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>ants and similar amounts paid (Part IX, column (A), lines 1-3) .   |              | • • • • • • • • • • • • • • • • • • •   | 5<br>6<br>7a<br>7b<br>9,497<br>02,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 To<br>13 Gr<br>14 Be<br>15 Sz  | ber of voting members of the governing body (Part VI, inter X<br>ber of independent voting members of the governing body (Part VI, inter X<br>ber of independent voting members of the governing body (Part VI, line 2a)<br>il number of volunteers (estimate if necessary)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>unrelated business (Part VIII, line 2g)<br>unrelated business (Part VIII, line 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>ants and similar amounts paid (Part IX, column (A), lines 1–3 )  |              | • • • • • • • • • • • • • • • • • • •   | 5<br>6<br>7a<br>7b<br>2,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>994,373   | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7a Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 To<br>13 Gr<br>14 Be<br>15 Sa<br>16a P  | ber of voting members of the governing body (Part VI, me is<br>ber of independent voting members of the governing body (Part VI, me is<br>ber of independent voting members of the governing body (Part VI, line 2a)<br>in number of volunteers (estimate if necessary) .<br>al unrelated business revenue from Part VIII, column (C), line 12 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>httributions and grants (Part VIII, line 1h) .<br>httributions and grants (Part VIII, line 2g) .<br>httributions evenue (Part VIII, line 2g) .<br>httributione (Part VIII, column (A), lines 3, 4, and 7d ) .<br>httributione (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>htal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>ants and similar amounts paid (Part IX, column (A), lines 1–3 ) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>alaries, other compensation, employee benefits (Part IX, column (A), lines<br>rofessional fundraising fees (Part IX, column (A), line 11e) .  |              |   | 5<br>6<br>7a<br>7b<br>2,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>994,373   | 23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 To<br>13 Gr<br>14 Be<br>15 Sa<br>16a Pi<br>b To  | ber of voting members of the governing body (Part Vi, me x<br>ber of independent voting members of the governing body (Part Vi, me x<br>ber of independent voting members of the governing body (Part Vi, line 2a)<br>in number of volunteers (estimate if necessary) .<br>al unrelated business revenue from Part VIII, column (C), line 12 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business (Part VIII, line 2g) .<br>tervenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>tal similar amounts paid (Part IX, column (A), lines 1-3 ) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 11e) .<br>enefits paid to or for members (Part IX, column (A), line 11e) .<br>enefits paid to or for members (Part IX, column (D), line 25) <b>P</b> 20,719  |              | Prior Year<br>67<br>  | 5<br>6<br>7a<br>7b<br>99,497<br>32,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>94,373<br>0  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>6 Tota<br>7 Tota<br>9 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>10 Inv<br>10 Tota<br>10  | ber of voting members of the governing body (Part Vi, me 1<br>iber of independent voting members of the governing body (Part Vi, me 1<br>iber of individuals employed in calendar year 2021 (Part V, line 2a)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>intributions and grants (Part VIII, line 1h)<br>form service revenue (Part VIII, line 2g)<br>restment income (Part VIII, column (A), lines 3, 4, and 7d)<br>inter revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>ants and similar amounts paid (Part IX, column (A), lines 1–3)<br>enefits paid to or for members (Part IX, column (A), line 1)<br>intersection for members (Part IX, column (A), line 1)<br>stal revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>intersection for members (Part IX, column (A), lines 1–3)<br>ants and similar amounts paid (Part IX, column (A), lines 1–3)<br>staleries, other compensation, employee benefits (Part IX, column (A), lines<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>tat fundraising expenses (Part IX, column (D), line 25) ≥20,719<br>ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  |              | Prior Year<br>67<br>  | 5<br>6<br>7a<br>7b<br>7b<br>99,497<br>32,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>94,373<br>0<br>233,575<br>613,093<br>87,074  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>6 Tota<br>7 Tota<br>9 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>10 Inv<br>10 Tota<br>10  | ber of voting members of the governing body (Part Vi, me 1<br>iber of independent voting members of the governing body (Part Vi, me 1<br>iber of individuals employed in calendar year 2021 (Part V, line 2a)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11<br>intributions and grants (Part VIII, line 1h)<br>form service revenue (Part VIII, line 2g)<br>restment income (Part VIII, column (A), lines 3, 4, and 7d)<br>inter revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>ants and similar amounts paid (Part IX, column (A), lines 1–3)<br>enefits paid to or for members (Part IX, column (A), line 1)<br>intersection for members (Part IX, column (A), line 1)<br>stal revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>intersection for members (Part IX, column (A), lines 1–3)<br>ants and similar amounts paid (Part IX, column (A), lines 1–3)<br>staleries, other compensation, employee benefits (Part IX, column (A), lines<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>tat fundraising expenses (Part IX, column (D), line 25) ≥20,719<br>ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)<br>tat fundraising expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  |              | Prior Year<br>67<br>  | 5<br>6<br>7a<br>7b<br>7b<br>99,497<br>32,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>94,373<br>0<br>233,575<br>613,093<br>87,074  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7 Tota<br>6 Tota<br>7 Tota<br>9 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16a P<br>b Tota<br>17 Otil<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Be<br>15 Sa<br>16 Tota<br>17 Tota<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>12 Tota<br>13 Gr<br>14 Dota<br>15 Sa<br>16 Tota<br>17 Tota<br>16 Dota<br>17 Tota<br>16 Dota<br>17 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>11 Otil<br>17 Tota<br>17 Tota<br>18 Corr<br>19 Pro<br>10 Inv<br>10 Tota<br>17 Tota<br>17 Tota<br>18 Corr<br>19 Dota<br>10 Tota<br>17 Tota<br>17 Tota<br>17 Tota<br>17 Tota<br>18 Corr<br>17 Tota<br>17 Tota<br>18 Tota<br>18 Tota<br>18 Tota<br>17 Tota<br>18 T | ber of voting members of the governing body (Part Vi, me x<br>ber of independent voting members of the governing body (Part Vi, me x<br>ber of independent voting members of the governing body (Part Vi, line 2a)<br>in number of volunteers (estimate if necessary) .<br>al unrelated business revenue from Part VIII, column (C), line 12 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business taxable income from Form 990-T, Part I, line 11 .<br>unrelated business (Part VIII, line 2g) .<br>tervenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line<br>tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines<br>tal similar amounts paid (Part IX, column (A), lines 1-3 ) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 4) .<br>enefits paid to or for members (Part IX, column (A), line 11e) .<br>enefits paid to or for members (Part IX, column (A), line 11e) .<br>enefits paid to or for members (Part IX, column (D), line 25) <b>P</b> 20,719  |              | Prior Year<br>67<br>  | 5<br>6<br>7a<br>7b<br>7b<br>2,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>94,373<br>0<br>233,575<br>613,093<br>87,074<br>rent Year  | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| 3 Num<br>4 Num<br>5 Tota<br>6 Tota<br>7a Tota<br>b Net<br>8 Cor<br>9 Pro<br>10 Inv<br>11 Ott<br>12 To<br>13 Gr<br>14 Be<br>15 Sa<br>16a Pr<br>b To<br>17 O<br>18 T<br>19 R   | ber of voting members of the governing body (Part VI, inter X<br>iber of independent voting members of the governing body (Part VI, inter X<br>iber of individuals employed in calendar year 2021 (Part V, line 2a)<br>al unrelated business revenue from Part VIII, column (C), line 12<br>unrelated business taxable income from Form 990-T, Part I, line 11  |              | Prior Year<br>67<br>  | 5<br>6<br>7a<br>7b<br>7b<br>22,704<br>2,021<br>14,055<br>00,167<br>85,145<br>0<br>94,373<br>0<br>94,373<br>0<br>233,575<br>613,093<br>87,074<br>rent Year<br>762,578                     | 14<br>23<br>170<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
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Department of Revenue Services State of Connecticut (Rev. 01/24)



Municipality: Bridgeport

# Form NAA-01

# 2024 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 exe<br>University of Brid |                             | n/municipal agency:         |   |
|---------------------------------------|-----------------------------|-----------------------------|---|
| Address: 126 Pa                       | ark Avenue, Brid            | jeport, CT 06604            |   |
| Federal Employ                        | er Identification           | Number: 06-0646936          |   |
| Program title:                        | Adding Energy E             | ffectiveness                |   |
| Name of contac                        | ct person: Ele              | ia Cahill                   |   |
| Telephone num                         | (203) 576-2<br>hber:        | 389                         |   |
| Email address:                        | ecahill@bridge              | port.edu                    |   |
| Total NAA fun                         | ding requester              | l (\$250 minimum, \$150,00  | 00 maximum): \$ <u>150,000.00</u>       |
| Is your orga<br>from Incom            | anization requir<br>ie Tax? | ed to file federal Form 990 | or 990EZ, Return of Organization Exempt |
| 2.20                                  | Yes                         |                             |   |
| the second second                     | and the second second       | First mana of your most re  | acont return                            |

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

- \_X 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): \_\_

#### Description of program:

The purpose of this grant application is to purchase and install energy efficient building systems for all of UB's older buildings. The systems include new windows, new insulated roof, new insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these effors in other places in the State of Connecticut.

Need for program:

The current building budgets do not include funds to provide higher energy efficiencies. These enhancements will save the institution money throughout the life of the buildings.

Neighborhood area to be served: Bridgeport

Plan to implement the program:

Elena Cahill, VP of Innovation, Strategy and Advancement-Overall administration of the grant including matching all funds received to specific project requests as envisioned on this project. Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contract and contractors who will perform the redesign and installation of this project.

Form NAA-01 (Rev. 01/24)

### Timetable:

| Program start date: 12/31/20 | 124            |
|------------------------------|----------------|
|                              | MM - DD - YYYY |
| Program completion date: 1   | 2/31/2025      |
|                              | MM - DD - YYYY |
| Post-project audit due date: | 03/31/2026     |
| , eet brojeet ment see ment  | MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III - Financial Information

#### **Program Budget:**

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

### Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:                                    | \$150,000.00 |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) New energy efficient systems                   | \$150,000.00 |
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:                      | \$150,000.00 |

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

r

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

| Mailing address:   |  |
|--|--|
| 999 Broad Street, Bridgeport, CT 06604                                 |  |
| Name of municipal liaison: Max Perez, Director of Business Development |  |
|  |  |
| Telephone number: (203) 576-3976                                       |  |

| Post-Proj                 | ject Audit              |
|---------------------------|-------------------------|
| s a post-project audit re | quired for this proposa |
| X Yes                     | No                      |
| If Yes, date post-        | project audit due:      |
| 03/31/                    | 2026                    |
| Da                        | ite                     |

Form NAA-01 (Rev. 01/24)

|   |   |   |  |  |  |   |                                     |   |  | 131072333  |
|---|---|---|--|--|--|---|-------------------------------------|---|--|--|
| In CRI                                    | APHIC DI  | rint - D  | O NOT PROCESS  | s Filed  | Data •   | + Erom  | ncome                               | Tax   |  | No. 1545-0047  |
| .99                                       | 0   | Under s   | Return of Orga<br>ection 501(c), 527, or 494<br>Do not enter social<br>Go to www.irs.gay.  | 47(a)(1)   | of the Internal R  | form as it may  | be made pub                         | lic.  | Op   | en to Public<br>Inspection   |
| artment o<br>isury                        | fthe  |   | Go to www.irs.gov  | 71011112   |  |   |                                     |   | -  |  |
| mal Reve                                  | nue Service   |   | year, or tax year beginn   | ing 07-0   | 1-2021 , and e   | anding 06-30-   | -2022                               | D Employer  | identificat  | ion number   |
| For th                                    | e 2021 ca   | C Name (  | of organization  | c  |  |   |                                     | 86-12740  | 88   |  |
| heck if a<br>Address                      | change  | THE UN  | of organization  |  |  |   |                                     |   |  |  |
| Name cl                                   | hange   | Doing   | business as  |  |  |   |                                     | E Telephone   | number   |  |
| Initial re                                | eturn<br>im/terminated  |   | er and street (or P.O. box if ma   | ail is not del   | livered to street add  | dress) Room/suit  | te                                  | (860) 54  |  |  |
| Amende                                    | ed return   | Number<br>125 P/  | er and street (of P.O. box of ma<br>ARK AVE  |  |  |   |                                     | 1   |  | Annalis  |
| Applica                                   | tion pending  | City o  | r town, state or province, count   | ntry, and ZU   | P or foreign postal o  | 2006  |                                     |   | eipts \$ 113,  | ,459,983   |
|   |   | BRIDE   | SEPORT, CT SEE   |  |  |   |                                     | is a group ret  | turn for   | Ves DNo  |
|   |   | F Nar   | me and address of principal<br>AM GUERRERO   | al officer   |  |   | subo                                | rdinates?<br>all subordinat   | es   | Yes DNo  |
|   |   | I the D   | ADV AVE  |  |  |   | H(b) inclu                          | ded?<br>lo," attach a l   | list See in  |  |
|   |   | BRIDO   | SEPORT, CT 06604   | Losert no.   | ) a947(a)(1)   | or 527  | HIC) Grou                           | o, attach a population  | number 9   |  |
| Tax-e                                     | xempt status  | 50  | 11(c)(3) S01(c) ( 7 4)   | turate   |  |   |                                     |   |  |  |
| Web                                       | site:▶ W  | WW.GOO  | DDWIN.EDU  |  |  |   | L Year of for                       | mation: 2021  | M State o  | if legal domicile: CT  |
|   | / anizatio  |   | Corporation Trust Ass  | sociation L  | _ Other ►  |   |                                     |   | 1  |  |
|   |   |   | the organization's mission<br>y PROMOTES ACADEMIC EX<br>AN INTERNATIONAL, CULT<br>AN INCREASINGLY INTER  |  |  |   |                                     |   |  |  |
| unavo                                     | > Check   |   | in a members of the govern   | (  |  | or disposed of  | f more than 2                       | 5% of its net   | assets 3   | 13   |
| es&G                                      | 4 Numb  | ber of ind  | lependent voting members   | s of the go  | vear 2021 (Part  | V, line 2a)   |                                     |   | 4 5 6  | 1,040  |
| writes & G                                | 3 Numb<br>4 Numb<br>5 Total   | ber of ind<br>number  | lependent voting members<br>of individuals employed in   | s of the go<br>n calendar  | year 2021 (Part  | v, line 2a)   |                                     |   | 5  | 0  |
| Activities & G                            | 3 Numb<br>4 Numb<br>5 Total<br>6 Total  | number  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i   | s of the go<br>calendar<br>necessary   | year 2021 (Part<br>year 2021 (Part<br>y)   | art V), line 2a)<br>V, line 2a)   |                                     |   | 5  |  |
| Activities & G                            | 3 Numb<br>4 Numb<br>5 Total<br>6 Total  | number  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i   | s of the go<br>calendar<br>necessary   | year 2021 (Part<br>year 2021 (Part<br>y)   | art V), line 2a)<br>V, line 2a)   |                                     | Prior Year  | 5<br>6<br>7a<br>7t   | 0<br>0<br>0<br>Current Year  |
| Activities & G                            | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net 0   | ber of vot<br>number<br>number<br>number<br>unrelated   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if<br>ad business revenue from F<br>business taxable income f  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form  | year 2021 (Part<br>year 2021 (Part<br>y)<br>column (C), line 1<br>n 990-T, Part I, li  | art V), line 2a)<br>V, line 2a)   |                                     | Prior Year<br>5,2   | 5<br>6<br>7a<br>7t<br>03,087   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net 1<br>8 Cont   | ber of vot<br>number<br>number<br>number<br>unrelated<br>tributions   | Rependent voting members<br>of individuals employed in<br>of volunteers (estimate if<br>ad business revenue from F<br>tousiness taxable income f<br>and grants (Part VIII, line  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>1h)   | overning body (Pi<br>year 2021 (Parl<br>y)<br>column (C), line 1<br>n 990-T, Part I, li  | art VI, line 13)<br>V, line 2a)<br>12<br>ine 11   |                                     | Prior Year<br>5,2   | 5<br>6<br>7a<br>7b<br>03,087<br>68,900   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net 0<br>8 Cont<br>9 Prog   | ber of voi<br>number<br>number<br>number<br>unrelated<br>tributions<br>gram serv  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if I<br>ad business revenue from F<br>business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>(h)<br>(c) Hoes<br>(c) Hoes   | verning body (Pr<br>year 2021 (Parl<br>y)<br>column (C), line 1<br>n 990-T, Part I, li<br>3, 4, and 7d)  | art VI, line 13)<br>V, line 2a)   |                                     | Prior Year<br>5,2<br>3,8  | 5<br>6<br>7a<br>7t<br>03,087   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  |
| Revenue Activities & G                    | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7 Total<br>b Net 0<br>8 Cont<br>9 Prog<br>10 Inve   | ber of vol<br>ber of ind<br>number<br>i number<br>i unrelated<br>tributions<br>gram servestment i   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ad business revenue from F<br>I business taxable income i<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column ()  | s of the go<br>n calendar<br>Part VIII, c<br>from Form<br>(A), Hnes 3  | overning body (Pr<br>year 2021 (Parl<br>y)<br>column (C), line 1<br>n 990-T, Part I, li<br>3, 4, and 7d )  | art V, ime 10)<br>V, line 2a)<br>   |                                     | Prior Year<br>5,2<br>3,8<br>16,4  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7 Total<br>b Net 0<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth   | ber of volume<br>ber of ind<br>number<br>I number<br>I unrelated<br>unrelated<br>tributions<br>gram ser-<br>estmant i<br>er reveni  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>est business revenue from F<br>business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (f<br>ue (Part VIII, column (A), lin   | s of the go<br>n calendar<br>Part VIII, c<br>from Form<br>(A), Hines 3<br>(A), Hines 5, 6d   | overning body (Pri<br>year 2021 (Parl<br>y)<br>column (C), line 1<br>n 990-T, Part I, li<br>3, 4, and 7d )<br>5, 8c, 9c, 10c, and<br>wal Part VIII, colu                   | art V, line 10)<br>V, line 2a)<br>  |                                     | Prior Year<br>5,2<br>3,8<br>16,4  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>884,630<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net 1<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total  | per of volu-<br>ber of ind<br>number<br>number<br>l unrelated<br>unrelated<br>tributions<br>gram ser-<br>estmant i<br>er reveni<br>al revenu  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if )<br>ad business revenue from F<br>business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (f<br>ue (Part VIII, column (A), lin<br>seadd lines 8 through 11  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>(A), lines 3, 6d<br>(must eq<br>uy, column  | verning body (Pr<br>year 2021 (Parl<br>y)<br>column (C), line 1<br>n 990-T, Part I, li<br>3, 4, and 7d )<br>, 8c, 9c, 10c, and<br>ual Part VIII, colu<br>yo (A), lines 1-3 | art V, line 10)<br>V, line 2a)<br><br><br><br><br>d 11e)<br>umn (A), line 12<br>)   |                                     | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>12,618<br>184,630<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber  | tributions<br>of revenuesting<br>of   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (//), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>a 1h)<br>a 2g)<br>(A), lines 3<br>ines 5, 6d<br>( (must eq<br>(I)X, column<br>[X, column<br>( sacoum)   | verning body (Pi<br>year 2021 (Pari<br>y)  | art V), line 30)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Bavenue                                   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Strate<br>14 Strate<br>15 Strate<br>16 Total<br>17 Strate<br>10 Strate<br>16 Total<br>17 Strate<br>17 Strate<br>18 Strate<br>19 Strate<br>10 Strate<br>1  | tributions<br>of revenuesting<br>of   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (//), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>a 1h)<br>a 2g)<br>(A), lines 3<br>ines 5, 6d<br>( (must eq<br>(I)X, column<br>[X, column<br>( sacoum)   | verning body (Pi<br>year 2021 (Pari<br>y)  | art V), line 30)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>12,618<br>184,630<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Bavenue                                   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16 Prof   | ber of voi<br>ber of ind<br>number<br>number<br>i unrelated<br>tributions<br>gram ser<br>estmant i<br>er reveni<br>al reveni<br>ints and<br>inefits pai<br>laries, otto   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (A), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employed<br>al fundraising fees (Part IX,  | s of the ge<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>a 1h) .<br>e 2g) .<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>X, column)<br>(x, column)<br>(x, column)   | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 30)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Bavenue                                   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net U<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Tot  | her of voi<br>her of ind<br>number<br>i number<br>i number<br>i unrelated<br>tributions<br>gram ser<br>estmant i<br>er reven<br>al revenu<br>al revenu<br>ants and<br>hefits pai<br>laries, ot<br>ofessiona<br>tal fundrali   | Inpendent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ad business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (A),<br>line<br>ue (Part VIII, column (A), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employe<br>al fundraising fees (Part IX,<br>sing expenses (Part IX, column   | s of the ge<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>a 1h) .<br>e 2g) .<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column<br>(X, column)<br>(x, column    | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 10)<br>V, line 2a)<br><br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12 | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6   | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>359,836<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| _   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Tet<br>17 Ott  | her of voi<br>ber of ind<br>number<br>i number<br>i number<br>i unrelated<br>unrelated<br>tributions<br>gram ser-<br>estmant i<br>er reven<br>al revenu-<br>nts and<br>inefits pai<br>laries, oto<br>ofessiona<br>tal fundrali-<br>her axpe   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (A), lin<br>jeadd lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employed<br>if fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>1 (A), (A), (A), (A), (A), (A), (A), (A),   | s of the ge<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>s 1h) .<br>e 2g) .<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column<br>(X, column)<br>(x, column    | overning body (Pi<br>year 2021 (Pari<br>y)   | art VI, line 10)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6,<br>1,<br>8   | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>359,836<br>0<br>418,104<br>,777,940<br>,706,690   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Bavenue                                   | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Tet<br>17 Ott  | her of voi<br>ber of ind<br>number<br>i number<br>i number<br>i unrelated<br>unrelated<br>tributions<br>gram ser-<br>estmant i<br>er reven<br>al revenu-<br>nts and<br>inefits pai<br>laries, oto<br>ofessiona<br>tal fundrali-<br>her axpe   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (A), lin<br>jeadd lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employed<br>if fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>1 (A), (A), (A), (A), (A), (A), (A), (A),   | s of the ge<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>s 1h) .<br>e 2g) .<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column<br>(X, column)<br>(x, column    | overning body (Pi<br>year 2021 (Pari<br>y)   | art VI, line 10)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6   | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>359,836<br>0<br>418,104<br>,777,940<br>,706,690   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Expenses Ravenue                          | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Tet<br>17 Ott<br>18 To<br>19 Re  | her of voi<br>ber of ind<br>number<br>i number<br>i number<br>i unrelated<br>unrelated<br>tributions<br>gram ser-<br>estmant i<br>er reven<br>al revenu-<br>nts and<br>inefits pai<br>laries, oto<br>ofessiona<br>tal fundrali-<br>her axpe   | Inpendent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ad business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (A),<br>line<br>ue (Part VIII, column (A), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employe<br>al fundraising fees (Part IX,<br>sing expenses (Part IX, column   | s of the ge<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>s 1h) .<br>e 2g) .<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column<br>(X, column)<br>(x, column    | overning body (Pi<br>year 2021 (Pari<br>y)   | art VI, line 10)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6,<br>18<br>ginning of Cur  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>359,836<br>0<br>418,104<br>,777,940<br>,706,690   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Expenses Ravenue                          | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>b Net L<br>8 Cont<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Tet<br>17 Ott<br>18 To<br>19 Re  | ber of vor<br>ber of ind<br>number<br>i number<br>i number<br>i unrelated<br>unrelated<br>tributions<br>gram ser<br>estmant i<br>er reven<br>al revenu<br>al revenu<br>ints and i<br>hefits pai<br>laries, oth<br>ofessional<br>tal fundralis<br>her expen-<br>stal expen-<br>evenue le   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (//<br>ue (Part VIII, column (//), line<br>income (Part VIII, column (//),<br>ue (Part VIII, column (A), lin<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employed<br>fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>inses Add lines 13–17 (mus-<br>tes expenses, Subtract line<br>ts (Part X, line 16) .  | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>a 1h)<br>a 2g)<br>(A), lines 5<br>du<br>(must eq<br>(1X, column<br>(X, column)<br>(X, colum | overning body (Pi<br>year 2021 (Pari<br>y)   | art VI, line 10)<br>V, line 2a)<br>   | 2)                                  | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6<br>1,<br>1,<br>6<br>1,<br>1,<br>1,<br>1,<br>35<br>2,<br>1,7<br>1,7<br>1,7<br>1,7<br>1,7<br>1,7<br>1,7<br>1,7<br>1,7<br>1,   | 5<br>6<br>7a<br>7t<br>03,087<br>68,800<br>125<br>512,618<br>884,630<br>0<br>359,836<br>0<br>359,836<br>0<br>359,836<br>0<br>418,104<br>,777,940<br>,706,690<br>rent ¥ear<br>5,999,321<br>7,292,631   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| Assets or Expenses Revenue                | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>17 Oth<br>18 Total<br>18 Cont<br>19 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>17 Oth<br>18 Total<br>19 Prog<br>20 Total<br>18 Total<br>19 Prog<br>20 Total<br>20 Total  | tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tributions<br>arrelated<br>tribution  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>income (Part VIII, column (//<br>ue (Part VIII, column (//<br>ue (Part VIII, column (//<br>ue (Part VIII, column (//<br>emails), column (//<br>isimilar amounts paid (Part<br>d to or for members (Part I<br>her compensation, employed<br>fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (//<br>ess expenses, Subtract line<br>ts (Part X, line 15)<br>itites (Part X, line 26)   | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>e 1h)<br>e 2g)<br>(A), lines 3, 6d<br>( (must eq<br>(1X, column<br>(X, column (<br>m (D), line 3<br>lines 11a<br>ust equal F<br>e 18 from   | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 10)<br>V, line 2a)<br>(2   | 2)<br>10)                           | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>5,<br>1,<br>6,<br>18<br>ginning of Cur<br>35<br>17<br>16  | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>359,836<br>0<br>418,104<br>,777,940<br>,706,690<br>rent Year<br>5,999,321<br>7,292,631<br>8,706,690   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| et Asses or Expenses Revenue              | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16 To tal<br>17 Total<br>18 Cont<br>19 Prog<br>20 Total<br>18 To<br>19 Ref<br>20 Total<br>20 Total<br>21 Total<br>20 Total<br>21 Total<br>22 Total<br>23 Total<br>24 Total<br>25 Sal<br>20 Total<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>23 Total<br>24 Total<br>25 Sal<br>26 Total<br>27 Total<br>28 Cont<br>29 Prog<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>23 Total<br>24 Total<br>25 Sal<br>20 Total<br>20 Total<br>21 Total<br>20 Total<br>21 Total  | tributions<br>of revenue<br>al revenue<br>tributions<br>of revenue<br>al revenue<br>al revenue<br>the revenue the revenue<br>the revenue the revenue<br>the revenue the revenue<br>the revenue the revenue the revenue<br>the revenue the revenue t   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (A)<br>ue (Part VIII, column (A), line<br>income (Part VIII, column (A),<br>ue (Part VIII, column (A), line<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part 11,<br>her compensation, employed<br>al fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>ness. Add lines 13–17 (mus-<br>ess expenses, Subtract line<br>ts (Part X, line 16)<br>store (Part X, line 26)<br>store balances, Subtrace   | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>2 1h)<br>a 2g)<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column (<br>n (D), line 3<br>lines 5, 6d<br>(must eq<br>(1X, column (<br>n (D), line 3<br>lines 11a)<br>st equal F<br>e 18 from<br>  | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 10)<br>V, line 2a)<br>(2   | 2)<br>10)                           | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6<br>18<br>ginning of Cur<br>35<br>17<br>16   | 5<br>6<br>7a<br>7b<br>7b<br>03,087<br>68,900<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>0<br>359,836<br>0<br>0<br>418,104<br>,777,940<br>,770,940<br>,770,940<br>,770,940<br>5,999,321<br>7,292,631<br>8,706,690  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| et Asses or Expenses Revenue              | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16 To tal<br>17 Total<br>18 Cont<br>19 Prog<br>20 Total<br>18 To<br>19 Ref<br>20 Total<br>20 Total<br>21 Total<br>20 Total<br>21 Total<br>22 Total<br>23 Total<br>24 Total<br>25 Sal<br>20 Total<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>23 Total<br>24 Total<br>25 Sal<br>26 Total<br>27 Total<br>28 Cont<br>29 Prog<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>20 Total<br>21 Total<br>21 Total<br>22 Total<br>23 Total<br>23 Total<br>24 Total<br>25 Sal<br>20 Total<br>20 Total<br>21 Total<br>20 Total<br>21 Total  | tributions<br>of revenue<br>al revenue<br>tributions<br>of revenue<br>al revenue<br>al revenue<br>the revenue the revenue<br>the revenue the revenue<br>the revenue the revenue<br>the revenue the revenue the revenue<br>the revenue the revenue t   | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (A)<br>ue (Part VIII, column (A), line<br>income (Part VIII, column (A),<br>ue (Part VIII, column (A), line<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part 11,<br>her compensation, employed<br>al fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>ness. Add lines 13–17 (mus-<br>ess expenses, Subtract line<br>ts (Part X, line 16)<br>store (Part X, line 26)<br>store balances, Subtrace   | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>2 1h)<br>a 2g)<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column (<br>n (D), line 3<br>lines 5, 6d<br>(must eq<br>(1X, column (<br>n (D), line 3<br>lines 11a)<br>st equal F<br>e 18 from<br>  | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 10)<br>V, line 2a)<br>(2   | 2)<br>10)                           | Prior Year<br>5,2<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>1,<br>6<br>18<br>ginning of Cur<br>35<br>17<br>16   | 5<br>6<br>7a<br>7b<br>7b<br>03,087<br>68,900<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>0<br>359,836<br>0<br>0<br>418,104<br>,777,940<br>,770,940<br>,770,940<br>,770,940<br>5,999,321<br>7,292,631<br>8,706,690  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
| C Net Assets or Expenses Ravenue          | 3 Numb<br>4 Numb<br>5 Total<br>6 Total<br>7a Total<br>6 Total<br>7a Total<br>9 Prog<br>10 Inve<br>11 Oth<br>12 Total<br>13 Gra<br>14 Ber<br>15 Sal<br>16a Pro<br>b Total<br>16 Total<br>13 Gra<br>14 Ber<br>17 Oth<br>18 Total<br>16 Dotal<br>19 Prog<br>20 Total<br>20   | tributions<br>of revenue la<br>presente la unrelated<br>tributions<br>of the lange of the lange<br>of the lange of the lange of the lange<br>lange of the lange of the lange of the lange<br>of the lange of the  | lependent voting members<br>of individuals employed in<br>of volunteers (estimate if i<br>ed business revenue from F<br>I business taxable income f<br>s and grants (Part VIII, line<br>vice revenue (Part VIII, column (A)<br>ue (Part VIII, column (A), line<br>income (Part VIII, column (A),<br>ue (Part VIII, column (A), line<br>ue-add lines 8 through 11<br>similar amounts paid (Part<br>d to or for members (Part 11,<br>her compensation, employed<br>al fundraising fees (Part IX,<br>sing expenses (Part IX, column<br>inses (Part IX, column (A),<br>ness. Add lines 13–17 (mus-<br>ess expenses, Subtract line<br>ts (Part X, line 16)<br>store (Part X, line 26)<br>store balances, Subtrace   | s of the go<br>n calendar<br>necessary<br>Part VIII, c<br>from Form<br>2 1h)<br>a 2g)<br>(A), lines 3<br>ines 5, 6d<br>(must eq<br>(1X, column<br>(X, column (<br>n (D), line 3<br>lines 5, 6d<br>(must eq<br>(1X, column (<br>n (D), line 3<br>lines 11a)<br>st equal F<br>e 18 from<br>  | overning body (Pri<br>year 2021 (Pari<br>y)  | art V), line 10)<br>V, line 2a)<br>(2   | 2)<br>10)                           | Prior Year<br>5,2/<br>3,8<br>16,4<br>25,4<br>5,<br>5,<br>5,<br>1,<br>6<br>18<br>ginning of Cur<br>35<br>17<br>16<br>18<br>ginning of Cur<br>18<br>ginning of Cur<br>19<br>11<br>10<br>11<br>10<br>11<br>10<br>11<br>10<br>11<br>10<br>11<br>10<br>10                        | 5<br>6<br>7a<br>7b<br>03,087<br>68,800<br>125<br>112,618<br>184,630<br>0<br>0<br>359,836<br>0<br>0<br>359,836<br>0<br>0<br>359,836<br>0<br>0<br>418,104<br>,777,940<br>,706,690<br>rent Year<br>5,999,321<br>7,292,631<br>3,706,690  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |
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Department of Revenue Services State of Connecticut (Rev. 01/24) N.C.

Municipality: Bridgeport

# Form NAA-01

# 2024 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: \_\_\_\_\_\_ University of Bridgeport

Address: 126 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0646936

Program title: Jobs for Bridgeport

Name of contact person: Elena Cahill

(203) 576-2389 Telephone number:

Email address: ecahill@bridgeport.edu

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

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

X 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;
- \_X Program serving low-income persons;
- \_\_\_\_\_ Child care services;
- Establishment of a child day care facility;
- \_\_\_\_\_ Open space acquisition fund; or
- \_\_\_\_ Other (specify): \_\_\_\_\_

#### Description of program:

The University of Bridgeport seeks to enhance its work as a community centered, workforce focused institution of higher learning. It seeks to provide education and training leading to employment as a foundation for lifelong learning. Most of the UB college students for this program are referred by local community based organizations and are low income students requiring tuition assistance.

Need for program:

The Bridgeport labor market area continues to experience chronic unemployment. At the same time, job training funds in the area have decreased, creating great needs for retraining our unemployed and under-employed workforce.

Neighborhood area to be served:

Bridgeport Area

Plan to implement the program:

University of Bridgeport-Training vocational areas and ESL.

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 2 of 5

### Timetable:

| Program start date: 12/31/20  | )24                       |
|-------------------------------|---------------------------|
|                               | MM - DD - YYYY            |
| Program completion date: _1   | 2/31/2025<br>MM - DD YYYY |
| Post-project audit due date:  | 00/04/0000                |
| i out project dadit sae antes | MM - DD - YYYY            |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

### Part III - Financial Information

### **Program Budget:**

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

### Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:                                    | \$150,000.00 |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) Tuition  | \$150,000.00 |
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a)  |              |
| b)  |              |
| C)  |              |
| d)  |              |
| Total Proposed Expenditures:                      | \$150,000.00 |

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

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

| Mailing address:   |  |
|--|--|
| 999 Broad Street, Bridgeport, CT 06604                                 |  |
| Name of municipal liaison: Max Perez, Director of Business Development |  |
|  |  |
| Telephone number: (203) 576-3976                                       |  |

| Post-Proj                 | ect Audit               |
|---------------------------|-------------------------|
| s a post-project audit re | quired for this proposa |
| imes Yes                  | No                      |
| If Yes, date post-        | project audit due:      |
| 3/31/                     | 2026                    |
| Da                        | ate                     |

Form NAA-01 (Rev. 01/24)

| _   |   | C print - DO NOT PROCESS As Filed Data -  |            |  |  | 93493131072333<br>OMB No. 1545-004   |
|---|---|---|------------|--|--|--|
| Form 990 Return of Organization Exempt From Income Tax<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for |   |   |            |  |  |  |
|   |   |   |            |  | dations  | 2021   |
| -   |   | Do not enter social security numbers on this form as it   | may be m   | ade public.  |  | Open to Public   |
| Depar   | ument of the  | Go to www.lrs.gov/Form990 for instructions and the  | e latest i | nformation.  |  | Inspection   |
| ntem  | al Revenue Serv   |   |            |  | _  |  |
| 1 1   | or the 2021   | calendar year, or tax year beginning 07-01-2021 , and ending 06   | -30-2022   |  |  |  |
|   | eck if applicable   | C Name of organization<br>THE UNIVERSITY OF BRIDGEPORT INC  |            |  |  | ntification number   |
|   | dress change<br>ame change  |   |            | 86-1   | 274088   |  |
|   | itiai return  | Doing business as   |            |  |  |  |
|   | al return/termina   |   |            | E Teles  | hone num   | iber   |
| 200   | mended return   | Number and street (or P.O. box if mail is not delivered to street address) Room,<br>126 PARK AVE  | suite      | 1950   | ) 548-20   | 548  |
| L A   | oplication pend   | City or town, state or province, country, and ZIP or foreign postal code  |            | 1000   | 1 240-20   | 540  |
|   |   | BRIDGEPORT, CT 06604  |            | G Gros   | s receipts   | \$ 113,459,983   |
|   |   | F Name and address of principal officer:  | H(a)       | Is this a group  |  |  |
|   |   | WILLIAM GUERRERO  | 1.101      | subordinates?  |  | Yes No   |
|   |   | 126 PARK AVE<br>BRIDGEPORT, CT 06604  | H(b)       | Are all subord   |  | Yes DNo  |
| Ta  | x-exempt state  |   |            | included?  | a her S  | ee instructions.   |
|   |   | ₩ 501(c)(3)   | H(c)       | Group exempt   |  |  |
| v   | ebsite: P   | WWW.GOODWIN.EDU   |            |  |  |  |
|   | m of prospirati   | on: 🗹 Corporation 🗋 Trust 🖾 Association 🗋 Other 🕨   | L Year     | of formation: 202  | 1 M St   | ate of legal domicile: CT  |
| rui   | in or organizati  |   |            |  |  |  |
| P   | art i Su  | mmary   |            |  |  |  |
|   | 2 Check<br>3 Number   | this box $\blacktriangleright$ if the organization discontinued its operations or discosed of<br>ir of voting members of the governing body (Part VI, line 1a)  | more tha   | n 25% of its ne  | t assets   |  |
| es  |   |   |            | * *  | +  | 3 1.   |
|   | and the second second second  | r of independent voting members of the governing body (Part VI, line 1b)  |            |  | 1  | 3 1<br>4 1   |
|   | 5 Total n   | r of independent voting members of the governing body (Part VI, line 1b) umber of individuals employed in calendar year 2021 (Part V, line 2a)  |            | · · ·  | - H  | 3 1<br>4 1<br>5 1,04   |
|   | 5 Totai n<br>6 Totai n  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuais employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary) ,  |            | · · · · · · · · · · · · · · · · · · ·  | t  | 3 1.<br>4 1<br>5 1,04<br>6 1   |
|   | 5 Total n<br>6 Total n<br>7a Total u  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a)<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12   |            | · · · · · · · · · · · · · · · · · · ·  |  | 3 1<br>4 1<br>5 1,04<br>6 7a   |
|   | 5 Total n<br>6 Total n<br>7a Total u  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuais employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary) ,  |            | Prior Year   |  | 3 1<br>4 1<br>5 1,04<br>6 7<br>7<br>b  |
|   | 5 Totain<br>6 Totain<br>7a Totaiu<br>6 Net un   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuais employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11   |            | Prior Year   |  | 3 1<br>4 1<br>5 1,04<br>6 7<br>7<br>7<br>b Current Year  |
|   | 5 Totai n<br>6 Totai n<br>7a Totai u<br>6 Net un<br>8 Contrit   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,20   | 33,087   | 3 1<br>4 1<br>5 1,04<br>6 7<br>7<br>7<br>b Current Year<br>9,522,57  |
|   | 5 Totain<br>6 Totain<br>7a Totaiu<br>6 Net un<br>8 Contrit<br>9 Progra  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>nutions and grants (Part VIII, line 1h)  |            | Prior Year<br>5,20   |  | 3 1<br>4 1<br>5 1,04<br>6 7<br>7a 7<br>Current Year 9,522,57<br>100,787,60   |
|   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investo   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,20<br>3,80   | 03,087<br>58,800<br>125  | 3 1<br>4 1<br>5 1,04<br>6 7<br>7<br>7<br>b Current Year<br>9,522,57  |
|   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investu<br>11 Other   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>nutions and grants (Part VIII, line 1h)<br>mervice revenue (Part VIII, line 1h)<br>nent income (Part VIII, column (A), lines 3, 4, and 7d )<br>revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |            | Prior Year<br>5,20<br>3,80<br>16,41  | 03,087   | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 7<br>Current Year 9,522,57<br>100,787,60<br>9,15  |
|   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>metrice revenue (Part VIII, line 1h)<br>metrice revenue (Part VIII, line 1h)   |            | Prior Year<br>5,20<br>3,80<br>16,41  | 03,087<br>58,800<br>125<br>12,618  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 7<br>Current Year 9,522,57<br>100,787,60<br>9,15<br>3,140,64  |
|   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investi<br>11 Other<br>12 Total n<br>13 Grants  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>utions and grants (Part VIII, line 1h)<br>m service revenue (Part VIII, line 1h)<br>ment income (Part VIII, column (A), lines 3, 4, and 7d )<br>revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>evenue—add lines 6 through 11 (must equal Part VIII, column (A), line 12)<br>and similar amounts paid (Part IX, column (A), lines 1–3 )  |            | Prior Year<br>5,20<br>3,80<br>16,41  | 03,087<br>58,800<br>125<br>12,618<br>34,630  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98  |
| onuover   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>metrice revenue (Part VIII, line 1h)<br>metrice revenue (Part VIII, line 1h)   |            | Prior Year<br>5,20<br>3,80<br>16,41<br>25,40   | 03,087<br>58,800<br>125<br>12,618<br>34,630<br>0   | 3 1<br>4 1<br>5 1,044<br>6 7<br>7 b 7<br>Current Year 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31  |
| onuover   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investi<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>metrice revenue (Part VIII, line 1h)<br>metrice revenue (Part VIII, line 1h)<br>nent income (Part VIII, column (A), lines 3, 4, and 7d )<br>revenue (Part VIII, column (A), lines 5, 5d, 8c, 9c, 10c, and 11e)<br>evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)<br>and similar amounts paid (Part IX, column (A), lines 1–3 )  |            | Prior Year<br>5,20<br>3,80<br>16,41<br>25,40   | 03,087<br>58,800<br>125<br>12,618<br>54,630<br>0<br>0  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7 7<br>7 7<br>6 7<br>7 7<br>7 7<br>7 7<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31  |
| onuover   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investi<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>m service revenue (Part VIII, line 1h)   |            | Prior Year<br>5,20<br>3,80<br>16,41<br>25,40   | 33,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>0<br>59,836  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39  |
| enueven   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investi<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>m service revenue (Part VIII, line 1h)   |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4)<br>5,3!   | 33,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>0<br>59,836  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39  |
| onuover   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)<br>nrelated business revenue from Part VIII, column (C), line 12<br>related business taxable income from Form 990-T, Part I, line 11<br>nutions and grants (Part VIII, line 1h)<br>metrice revenue (Part VIII, line 1h)<br>nent income (Part VIII, column (A), lines 3, 4, and 7d )<br>networke (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)<br>and similar amounts paid (Part IX, column (A), lines 1–3 )<br>s, other compensation, employee benefits (Part IX, column (A), lines 5–10)<br>sional fundraising fees (Part IX, column (A), line 11e)<br>ndraising expenses (Part IX, column (A), line 25) ≥0 |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3!   | 03,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>0<br>9,836<br>0  | 3 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39  |
| extraises   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total n<br>17 Other<br>18 Total e   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,44<br>5,3:<br>5,3:<br>1,4:<br>6,7:<br>18,7(  | 03,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>59,836<br>0<br>59,836<br>0<br>59,836<br>0<br>6,8,104<br>77,940<br>16,690   | 3 1 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00   |
| extraises   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total n<br>17 Other<br>18 Total e   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3!<br>1,4:<br>6,7:   | 03,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>59,836<br>0<br>59,836<br>0<br>59,836<br>0<br>6,8,104<br>77,940<br>16,690   | 3 1 1<br>4 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98   |
| extraises   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investr<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other<br>18 Total e<br>19 Revent   | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3(<br>1,4)<br>6,7)<br>18,7(<br>18,7(<br>18,7(  | 23,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>18,104<br>77,940<br>16,690<br>at Year   | 3 1 1<br>4 1 1<br>5 1,044<br>6 7<br>7a 7<br>Current Year<br>9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00<br>End of Year   |
| extraises   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investri<br>11 Other n<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other n<br>18 Total e<br>19 Revenu  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3)<br>1,41<br>6,71<br>18,70<br>inning of Currer<br>35,99   | 23,087<br>58,800<br>125<br>2,618<br>34,630<br>0<br>0<br>39,836<br>0<br>39,836<br>0<br>39,836<br>0<br>1<br>8,104<br>47,940<br>16,690<br>14 Year<br>19,321   | 3 1 1<br>4 1 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00<br>End of Year<br>41,862,16   |
| cyclinics and   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investri<br>11 Other 1<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other 1<br>18 Total e<br>19 Revenu<br>20 Total a<br>21 Total 6  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a)<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3]<br>1,41<br>6,7]<br>18,7(<br>inning of Carrer<br>35,99<br>17,25  | 23,087<br>58,800<br>125<br>2,618<br>34,630<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>18,104<br>47,940<br>16,690<br>14 Year<br>19,321<br>92,631  | 3 1 1<br>4 1 1<br>5 1,044<br>6 7<br>7a 7<br>Current Year<br>9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00<br>End of Year<br>41,862,16<br>19,148,46                                   |
| Fund Balances caparises inversion   | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investri<br>11 Other 1<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other 1<br>18 Total e<br>19 Revenu<br>20 Total a<br>21 Total 6<br>22 Net as:  | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a) .<br>umber of volunteers (estimate if necessary)  |            | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3]<br>1,41<br>6,7]<br>18,7(<br>inning of Carrer<br>35,99<br>17,25  | 23,087<br>58,800<br>125<br>2,618<br>34,630<br>0<br>0<br>39,836<br>0<br>39,836<br>0<br>39,836<br>0<br>1<br>8,104<br>47,940<br>16,690<br>14 Year<br>19,321   | 3 1 1<br>4 1 1<br>5 1,044<br>6 7<br>7a 9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00<br>End of Year<br>41,862,16   |
| Son Fund Balances Expenses Havenue  | 5 Total n<br>6 Total n<br>7a Total u<br>b Net un<br>8 Contrit<br>9 Progra<br>10 Investi<br>11 Other<br>12 Total n<br>13 Grants<br>14 Benefit<br>15 Salarie<br>16a Profes<br>b Total fu<br>17 Other<br>18 Total e<br>19 Revenu<br>20 Total a<br>21 Total i<br>22 Net as:<br>11 Sig<br>20 Lotal a<br>21 Total o<br>22 Net as:         | r of independent voting members of the governing body (Part VI, line 1b)<br>umber of individuals employed in calendar year 2021 (Part V, line 2a)<br>umber of volunteers (estimate if necessary)  | Bag        | Prior Year<br>5,2(<br>3,8)<br>16,4:<br>25,4(<br>5,3)<br>5,3!<br>1,4:<br>6,7:<br>15,7(<br>inning of Currer<br>35,9:<br>17,25<br>18,7(<br>es and stateme                     | 23,087<br>58,800<br>125<br>12,618<br>34,630<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>39,836<br>0<br>0<br>125<br>12,618<br>34,630<br>0<br>125<br>12,618<br>34,630<br>0<br>125<br>12,618<br>34,630<br>0<br>125<br>12,618<br>34,630<br>0<br>125<br>12,618<br>14,630<br>0<br>10<br>12,518<br>14,630<br>0<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10 | 3 1 1<br>4 1 1<br>5 1,044<br>6 7<br>7a 7<br>Current Year<br>9,522,57<br>100,787,60<br>9,15<br>3,140,64<br>113,459,98<br>32,890,31<br>35,570,39<br>40,992,27<br>109,452,98<br>4,007,00<br>End of Year<br>41,862,16<br>19,148,46<br>22,713,69<br>to the best of my |
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| Paid     | Print/Type preparer's name                        | Preparer's signature | Date<br>2023-05-11 | Check I if self-employed |            |
|----------|---|----------------------|--------------------|--------------------------|------------|
| Preparer | Firm's name COHNREZNICK U                         | LP                   |                    | Firm's EIN 🏲 2           | 2-1478099  |
| Use Only | Firm's address > 350 CHURCH STR<br>HARTFORD, CT C |                      |                    | Phone no. (959           | ) 200-7080 |

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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

Address: 1235 Huntington Turnpike, Trumbull CT 06611

Federal Employer Identification Number: 22-3035152

Program title: Merton House Energy Efficiency Upgrades

Name of contact person: Kathleen Williams (Ext 1757)

(203) 359-6940 Telephone number:

Email address: kwilliams@cthousingpartners.org

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

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

× Yes

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

No

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):

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

Need for program: \_\_\_\_\_\_ See attached.

Plan to implement the program: \_\_\_\_\_\_ See attached.

# 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-Proje                  | ect Audit                 |
|-----------------------------|---------------------------|
| ls a post-project audit rec | quired for this proposal? |
| Yes                         | No                        |
| If Yes, date post-p         | project audit due:        |
| Da                          | te                        |

Form NAA-01 (Rev. 01/24)

### Timetable:

| Program start date: 09/01/20 | 24             |
|------------------------------|----------------|
|                              | MM - DD - YYYY |
| Program completion date: 0   | 8/01/2026      |
| Post-project audit due date: | 10/04/0000     |
|                              | MM - DD - YYYY |

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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### Part III — Financial Information

### **Program Budget:**

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

### Sources of Revenue:

| NAA funds requested                                       | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:                 |              |
| a) None   |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:  | \$150,000.00 |
| Proposed Program Expenditures:                            |              |
| Direct operating expenses - itemized description:         |              |
| a) Replace 16 existing HVAC units with Energy Rated Units | \$116,000.00 |
| b)  |              |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:           |              |
| a) Overhead/Supervision                                   | \$34,000.00  |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:                              | \$150,000.00 |

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

### Part II - Program Information

### **Description of Program:**

Mutual Housing Association of Southwestern Connecticut d.b.a. as Connecticut Housing Partners ("MHASWC/CHP") is the largest non-profit affordable housing developer in Connecticut. We have over 33 years of experience developing and managing affordable housing. Our communities include the elderly, families, and the workforce. Our mission is to continue to build and preserve affordable housing communities and to enhance the quality of life for those in need of safe, energy efficient and affordable housing opportunities in Connecticut. We focus on two principal areas:

- 1. Affordable Housing Development and Property Management.
- 2. Preservation and Energy Efficiency Upgrades of Existing Affordable Housing.

The proposed project for 2024 NAA funding will be Energy Conservation and Sustainable Energy Performance Improvements that include: replacement of 16 existing HVAC units with Energy Rated units. These improvements will be implemented at one of MHASWC/CHP's Bridgeport properties known as the Merton House located at 65 Madison Avenue and 152-172 Catherine Street in Bridgeport, CT. The Merton House provides permanent supportive housing for homeless women with children. The two building, 22-unit complex is owned by Connecticut Housing Partners with case management services provided by Catholic Charities of Bridgeport.

#### Need for Program:

Built in 2010, the Merton House is in Bridgeport's Hollow Neighborhood. It is a 22-unit family, permanent supportive housing mostly comprised of homeless women with children.

2022 Housing Data Profiles for Bridgeport state that households that use electricity spend 4.7% of their income on energy. The above listed energy improvements will have a positive impact on the 33 families living in the units by:

- Reducing living expenses for the families.
- Reducing the need for excessive, unnecessary energy costs.
- Helping create greater household income stability among vulnerable families.
- Helping the environment by reducing carbon footprint and energy consumed.
- Replacing unhealthy, environmentally degraded equipment.

MHASWC/CHP is seeking \$150,000 in investment funds from the Connecticut Neighborhood Assistance Tax Credit Program to support energy efficiency upgrades.

### Neighborhood Area to Be Served:

#### **Bridgeport's West End Community**

Bridgeport is the largest city in the state with a total population of 148,529. The average median household income is \$54,440 (Census 2022). The poverty rate is 23.2%. The largest Bridgeport racial/ethnic groups are Hispanic (36.2%) followed by White (32.4%) and Black (19.6%). The West End neighborhood borders the Long Island Sound and is bisected by I-95 and the Amtrak/Metro-North rail line.

The harsh reality of housing in Bridgeport is that low-income families are either living in substandard housing or they are on the brink of homelessness. More families have nowhere to turn, and many will become homeless without the services and housing developments that MHASWC/CHP provides.

The proposed upgrades for the Merton House will help to address the need to improve residential energy efficiency. By using proceeds from NAA tax credits, MHASWC/CHP can make these improvements as part of its overall affordable housing conservation and energy efficiency strategy.

### Plan to Implement the Program:

MHASWC/CHP's Chief Executive Officer, Renée Dobos, and Vice President of Real Estate, Steve Gulick, who oversee all real estate development activities from concept through to construction, including property acquisition, financial feasibility, obtaining funding, construction management, and property management will oversee the program and ensure the project remains in compliance throughout the entire NAA Tax Credit program period. Steve Gulick will be responsible for replacement, implementation, and commissioning of energy-efficient improvements at each of the 22 units in the project.

Robin Jerrild, MHASWC/CHP's Director of Development, and Kathleen Williams, Director of Public Relations, who together oversee all marketing, public relations, social media, fundraising, grant applications and administration will be responsible for securing a corporate partner or partners for the financing and investment of NAA Tax Credit funds.

Rob Weiss, Chief Financial Officer, will be responsible for any required subsequent reporting to the City of Bridgeport and/or Department of Revenue Services post tax credit distribution and audit.

Having such well-rounded dedicated staff on MHASWC/CHP's team will ensure that the NAA Tax Credit Program will be implemented in a responsible and timely manner as we provide critical energy-efficient upgrades to our affordable housing family community.

| Form 990<br>Return of Organization Exempt From Income Tax<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)                                   |  |  |   |  |   | . +   | CMB No. 1545-0047  | _                            |      |
|--|--|--|---|--|---|---|--|------------------------------|------|
|  |  |  |   |  |   |   |  | 2022                         |      |
| Department of the Treasury<br>Internal Revenue Service Do not enter social security numbers on this form as it may be made in<br>Go to www.irs.gov/Form990 for instructions and the latest infor |  |  |   |  | ade public.                                 |   | Open to Public<br>Inspection   |                              |      |
| A  | For the 2  | 022 calendar   | year, or tax year be  | ginning  | , 2022, and end                             | ing   | ,  | 20                           |      |
| B  | Check if app   | licable: C   |   |  |   | 1   | ) Employer Identi  | fication number              |      |
| Address change MUTUAL HOUSING ASSOCIATION OF   |  |  |   |  |   |   | 22-3035:   | 152                          |      |
|  | Name c   |  | OUTHWESTERN C   |  |   | 1   | E Telephone numb   | ier                          |      |
|  | Initial re   | etura 12   | 235 HUNTINGTO   | N TURNFIKE   |   |   | (203) 3  | 59-6940                      |      |
| Final return/terminated  |  | rn/terminated  | RUMBULL, CT 0   | 0011   |   |   | G Gross receipts   | \$ 1,274,9                   | 63   |
|  | H  | ed return  | Name and address of prim  | anal officer-  |   | the second se | group return for sub   |                              | X No |
|  | L Appica   |  |   |  |   |   |  | TES                          | No   |
| 1  | Tax-exem   |  | ME AS C ABOV<br>501(c)(3) 501(c)  |  | 47(a)(1) or 527                             | II "No," a  | ibordinates included<br>ttach a list. See ins  | tructions.                   | -    |
| 1  | Website  |  | USINGPARTNER  | Y  |   | - Contra ou   | emplion number   |                              |      |
| ĸ  |  |  | Corporation Trust   | Association Other  | II was store                                | nation: 1996  | A comparison of the second   | egal domicile: CT            |      |
| Pa   |  | rganization: X   | Corporation 1 Trust   | Association Other  | L Tear of form                              | 1990  | I'm state or i   | egar durinche. C.1           |      |
| Governance   | 2 Che  | eck this box   | if the organiz  | ission or most significant activ   | is or disposed of                           | more than 25  | % of its net as  |                              |      |
|  |  |  |   | overning body (Part VI, line 1a)   |   |   |  |                              | 14   |
| Activities &   |  |  |   | bers of the governing body (Pa   |   |   |  |                              | 14   |
| ritie  |  |  |   | d in calendar year 2022 (Part )<br>e if necessary)   |   |   |  |                              | 21   |
| ctiv   |  |  |   | om Part VIII, column (C), line 1   |   |   |  |                              | 50   |
| A  |  |  |   | me from Form 990-T, Part I, lir  |   |   |  |                              | 0.   |
| -  | 5  | c un ciato a ci  |   | ine mentil entre entre officient of the  |   |   | ior Year   | Current Yea                  |      |
|  | 8 Cor  | ntributions ar   | d grants (Part VIII.  | line 1h)   |   |   | 684,196.   | 458,0                        |      |
| Revenue  |  |  |   | line 2g)   |   |   |  |                              | 139. |
| ver  |  | · · · · · · · · · · · · · · · · · · ·  |   | n (A), lines 3, 4, and 7d)   |   |   |  |                              | 238. |
| Re   | 11 Oth   | ner revenue (  | Part VIII, column (A)   | ), lines 5, 6d, 8c, 9c, 10c, and   | 11e)  | ***   | 28,486.  | 65,5                         |      |
|  | 12 Tot   | tal revenue -  | add lines 8 through   | 11 (must equal Part VIII, colu   | mn (A), line 12).                           | 2,  | ,661,661.  | 1,274,9                      | 963. |
| -  | 13 Gra   | ants and simi  | lar amounts paid (P   | art IX, column (A), lines 1-3)   |   |   |  |                              |      |
|  | 14 Bei   | nefits paid to   | or for members (Pa  | rt IX, column (A), line 4)   |   |   |  |                              |      |
|  | 15 Sal   | laries, other  | compensation, empl  | oyee benefits (Part IX, column   | (A), lines 5-10)                            |   | 919,840.   | 1,150,3                      | 352. |
| Expenses   | 16a Pro  | ofessional fur   | draising fees (Part I   | X, column (A), line 11e)   |   |   |  |                              |      |
| per  | b Tot  | al fundraisin  | a expenses (Part IX.  | column (D), line 25)   |   |   |  |                              |      |
| Щ  |  |  | enses (Part IX, column (A), lines 11a-11d, 11f-24e).  |  |   |   | , 572, 523.  | 1,672,                       | 986  |
|  |  |  | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |  |   |   | ,492,363.  | 2,823,3                      |      |
|  |  | and the second sec |   | ne 18 from line 12   |   |   | 169,298.   | -1,548,                      | _    |
| 1000   |  |  |   |  |   |   | of Current Year  | End of Year                  |      |
| ots  | 20 Tot   | otal assets (Part X, line 16)  |   |  |   | 16  | ,772,020.  | 16,231,0                     | 098. |
|  |  | tal liabilities (  | Part X, line 26)  |  |   |   | ,216,956.  | 4,224,                       |      |
| Not  | 22 Ne  | t assets or fu   | ind balances. Subtra  | ict line 21 from line 20   |   |   | ,555,064.  | 12,006,                      |      |
|  |  | Signature  |   |  |   |   |  |                              |      |
| 100 100  | A CONTRACTOR OF A CONTRACTOR A CONTRA | · · · · · · · · · · · · · · · · · · ·  | the second se   | s return, including accompanying schedu<br>d on all information of which preparer ha   | les and statements, and<br>s any knowledge. | to the best of my   | / knowledge and be   | lief, it is true, correct, a | and  |
|  |  | Signature of oth   | CDI   |  |   | Date  |  |                              |      |
| Sig  |  | RENEE D  | OBOS  |  |   | EXECUTI   | VE DIR.  |                              | _    |
| _  |  | Type or print na   | and the second se | Income to the term   | 16.4  |   |  | CYCDA .                      |      |
|  |  | PrinVType prep   |   | Preparer's signature   | Date  |   | Check [] (f  | PTIN                         |      |
| Pa   |  |  | . GEEL CPA  | JASON D. GEEL CF   | A 8/2                                       | 3/23  | self-employed  | P01664437                    | -    |
| Pr   | eparer   | Firm's name  | MALETTA &   |  |   |   |  |                              |      |
| Us   | e Only   | Firm's address   | 43 ENTERPR  | - All and the second of the second seco |   |   |  | 1209905                      |      |
| -  |  |  | BRISTOL, C  |  |   |   | and the second sec | 5826715                      | 1    |
| May the IRS discuss this return with the preparer shown above? See instructions  |  |  |   |  | X Yes                                       | No  |  |                              |      |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/01/22

Form 990 (2022)

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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:<br>The Child and Family Guidance Center |  |
|---|--|
| Address: 180 Fairfield Avenue, Bridgeport, CT 06604                                       |  |
| Federal Employer Identification Number:   |  |
| Program title: Patient Access and Intake  |  |
| Name of contact person: Danielle Marchione  |  |
| (203) 394-6529 Telephone number:  |  |
| Email address:dmarchione@cfguidance.org   |  |

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

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

X 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
- X Other (specify): Patient Access and Intake

#### Description of program:

The vision of The Child and Family Guidance Center (CFGC) is that all children and families have the emotional well-being and resources needed to succeed in life. We provide children and families with culturally-informed mental health care and complementary supports, regardless of ability to pay. In our nearly 100 year history, 2 things have remained constant - the need for accessible mental health services and champions to advocate for them. Our 125 staff members meet this need for the community. The Child and Family Guidance Center is beginning a major renovation project on the first floor to better serve our clients.

#### Need for program:

This renovation project addresses four major areas of concern: security, social distancing, privacy, and accessibiliy. The security of our staff, clients and building is our top priority. We will be building a secure accessible entryway, installing a door security buzzer system, updating a security desk that is better positioned to be a first point of entry. To ensure we are up to date with ADA compliance, all doorways will be enlarged, main areas and offices will provide sufficient space to allow for wheelchair access and the check-in counter will have an area at the height of a seated individual. To address privacy, our clinic, check out and waiting rooms will be soundproofed. Additionally, a sit and play area for child clients will be created to better manage anxiety.

Neighborhood area to be served: Bridgeport, CT

#### Plan to implement the program:

In 2023, CFGC secured funding from 6 new corporations/business and foundation, not including new individual donors and grant requests. As part of these new funding sources, CFGC obtained 2 new funding sources for this renovation project. The first was the State of Connecticut Office of Early Childhood's OEC Home Visiting ARPA One TIme Private Provider Grant and the other was from The Connecticut Health and Educational Facilities Authority (CHEFA). We are currently working with Visonary Interiors Architects to plan the redesign for our reception and intake areas so that they are more welcoming to families and provide additional security.

Form NAA-01 (Rev. 01/24)

#### Timetable:

| Program start date: 04/12/20 | 23             |
|------------------------------|----------------|
| Program start date.          | MM - DO - YYYY |
| Program completion date: 0   | 4/12/2026      |
| Post-project audit due date: | 01110/00/0     |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

\$75,000.00

\$17,000.00

\$206,000.00

\$298,000.00

\$422 500.00

# Part III — Financial Information

# Program Budget:

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

# Sources of Revenue:

NAA funds requested

Other funding sources - itemized sources:

| Oth | her funding sources - item |                                    |
|-----|----------------------------|------------------------------------|
| 00  | it i liesth an             | d Educational Facilities Authority |
| 2)  | The Connecticut Health an  | d Eddoard                          |
| 41  |                            | Visiting ARPA (                    |

- b) CT Office of Early Childhood's OEC Home Visiting ARPA C
- c) ARPA DCF
- d) \_\_\_\_\_

Total Funding:

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

| Direct of the second seco | 0122,000     |
|--|--------------|
| a) Patient Access and Intake Construction  | \$37,000.00  |
| b) Furniture   | \$13,000.00  |
| c) Security  | \$10,000.00  |
| d) IT / Communications/ Signage  |              |
| Administrative expenses - itemized description:  | \$0.00       |
| a)   |              |
| b)   |              |
| c)   |              |
| d)   | \$482,500.00 |
| Total Proposed Expenditures:   |              |

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation of th | e program: |
|--|------------|
| Mailing address:   |            |
| Name of municipal liaison:                               |            |
| Telephone number:  |            |
| Fax number:  |            |
| Email address:   |            |

| Post-Pro                   | ject Audit                |
|----------------------------|---------------------------|
| ls a post-project audit re | equired for this proposal |
| Yes                        | No                        |
| If Yes, date post-         | project audit due:        |
| D;                         | ate                       |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

| -                       | ment of the<br>Revenue S              | Service Go to www.irs.gov/Form   | of the Internal Revenue<br>numbers on this form<br>990 for instructions an | e Code (exc<br>as it may b<br>d the latest | e made public.<br>information.                                 | ndations       | a) 2021<br>Open to Public<br>Inspection |
|-------------------------|---------------------------------------|--|--|--|--|----------------|---|
| A Fo                    | or the 20                             | 021 calendar year, or tax year beginning JUL   | 1, 2021 and  | ending J                                   | UN 30, 2   |                |   |
| B Chi<br>app            | eck if<br>blicable:                   | C Name of organization   |  |  | D Employer   | identific      | ation number                            |
| -                       | Address<br>change<br>Name<br>change   | THE CHILD AND FAMILY GUID<br>Doing business as   | ANCE CENTER 1  | INC  | 06-01  | 56910          | 6                                       |
|                         | Initial<br>return<br>Final            | Number and street (or P.O. box if mail is not delivered to street address) Room/sult<br>180 FATRETELD AVENUE                                       |  |  | E Telephone number<br>203-367-5361                             |                |   |
|                         | return/<br>termin-<br>ated<br>Amanded | City or town, state or province, country, and ZIP or   | foreign postal code  |  | G Gross receipts \$ 11,127,569.<br>H(a) is this a group return |                |   |
| H                       | Applica-<br>tion<br>pending           | BRIDGEPORT, CT 06604<br>F Name and address of principal officer: MICHAE<br>SAME AS C ABOVE   | L PATOTA   |  | for subor  | rdinates?      |   |
| 1 Ta                    | x-exemp                               |  | isert no.) 🔲 4947(a)(1)  | or 527                                     |  | attach a l     | ist. See instructions                   |
| JW                      | ebsite:                               | Association Trust Association  | on Other ►   | 1 Vear                                     |  |                | State of legal domicile: CT             |
| Par                     | til C                                 | panization: X Corporation Trust Associati  |  | L rodi                                     | or for mation,   | a al ivi       | and a regarder of the set               |
| T                       | 1 Brid                                | efly describe the organization's mission or most signifi<br>ENTER (CFGC) IS A COMMUNITY-   | cant activities: THE<br>BASED CENTER                                       | CHILD<br>THAT                              | AND FAMI<br>PROVIDE  | LY G<br>S THE  | UIDANCE<br>SRAPEUTIC,                   |
| nan                     | 2 Ch                                  | eck this box 🕨 🔲 if the organization discontinue   | d its operations or dispo  | sed of more                                | than 25% of its  | net asso       | ets.                                    |
| Activities & Governance | 3 Nur                                 | mber of voting members of the governing body (Part \   | /I, line 1a)   |  |  | 3              | 14                                      |
| Go                      |                                       | mber of independent voting members of the governing  |  |  |  |                | 14                                      |
| 00                      |                                       | tal number of individuals employed in calendar year 20   |  |  |  |                | 141                                     |
| ties                    |                                       | tal number of volunteers (estimate if necessary)   |  |  |  | 6              | 16                                      |
| tivi                    |                                       | tal number of volumeers (estimate in necessary)  |  |  | 7a   | 0.             |   |
| Ac                      | raiot                                 | a Total unrelated business revenue from Part VIII, column (C), line 12<br>b Net unrelated business taxable income from Form 990-T, Part I, line 11 |  |  |  | 7b             | 0.                                      |
| -                       | b Net                                 | t unrelated business taxable income from Form 550-1,   | Part , inter i Communa   |  | Prior Year   |                | Current Year                            |
|                         |                                       | All sold and an and an and and   |  | -  | 7,450,   |                | 8,883,779.                              |
| e                       |                                       | ntributions and grants (Part VIII, line 1h)  |  |  | 2,203,   |                | 2,180,557.                              |
| nua                     |                                       | Program service revenue (Part VIII, line 2g)   |  |  | 4,200,   | 24.            | 302.                                    |
| Revenue                 |                                       |  |  |  |  | 0.             | 39,236.                                 |
| m                       |                                       | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1   |  | 9,654,                                     |  | 11,103,874.    |   |
| -                       | 12 Tot                                | tal revenue - add lines 8 through 11 (must equal Part V  | /III, column (A), line 12)   | -incarate -                                | 9,034,   |                | 0.                                      |
|                         | 13 Gra                                | ants and similar amounts paid (Part IX, column (A), line   | es 1-3)  |  |  | 0.             |   |
|                         |                                       | nefits paid to or for members (Part IX, column (A), line   |  |  |  | 0.             | 0.                                      |
|                         |                                       | laries, other compensation, employee benefits (Part IX   |  |  | 7,416,   |                | 7,693,407.                              |
| Ses                     |                                       | Professional fundraising fees (Part IX, column (A), line 11e)  |  |  |  | 0.+            | 0.                                      |
| penses                  |                                       | tal fundraising expenses (Part IX, column (D), line 25)  |  | 87.  |  | -              |   |
| X                       | 17 0                                  | her expenses (Part IX, column (A), lines 11a-11d, 11f-2  | 4e)  |  | 2,039,   | 742.           | 2,440,239.                              |
|                         | 17 Oth                                | tal expenses. Add lines 13-17 (must equal Part IX, colu  | umn (A) line 25)   |  | 9,456,   | 113.           | 10,133,646.                             |
|                         | 18 10                                 | venue less expenses. Subtract line 18 from line 12   | and y and any more the   |  | 198,   | 115.           | 970,228.                                |
|                         | 19 Re                                 | venue less expenses. Subtract line to troth line tz  |  | R  | ginning of Curre   | 1              | End of Year                             |
| Assets or<br>d Balances |                                       |  |  |  | 5,207,   |                | 5,739,590.                              |
| Bala                    |                                       |  |  |  | 2,356,   |                | 1,913,553.                              |
| Party                   |                                       |  | •  |  | 2,851,   |                | 3,826,037.                              |
| Dai                     | 411 19                                | et assets or fund balances. Subtract line 21 from line 2<br>Signature Block  |  |  |  |                |   |
| Under                   | r penaltie                            | is of perjury, I declare that I have examined this return, include<br>and complete. Declaration of preparer (other than officer) is b              | ling accompanying schedul<br>ased on all information of v                  | es and statem<br>which preparer            | ents, and to the b<br>has any knowled                          | ige.           | knowledge and belief, it is             |
| true,                   | CONTOCL, B                            | the complete, boolaration of property (other man of the f  |  |  |  |                |   |
| ~                       |                                       | Signature of officer   |  |  |  |                |   |
| Sign                    |                                       | MICHAEL PATOTA, PRESIDENT  | AND CEO  |  |  |                |   |
| Here                    |                                       | Type or print name and title   |  |  |  |                |   |
| -                       | -                                     |  | arer's signature   | 1  | Date   | Check          | PTIN                                    |
| -                       |                                       |  | ANTONETTI  |  |  | if self-employ | ed P00431862                            |
| Paid                    |                                       |  | AT AMIOMBILIT  |  | Firm   |                | 11-1986323                              |
| Prepa                   | arer Fi                               | irm's name MARCUM LLP  |  |  | - cum  | S LIN -        |   |
| Use (                   | Only Fi                               | irm's address 555 LONG WHARF DRIV  | Б  |  | Dhore  | e no. (2       | 03) 781-9600                            |
|                         |                                       | NEW HAVEN, CT 06511  |  |  | [ Phon   | 0 110. ( 2     | X Yes No                                |
| _                       |                                       | discuss this return with the preparer shown above? S   |  |  |  |                |   |

132001 12-08-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport



# Form NAA-01

# 2024 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: |  |
|---|--|
| Klein Memorial Auditorium Foundation, Inc.        |  |

Address: 910 Fairfield Avenue/Bridgeport, CT 06605

Federal Employer Identification Number: 06-147-4233

Program title: Klei elevator and office project

Name of contact person: Laurence Caso

203-337-6195 Telephone number:

Email address: laurence@theklein.org

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

| Is your organization req<br>from Income Tax?       | uired to file federal Form 990 or 990EZ, Return of Organization Exempt |
|--|--|
| X Yes  | No   |
| If Yes, attach a copy of                           | the first page of your most recent return.                             |
| If <b>No</b> , attach a copy of y Revenue Service. | our determination letter from the U.S. Treasury Department, Internal   |

## 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): Capital improvements to performing arts center built in 1940 ×

#### Description of program:

Installation of an elevator and ADA compliant restroom for use by patrons who attend events at The Klein. The project also includes the construction of a conference room and 3 small offices to house staff.

#### Need for program:

Built in 1940, the Klein has never had an elevator, and now 70,000 patrons attend events at the Klein each year.

Many patrons prefer seating in the mezzanine, because of its acoustics and sightlines. There is also an art gallery on the mezzanine floor that features exhibits by local artists all year-round. Patrons in wheelchairs are currently unable to enjoy those exhibits. There is now a restroom reserved for wheelchairs in the Klein lobby, but it was not designed specifically for wheelchairs, and the new one would provide more space for those patrons. Also included in the building project is the addition of a conference room and three new offices for staff.

#### Neighborhood area to be served:

The Klein is located on the west side of Bridgeport, less than 1 mile from the downtown area. Our impact is realized through the diversity of the events we present, as well as through our tuition-free arts education program for Bridgeport middle and high school students. 85% of the students in Klein Theatre Arts come from families who identify as being moderate to extremely low income levels. The Klein is in use over 350 days a year. Sixty per cent of our events feature performers younger than age 25. We draw audiences from all of Fairfield County, New Haven, Hartford and Springfield, as well as Westchester County, Long Island and New York City The Klein has one of only 7 remaining Broadway sized states in Connecticut, and we are one of the

#### Plan to implement the program:

Initial funding for the project was obtained through applications to the state bonding commission. A total of \$3.29 million was awarded, of which nearly \$1.4 million has already been spent on technical upgrades, new carpeting, and an exterior digital sign for promotion. In addition to the \$1.9 million remaining for construction, we have a commitment of contingency funding from the City of Bridgeport in the amount of \$150,000 and a grant from a private foundation in the amount of \$53,000. In February 2020 we issued an RFP for a general contractor. The bids arrived in May, just as the pandemic set in. Since then costs of materials and labor have steadily risen leaving us with a current shortfall of \$338 000 That figure contains a ten per cent contingency Form NAA-01 (Rev. 01/24)

## Timetable:

| Program start date: 10-15-20 | 024                         |
|------------------------------|-----------------------------|
|                              | MM - DD - YYYY              |
| Program completion date: 0   | 6-15-2025<br>MM - DD - YYYY |
| Post-project audit due date: | 07-01-2025                  |
| · p j                        | MM - DD - YYYY              |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

## Program Budget:

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

#### Sources of Revenue:

| NAA funds requested                               | 150,000     |
|---|-------------|
| Other funding sources - itemized sources:         | AL 050 017  |
| a) DECD: state bonding commission                 | \$1,952,917 |
| b) City of Bridgeport                             | 150,000     |
| c) <u>Timken Foundation</u>                       | 53,185      |
| d)  |             |
| Total Funding:                                    | 2,306,102   |
| Proposed Program Expenditures:                    |             |
| Direct operating expenses - itemized description: |             |
| a) Construction of ADA restroom                   | 440,991     |
| b) Elevator and offices                           | 1,790,185   |
| c) Architect fees                                 | 30,759      |
| d) Contingency on construction                    | 223,117     |
| Administrative expenses - itemized description:   |             |
| a) Legal for contracts                            | 5,000       |
| b)  |             |
| c)  | -           |
| d)  |             |

#### **Total Proposed Expenditures:**

\$2,490,052

# Part IV — Municipal Information

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

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

| Post-Pro                  | ject Audit                |
|---------------------------|---------------------------|
| s a post-project audit re | equired for this proposal |
| Yes                       | No                        |
| If Yes, date post         | -project audit due:       |
| D                         | ate                       |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

## Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

|   | 0  | Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (<br>Do not enter social security numbers on this form as it may                  | except private<br>be made publ  | foundations<br>lic.   | OMB No. 1545-0047<br>2022<br>Open to Public<br>Inspection |  |
|---|--|---|---|---|---|--|
| epartment of the<br>ternal Revenue              | he Treasury<br>a Service   | Go to www.irs.gov/Form990 for instructions and the latest information.  |   |   |   |  |
| For the 2                                       | 2022 calend  | dar year, or tax year beginning JUL 1, 2022 and ending  | JUN 30,   |   |   |  |
| Check if applicable:                            | 1  | of organization   | D Employ  | yer identificat   | tion number   |  |
| Address<br>change<br>Mame<br>change             |  | IN MEMORIAL AUDITORIUM FOUNDATION, INC  | 06-   | -1474233  | 3   |  |
| Final<br>solum                                  | Numbe  | r and street (or P.Q. box if mail is not delivered to street address) Room/su<br>FAIRFIELD AVENUE   |   | one number<br>)-424-01  | 160   |  |
| ated  | City or town, state or province, country, and ZIP or foreign postal code<br>BRIDGEPORT, CT 06605 |   |   | G Gross receipts \$ 1,309,332.  |   |  |
| Amender<br>reham<br>Applica-<br>tion<br>pending | F Name   | and address of principal officer. THOMAS ERRICHETTI<br>FAIRFIELD AVENUE, BRIDGEPORT, CT 0660  | for si<br>5 H(b) Are all  | ubordinates?  | Yes No  |  |
| Tax-exen  | npt status:  | X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or :  | H(c) Grou   | p exemption r   | t. See instructions<br>number                             |  |
| Form of a                                       | rganization;   | Corporation Trust Association Other LY  | ear of formation:   | 1997 MS   | State of legal domicile: C <sup>4</sup>                   |  |
| 1.0   | Summary<br>kielly descri   | the the organization's mission or most significant activities: TO OPERA<br>RIUM FOR THE PURPOSE OF ENRICHING THE  | COLLING   | n' renor  | ATTOMAD,  |  |
| 2 0   | heck this b  | ox if the organization discontinued its operations or disposed of n   | nore than 25%   | of its net asse   | ets.<br>1!  |  |
| 3 N   |  | oting members of the governing body (Part VI, line 1a)  |   |   | 1   |  |
| 8 4 N   | lumber of ir   | adependent voting members of the governing body (Part VI, line 1b)  | ·····   |   | 4   |  |
| 5 T   |  | r of individuals employed in calendar year 2022 (Part V, line 2a)   |   |   | 4   |  |
| 6 T   |  | r of volunteers (estimate if necessary)   |   |   | 0   |  |
| 7aT   |  | ed business revenue from Part VIII, column (C), line 12   |   |   | 0   |  |
| DN  | let unrelate   | d business taxable income from Form 990-T, Part I, line 11  | Prior )   | 70  | Current Year  |  |
| 1   |  |   |   | 1,536.  | 416.521   |  |
|   |  | is and grants (Part VIII, line 1h)  |   |   | 611.551   |  |
| 9 P   |  | vice revenue (Part VIII, line 2g)   |   | 8,395.  |   |  |
| 10 Ir   | nvestment i  | income (Part VIII, column (A), lines 3, 4, and 7d)  |   | 8,383.  | 12,012  |  |
| 11 0  | Other reven  | ue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | 6,806.  | 171,615   |  |
|   |  | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,40  | 5,120.  | 1,211,699   |  |
|   |  | similar amounts paid (Part IX, column (A), fines 1-3)   |   | 0.  | (   |  |
|   |  | d to or for members (Part IX, column (A), line 4)   |   | 0.  | 0   |  |
| 1   |  | ter compensation, employee benefits (Part IX, column (A), lines 5-10)   | 47  | 6,504.  | 463,634   |  |
| 15 3  | Selemes, our   | to define the Oat IV solume (A) line 110  |   | 0.  | (   |  |
| 15 S<br>16a F<br>b T                            | Totessiona   | I fundraising fees (Part IX, column (A), line 11e)<br>ising expenses (Part IX, column (D), line 25) 67,812.   | 1   |   |   |  |
| b I   | Contra rearrance   |   | 58  | 9,462.  | 681,417   |  |
| 117 0   | Other exper  | nses (Part IX, column (A), lines 11a-11d, 11f-24e)  |   | 5,966.  | 1,145,051   |  |
|   |  | ses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |   | 9,154.  | 66,648  |  |
| 19 F  | Revenue les  | s expenses. Subtract line 18 from line 12   | Beginning of (  | The second se   | End of Year   |  |
| 20 1 Balances                                   |  |   | and the second se | and the second se | 2,577,731   |  |
| 20 1  | <b>Total assets</b>  | ; (Part X, line 16)   |   | 2,433.  | 186,507   |  |
|   |  | es (Part X, line 26)  |   | 3,700.  |   |  |
|   |  | or fund balances. Subtract line 21 from line 20   | 2,28  | 8,733.  | 2,391,224   |  |
| nder penal                                      | ties of periur   | y, I declare that I have examined this return, including accompanying schedules and st<br>etc. Declaration of preparer (other than officer) is based on all information of which pre-<br>ter. | atements, and to<br>parer has any kn  | the best of my<br>owiedge.  | knowledge and belief, it i                                |  |
| lere  |  | officer<br>ERRICHETTI, TREASURER  |   | Jate  |   |  |
| -   | Print/Type p   | reparer's name Preparer's signature G. WOODS  | Date  | Check<br>if<br>self-saphoyed  | PIN PO1429665   |  |
|   | Firm's name  |   | 11  | Finn's EIN DE   | -0674034  |  |
| Use Only  | Firm's addre   | SS 375 BRIDGEPORT AVENUE<br>SHELTON, CT 06484   |   |   | -929-9945   |  |
| Any the ID                                      | S discuss  |   |   |   | Yes 1   |  |
| nay use in                                      | 10 discuss   | For Paperwork Reduction Act Notice, see the separate instructions.  |   |   | Form 990 (2   |  |

| Department of Revenue Services<br>State of Connecticut<br>(Rev. 01/24)   | Print Form  | Reset Form                    | ZING                    |
|--|---|-------------------------------|-------------------------|
| Municipality: Bridgeport   |   |                               | Carling Composition     |
|  |   |                               |                         |
|  | Form N/   |                               |                         |
| 2024 Connect   | ticut Neighborh<br>Program P                        | ood Assistance Act<br>roposal | (NAA)                   |
| This form <b>must</b> be completed and<br>with as much detail as possible. I<br>print clearly. See attached instru<br><b>Department of Revenue Service</b> | If additional space is<br>actions before completes. | needed attach additional      | Sileets. Flease type of |
| Part I — General Information   |   |                               |                         |
| Name of tax exempt organization  | /municipal agency: _                                |                               |                         |
| McGivney Community Center  |   |                               |                         |
| Address: Mailing: P.O. Box 5220, E<br>Site: 338 Stillman Street,   | Bridgeport, CT 06610<br>Bridgeport, CT 06608        |                               | 5                       |
| Federal Employer Identification N  | Number:   |                               |                         |
| Program title: McGivney's Youth  | Program   |                               |                         |
| Name of contact person: Lorrain  | ne Gibbons  |                               |                         |
| (203) 333-278<br>Telephone number:   | 89  |                               |                         |
| Email address:gibbons@mcgivn   | ney.org   |                               |                         |
| Total NAA funding requested (  |   | 0,000 maximum): \$ 40,000.    | 00                      |
| Is your organization required from Income Tax?   | to file federal Form 9                              | 990 or 990EZ, Return of Or    | ganization Exempt       |
| X Yes  | No  |                               |                         |
| If Yes, attach a copy of the fi  | irst page of your mos                               | st recent return.             |                         |
| If <b>No</b> , attach a copy of your d<br>Revenue Service.   | letermination letter fro                            | om the U.S. Treasury Depa     | artment, Internal       |

## 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;
- X Program serving low-income persons;
- X Child care services;
  - Establishment of a child day care facility;
- Open space acquisition fund; or
  - Other (specify):

Description of program:

Since 1992, the McGivney Community Center has been fulfilling its mission to provide stimulating and enriching programs that foster academic success and self-esteem to the youth of Bridgeport. At McGivney's After School Program and Summer Camp, access to resources are provided to underserved Bridgeport youth through academic support, enrichment activities, recreation, character building, teamwork, and social interaction. The NAA's support will help supplement the cost of part-time staff salaries, as well as program supplies and special events to provide top quality programming to families.

Need for program:

There is a great need for quality and affordable out-of-school programming for children year-round in Bridgeport. At McGivney, 93% of our members fall into the extremely low, very low, and low income limits as determined by HUD. The McGivney Community Center understands the impact of poverty and the needs of our families, which has made it a pillar of support in the Bridgeport community. We are committed to providing our children with resources and opportunities that might not be available otherwise to transformatively change their lives.

#### Neighborhood area to be served:

The McGivney Community Center serves children from across the City of Bridgeport, Connecticut. The Center is located on the East Side of Bridgeport, and many of the youth that attend the After School Program and Summer Camp live within the neighborhood.

#### Plan to implement the program:

Each year through collaborative partnerships, social media, and the help of our families and alumnae, McGivney continues to grow in the number of children it is able to serve. The After School Program runs from September to June and Summer Camp runs for 7 weeks from late June to early August. The McGivney Community Center is committed to serving our community, supporting our families, and helping to cultivate future leaders.

## Timetable:

Program start date:7/1/2024

Program completion date: 6/30/2025

The program completion date must not be more than two years from the program start date. A certified post-project audit 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

| \$4 | 0,000.00 |  |
|-----|----------|--|
|     |          |  |

Other funding sources - itemized sources:

| a) City of Bridgeport- Youth Service Bureau | \$7,500.00 |
|---|------------|
|   |            |
| D)  |            |
| c)  | _          |
| d)  |            |

## **Total Funding:**

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

| a) Part Time Staff/Instructors                  | \$58,000.00 |
|---|-------------|
| b) Program Supplies                             | \$5,500.00  |
| c) Special Events                               | \$6,000.00  |
| d)  |             |
| Administrative expenses - itemized description: | \$4,500.00  |
| a) Telephone                                    | -           |
| b) Insurance                                    | \$4,200.00  |
| c) Electric                                     | \$12,000.00 |
| d) <u>Gas</u>                                   | \$6,000.00  |
| Proposed Expenditures:                          | \$96,200.00 |

# Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation of the |   |
|---|---|
| Mailing address:  |   |
| Name of municipal liaison:                                |   |
| Telephone number:   | - |
| Fax number: _   | - |
| Email address:  |   |

| Post-Proj                   | ect Audit               |
|-----------------------------|-------------------------|
| Is a post-project audit red | quired for this proposa |
| Yes                         | No                      |
| If <b>Yes</b> , date post-p | project audit due:      |
| Da                          | te                      |

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 Audit:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program. This audit must be submitted to the municipality no later than three months after the program completion date.

## Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

# MCGIVNEY COMMUNITY CENTER, INC. STATEMENT OF ACTIVITIES FOR YEARS ENDED JUNE 30, 2023 AND 2022

|                                       | 1   | Vithout<br>Donor<br>strictions |    | th Donor<br>strictions | _  | 2023<br>Total |    | Without<br>Donor<br>estrictions |    | th Donor<br>strictions | _  | 2022<br>Total |
|---------------------------------------|-----|--------------------------------|----|------------------------|----|---------------|----|---------------------------------|----|------------------------|----|---------------|
| REVENUE:                              |     |                                |    |                        |    |               |    |                                 |    |                        |    |               |
| Contributions                         | \$  | 37,432                         | \$ | -                      | \$ | 37,432        | \$ |                                 | \$ | -                      | \$ | 24,761        |
| Government Grants                     |     | 223,505                        |    |                        |    | 223,505       |    | 245,118                         |    |                        |    | 245,118       |
| Grants                                |     | 125,350                        |    | 28,000                 |    | 153,350       |    | 212,544                         |    | 23,000                 |    | 235,544       |
| Membership and Program Fees           |     | 80,289                         |    |                        |    | 80,289        |    | 84,136                          |    |                        |    | 84,136        |
| Fundraising Revenue                   |     | 115,402                        |    | 2,225                  |    | 117,627       |    | 119,353                         |    | 4,100                  |    | 123,453       |
| Annual Appeal                         |     | 18,994                         |    |                        |    | 18,994        |    | 38,075                          |    |                        |    | 38,075        |
| Rental Income                         |     | 10,560                         |    |                        |    | 10,560        |    | 11,775                          |    |                        |    | 11,775        |
| Investment Income                     |     | 16,088                         |    |                        |    | 16,088        |    | 12,211                          |    |                        |    | 12,211        |
| Unrealized Gain/(Loss) on Investments |     | 35,527                         |    |                        |    | 35,527        |    | (96,387)                        |    |                        |    | (96,387)      |
| Realized Gain/(Loss) on Investments   |     | -                              |    |                        |    |               |    | (1,242)                         |    |                        |    | (1,242)       |
| Other Income                          |     | -                              |    |                        |    |               |    | 260                             |    |                        |    | 260           |
| PPP Grant                             | -   |                                | _  |                        | _  |               | _  | *                               | _  |                        | -  |               |
| Total Revenue and Support Before Ne   | et  |                                |    |                        |    |               |    |                                 |    |                        |    |               |
| Assets Released From Restrictions     |     | 663,147                        |    | 30,225                 |    | 693,372       |    | 650,604                         |    | 27,100                 |    | 677,704       |
| Net Assets Released From Restrictions | _   | 27,100                         | _  | (27,100)               | _  |               | _  | 7,345                           | _  | (7,345)                | -  |               |
| Total Revenue and Support             | _   | 690,247                        | _  | 3,125                  | _  | 693,372       | -  | 657,949                         | _  | 19,755                 | -  | 677,704       |
| OPERATING EXPENSES:                   |     |                                |    |                        |    |               |    |                                 |    |                        |    |               |
| Program Services                      |     |                                |    |                        |    | and in        |    |                                 |    |                        |    | 110 700       |
| Programs & Facilities                 | _   | 488,360                        | _  |                        | _  | 488,360       | _  | 413,793                         | -  |                        | _  | 413,793       |
| Total Program Services                |     | 488,360                        |    | -                      |    | 488,360       |    | 413,793                         |    |                        |    | 413,793       |
| Supporting Services                   |     |                                |    |                        |    | 00.070        |    | 00.000                          |    |                        |    | 99,868        |
| Fundraising & Development             |     | 92,679                         |    |                        |    | 92,679        |    | 99,868                          |    |                        |    | 60,330        |
| General & Administrative              | -   | 64,955                         | _  |                        | -  | 64,955        | -  | 60,330                          | -  |                        | -  | 160,198       |
| Total Supporting Services             | _   | 157,634                        | -  |                        | -  | 157,634       | -  | 160,198                         | -  | -                      | -  |               |
| Total Operating Expenses              | -   | 645,994                        | -  |                        | _  | 645,994       | -  | 573,991                         |    |                        | -  | 573,991       |
| CHANGE IN NET ASSETS:                 |     | 44,253                         |    | 3,125                  |    | 47,378        |    | 83,958                          |    | 19,755                 |    | 103,713       |
| Net Assets, Beginning                 | 1   | ,312,099                       | -  | 27,100                 | -  | 1,339,199     | _  | 1,228,141                       | _  | 7,345                  |    | 1,235,486     |
| Net Assets, Ending - Restated         | \$1 | ,356,352                       | \$ | 30,225                 | \$ | 1,386,577     | \$ | 1,312,099                       | \$ | 27,100                 | \$ | 1,339,199     |

The accompanying notes are an integral part of these financial statements.

# MCGIVNEY COMMUNITY CENTER, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR YEAR ENDED JUNE 30, 2023

|                                      | Program Services<br>Programs &<br>Facilities |          |    | 202<br>Supporting            |    |                             |    |         |
|--------------------------------------|--|----------|----|------------------------------|----|-----------------------------|----|---------|
|                                      |  |          |    | Fundraising &<br>Development |    | General &<br>Administrative |    | Total   |
| Salaries and Related Expenses:       |  |          |    |                              |    |                             |    |         |
| Salaries                             | \$   | 265,319  | \$ | 39,825                       | \$ | 9,450                       |    | 314,594 |
| Fringe Benefits                      |  | 31,614   |    | 4,745                        |    | 1,126                       |    | 37,485  |
| Payroll Taxes                        |  | 20,013   |    | 3,004                        |    | 713                         | -  | 23,730  |
| Total Salaries & Related<br>Expenses |  | 316,946  | -  | 47,574                       | _  | 11,289                      |    | 375,809 |
| Other Expenses:                      |  |          |    |                              |    |                             |    |         |
| Advertising & Public Relations       |  |          |    | 510                          |    |                             |    | 510     |
| Audit Fee                            |  |          |    |                              |    | 10,000                      |    | 10,000  |
| Bank Fees                            |  |          |    |                              |    | 1,102                       |    | 1,102   |
| Bad Debt                             |  | -        |    |                              |    | A comment                   |    | -       |
| Consulting Fees                      |  |          |    |                              |    | 21,594                      |    | 21,594  |
| Depreciation                         |  | 35,129   |    |                              |    |                             |    | 35,129  |
| Fundraising Expense                  |  |          |    | 44,595                       |    |                             |    | 44,595  |
| Insurance                            |  | 7,301    |    |                              |    |                             |    | 7,301   |
| Interest Expense                     |  | -        |    |                              |    |                             |    |         |
| Miscellaneous Expenses               |  | 6,568    |    |                              |    |                             |    | 6,568   |
| Office Expenses                      |  |          |    |                              |    | 13,443                      |    | 13,443  |
| Other Fees                           |  | 3,353    |    |                              |    |                             |    | 3,353   |
| Program Costs                        |  | 49,194   |    |                              |    |                             |    | 49,194  |
| Rent                                 |  | 15,000   |    |                              |    |                             |    | 15,000  |
| Refuse Removal                       |  | 3,863    |    |                              |    |                             |    | 3,863   |
| Repairs & Maintenance                |  | 24,764   |    |                              |    |                             |    | 24,764  |
| Telephone                            |  | 4,924    |    |                              |    |                             |    | 4,924   |
| Technology Support                   |  | - Carter |    |                              |    | 6,482                       |    | 6,482   |
| Training                             |  |          |    |                              |    | 1.045                       |    | 1,045   |
| Travel & Transportation              |  | 1,850    |    |                              |    |                             |    | 1,850   |
| Utilities                            |  | 19,468   |    |                              |    |                             |    | 19,468  |
| Total Other Expenses                 |  | 171,414  |    | 45,105                       |    | 53,666                      |    | 270,185 |
| Total Expenses                       | \$   | 488,360  | \$ | 92,679                       | \$ | 64,955                      | \$ | 645,994 |

The accompanying notes are an integral part of these financial statements.

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: Bridgeport, CT



# Form NAA-01

# 2024 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:

Adam J. Lewis Academy/Bridgeport CT

Address: 500 State Street Bridgeport, CT 0669

| Federal Employer Identification Number: 45-3859735    | 21<br>ATTE |       |
|---|------------|-------|
| Program title: Middle School Expansion and Renovation | <u> </u>   | 5     |
| Name of contact person: Max Dixon                     | T CIT      | TYC   |
| (908) 616-4826  | Y CLE      | LERKS |
| Telephone number:                                     | 2 1        | SC    |
| Email address: max@ajlacademy.org                     | . 9        | SOFF  |
|   | 60         | CE    |

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

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

X 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

- \_X\_ 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):

#### Description of program:

Adam J. Lewis Academy (AJLA) is a co-educational PreK-Grade 8 privately funded independent school serving children and families from the Bridgeport community. AJLA is applying for a grant through NAA so we can install an energy efficient HVAC system in our new Middle School. The majority of families join AJLA in PreK3, and then matriculate through both elementary and middle school. 100% of families receive financial aid, ensuring that tuition is never a barrier to admission.

#### Need for program:

AJLA is in our tenth year of operation, and we have 150 students PreK3 - Grade 5. 78% of AJLA students scored average or higher NWEA Math and 79% scored average or higher NWEA English. This program will help support our new Middle School and enable AJLA to continue to provide a high quality education option to students and families in Bridgeport.

#### Neighborhood area to be served:

AJLA families are diverse in every way. They are representative of the Bridgeport community by race, ethnicity, and socio-economic situations. Approximately 40% of AJLA families are single parent households, some of whom live with extended family. Some of our families are small business owners, and others are college educated professionals. While many families struggle and live at or below the poverty line, we also have young families who are economically successful. While the cost to educate one AJLA student for the 2023-24 school year is \$20,000, the average tuition paid per student this year is \$2,505.

#### Plan to implement the program:

AJLA operates our preschool and elementary school program at 500 State Street. Current renovations are underway next door at 430 State Street, the site of our new Middle School. As our campus expands and the creation of our Middle School takes shape, 6 classrooms, a STEAM lab, restrooms and an assembly room are designed and being constructed. A new energy efficient HVAC system is also part of our construction plans. We will install two large commercial Mitsubishi condensing units. This type of efficient system enables each room to have its own cassette, thereby allowing temperature control for both heating and cooling locally and throughout the building.

Form NAA-01 (Rev 01/24)

## Timetable:

| 24         |
|------------|
| 8/14/2024  |
| 11/01/2024 |
|            |

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Part III - Financial Information

## Program Budget:

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

#### Sources of Revenue:

| NAA funds requested                               | \$150,000.00 |
|---|--------------|
| Other funding sources - itemized sources:         |              |
| a) Philanthropic Fundraising                      | \$50,000.00  |
| b)  |              |
| c)  |              |
| d)  | -            |
| Total Funding:                                    | \$200,000.00 |
| Proposed Program Expenditures:                    |              |
| Direct operating expenses - itemized description: |              |
| a) Equipment                                      | \$120,000.00 |
| b) Labor  | \$80,000.00  |
| c)  |              |
| d)  |              |
| Administrative expenses - itemized description:   |              |
| a)  |              |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Proposed Expenditures:                      | \$200,000.00 |

Form NAA-01 (Rev 01/24)

# Part IV - Municipal Information

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

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

| Post-Proje                  | ect Audit              |
|-----------------------------|------------------------|
| s a post-project audit rec  | uired for this proposa |
| X Yes                       | No                     |
| If <b>Yes</b> , date post-p | project audit due:     |
| 11/01/2                     | 2024                   |
| Dat                         | e                      |

Form NAA-01 (Rev. 01/24)

| Form 99                               | 90                 | Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code       | (except private fou     |                       | 2022                       |
|---------------------------------------|--------------------|---|-------------------------|-----------------------|----------------------------|
| Department of                         | the Treasury       | Do not enter social security numbers on this form as it ma  | y be made public.       |                       | Open to Public             |
| Ilemal Revenu                         | ue Service         | Go to www.irs.gov/Form990 for instructions and the late<br>dar year, or tax year beginning JUL 1, 2022 and ending | JUN 30, 2               | 023                   | Inspection                 |
|                                       | -                  |   | D Employer in           |                       | tion number                |
| Gheck if<br>applicable                | C Name o           | of organization   | D Employer in           | enunca                | aon number                 |
| Address                               | ADA                | M J. LEWIS ACADEMY, INC.  |                         |                       |                            |
| Name                                  |                    | business as   | 45-38                   | 59735                 | 5                          |
| Initial                               |                    | er and street (or P.O. box if mail is not delivered to street address) Room/s                                     | suite E Telephone r     | umber                 | 17.                        |
| Final<br>return/                      |                    | STATE STREET  | (203)                   | 333-2                 |                            |
| termin-<br>ated                       | City or            | town, state or province, country, and ZIP or foreign postal code  | G Gross receipts        | 1                     | 7,207,295                  |
| Amende                                | BRII               | DGEPORT, CT 06604   | H(a) Is this a g        | roup retu             |                            |
| Applica-<br>tion<br>pending           | F Name             | and address of principal officer PATRICIA D. LEWIS  | for subord              |                       | Yes X No                   |
|                                       | 1200 :             | STATE STREET, BRIDGEPORT, CT 06604  | H(b) Are all subord     |                       |                            |
|                                       | -                  | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or   |                         |                       | t. See instructions        |
| Website                               |                    | ACADEMY . ORG   | H(c) Group exe          |                       | tate of legal domicile: C  |
|                                       |                    |   | rear of formation: 20   | TIMS                  | tate of legal domicile. C  |
|                                       | Summary            |   | DULE O FOR              | SIIM                  | ARY                        |
| 1 8                                   | meny descri        | ibe the organization's mission or most significant activities. SEE SCHE   | DOLL O TON              | Dura                  |                            |
| 2 C N<br>2 3 N<br>4 N<br>5 T<br>7 a T | heck this b        | ox if the organization discontinued its operations or disposed of   | more than 25% of its    | net asse              | ts                         |
| 3 N                                   | 1 1 P. C. M. C. M. | oting members of the governing body (Part VI, line 1a)  |                         | 3                     | 1                          |
| 4 N                                   |                    | dependent voting members of the governing body (Part VI, line 1b)   |                         | 4                     | 1                          |
| 5 T                                   |                    | r of individuals employed in calendar year 2022 (Part V, line 2a)   |                         | 5                     | 7                          |
| 6 T                                   |                    | r of volunteers (estimate if necessary)   |                         | 6                     | 1                          |
| Tat                                   |                    | ed business revenue from Part VIII, column (C), line 12   |                         | 7a                    | 0                          |
|                                       |                    | d business taxable income from Form 990-T, Part I, line 11  |                         | 7b                    | 0                          |
| 1                                     |                    |   | Prior Year              | 111                   | Current Year               |
| , 8 C                                 | ontributions       | s and grants (Part VIII, line 1h)   | 3,407,7                 | 94.                   | 4,404,718                  |
| 9 P<br>10 In                          | rogram serv        | vice revenue (Part VIII, line 2g)   | 1,577,4                 |                       | 2,740,669                  |
| 10 In                                 | vestment in        | ncome (Part VIII, column (A), lines 3, 4, and 7d)   | 1,1                     | 20000                 | 9,335                      |
| 11 0                                  | ther revenu        | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 37,7                    |                       | 31,202                     |
| 12 T                                  | otal revenue       | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5,024,1                 |                       | 7,185,924                  |
|                                       |                    | imilar amounts paid (Part IX, column (A), lines 1-3)  | 1,292,9                 |                       | 2,369,378                  |
|                                       |                    | to or for members (Part IX, column (A), line 4)   | 1 701 1                 | 0.                    | 0 000 000                  |
| 15 S                                  | alaries, othe      | er compensation, employee benefits (Part IX, column (A). lines 5-10)  | 1,791,4                 |                       | 2,255,938                  |
| 16a P                                 |                    | fundraising fees (Part IX, column (A), line 11e)  |                         | 0.                    | 0                          |
|                                       |                    | sing expenses (Part IX, column (D), line 25) 522, 710.  | 1 212 0                 | 76                    | 1,367,217                  |
| 11/0                                  |                    | ses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,213,8                 |                       | 5,992,533                  |
|                                       |                    | es. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 4,298,2                 | _                     | 1,193,391                  |
| 19 R                                  | evenue less        | s expenses. Subtract line 18 from line 12   | Beginning of Current    |                       | End of Year                |
| ance T                                |                    | D. 1 4 10 10  | 5,233,1                 | and the second second | 7,718,009                  |
| 20 I                                  | otal assets        | (Part X, line 16)   | 293,4                   |                       | 1,577,129                  |
| 21 1                                  | otal habilitie     | (Part X, line 16)<br>is (Part X, line 26)<br>r fund balances. Subtract line 21 from line 20                       | 4,939,7                 |                       | 6,140,880                  |
| Part II                               | Signatur           | re Block  | 1 2120211               |                       |                            |
|                                       |                    | , I declare that I have examined this return, including accompanying schedules and st                             | atements, and to the be | st of my kr           | nowledge and belief, it is |
|                                       |                    | e. Declaration of preparer (other than officer) is based on all information of which pre                          |                         |                       |                            |
|                                       | and administra     | ar nagan man, ar brakarar (anna anna annar) a annar an marainn an   |                         |                       |                            |
| ign T                                 | Signature of c     | officer   | Date                    |                       |                            |
| ere P                                 | ATRICI             | IA D. LEWIS, FOUNDER & HEAD OF SCHOOL   |                         |                       |                            |
|                                       |                    | name and title  |                         |                       |                            |
| F                                     | Print/Type pre     | eparer's name Preparer's signature  | Date                    | hack                  | PTIN                       |
|                                       |                    | G. WOODS  | 1                       | el-employed           | P01429665                  |
|                                       | Firm's name        | VENMAN & CO. LLC, CPA'S   | Firm's E                | IN 06-                | -0674034                   |
| se Only                               | irm's addres       | s 375 BRIDGEPORT AVENUE   |                         |                       |                            |
|                                       |                    | SHELTON, CT 06484   | Phone r                 | 0.203-                | -929-9945                  |
| ay the IRS                            | S discuss th       | is return with the preparer shown above? See instructions   |                         |                       | Yes No                     |
|                                       |                    | For Paperwork Reduction Act Notice, see the separate instructions.  |                         |                       | Form 990                   |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022

Department of Revenue Services State of Connecticut (Rev. 01/24)

Municipality: City of Bridgeport



# Form NAA-01

# 2024 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       A         Name of tax exempt organization/municipal agency:       B            | CITY CITY |
|---|-----------|
| Name of tax exempt organization/municipal agency:   | CITY PE   |
| Waveny LifeCare Network, Inc.   | 1 ER      |
| Address: 3 Farm Road, New Canaan, CT 06830  | MH 9: 10  |
| Federal Employer Identification Number: 06-0859588  |           |
| Program title: Waveny LifeCare Network Kathleen M. Fruin RN, Certified Nursing Aide School                        |           |
| Name of contact person: Kim Genzburg, Director of Advancement   |           |
| Telephone number: (203) 594-5262  |           |
| Email address: kgenzburg@waveny.org   |           |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 93,053.00                                      |           |
| Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exercise from Income Tax? | empt      |
| X 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- X Other (specify): Waveny LifeCare Network Kathleen M. Fruin RN, Certified Nursing Aide School

#### Description of program:

At Waveny LifeCare Network's Certified Nursing Aide School (CNA), students immediately begin earning a salary and are eligible for full benefits. Included in this program are all materials, scrubs, textbooks, and State of Connecticut CNA licensure exam fees. A position is guaranteed within Waveny LifeCare Network once the student has become certified. Flexible class schedules accommodate students' time and financial limitations, so they don't have to work multiple jobs, worry about daycare, or paying for school.

#### Need for program:

The CNA School was established in 2022 on our Connecticut campus in the wake of the COVID pandemic to counteract the nationwide nursing shortage and gainfully employ persons with low-income status and education, as well as economically challenged groups, suffering from food or housing insecurity, or both. It is designed to "assist by hiring" local Connecticut residents facing economic hardship, and low-income groups - as defined by the Connecticut Governor's Workforce Council's Diversity, Equity, and Inclusion Committee's framework.

Neighborhood area to be served:

30% Of our nursing students live in Bridgeport and they must have a high school diploma, pass a background check, and drug screen.

### Plan to implement the program:

First 5 weeks: New employee orientation and orientation to the Certified Nursing Aide program. Followed by the STRIVE program, a professional development course to prepare graduates for employment. We partner with Northeast Medical Institute for CNA theory and clinical education which includes 42.5 hours of theory via online self-paced course, 5 days of lab skills instruction, and 2 days of clinical instruction. At the end of the 5 classroom weeks, each student will receive their certificate of completion and will be registered for their CNA exam. Second 5 weeks: Clinical orientation, students will be paired with current Waveny CNAs for orientation.

Form NAA-01 (Rev. 01/24)

# Timetable:

Program start date: 07/01/2024

Program completion date: 06/30/2025

Post-project audit due date:

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

# Part III — Financial Information

## Program Budget:

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

## Sources of Revenue:

| NAA funds requested   | \$93,053.00  |
|---|--------------|
| Other funding sources - itemized sources:                   |              |
| a) Career Resources, Inc.                                   | \$208,031.00 |
| b)  |              |
| c)  |              |
| d)  |              |
| Total Funding:  | \$208,031.00 |
| Proposed Program Expenditures:                              |              |
| Direct operating expenses - itemized description:           |              |
| a) salary/benefits-Nursing Director                         | \$65,076.00  |
| b) scrubs, textbooks, NMI & AFC tuition fees                | \$22,500.00  |
| c) leased space allocation                                  | \$5,748.00   |
| d)  |              |
| Administrative expenses - itemized description:             |              |
| a)  |              |
| b) student salary@6/wks@280/hrs/student@61 students/avg     | \$102,480.00 |
| c) skills theory training @ \$1,600 per 61 students in 2023 | \$97,600.00  |
| d) CNA licensure @ \$128 per 61 students in 2023            | \$7,680.00   |
| Total Proposed Expenditures:                                | \$301,084.00 |

# Part IV — Municipal Information

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

| City of Bridgeport                 |  |   |
|------------------------------------|--|---|
| Mailing address:                   |  |   |
| 999 Broad Street, Bridgeport, CT ( | 06604                                  |   |
| Name of municipal liaison: Max P   | erez, Director of Business Development |   |
| Telephone number: 203-576-3976     | i                                      | - |
| Fax number:                        |  | - |
| Email address: max.perez@bridge    | portct.gov                             |   |

| Post-Proj                   | ect Audit                |
|-----------------------------|--------------------------|
| Is a post-project audit red | quired for this proposal |
| imes Yes                    | No                       |
| If Yes, date post-p         | project audit due:       |
| Da                          | te                       |

## Waveny LifeCare Network Kathleen M. Fruin, RN Certified Nursing Aide School

Created in 2022 by Waveny LifeCare Network, Inc., the Kathleen M. Fruin, RN Certified Nursing Aide School educates and trains students to engage in the workforce with the knowledge and skills culminating in a nurse aide certification. To date, enrolled 130 students and graduated 108 students. Upon acceptance into the school, students begin earning a salary, are eligible to receive benefits, tuition, and ancillary costs are fully covered by Waveny from Day 1 of training, including all program scrub attire and textbooks, State of Connecticut CNA licensure exam fees, and a guaranteed position within the Waveny LifeCare Network once they are certified. Flexible structure means class schedules accommodate students' time and financial limitations, so they don't have to work multiple jobs, worry about daycare availability, or how to pay for school.

The CNA School is designed to "assist by hiring" residents facing economic hardship, and low-income groups as defined by the Connecticut Governor's Workforce Council's Diversity, Equity, and Inclusion Committee's framework.

Its overall goal is to increase their access to healthcare, post-high school education, and employment opportunities, as well as reduce poverty levels by helping those experiencing limited income prospects or financial hardships to find greater sustainability during difficult economic times.

#### The primary goals of the CNA School are:

- To train participants to become Certified Nursing Assistants (CNAs), by obtaining a Connecticut Certified Nurse Aide certificate; to transition them immediately into Waveny LifeCare Network full-time positions to fill entry level positions (as CNAs) in the dynamic healthcare sector.
- To prepare for career pathway advancement and growth at Waveny that includes Licensed Practical Nurses or a Registered Nurses positions and remove barriers to entry. If desired, Waveny's CNA's are able to progress through the Network, continue their education, and plan to go on to hold key Manager and Director positions.

The training is focused on two critical areas. Five weeks of clinical and life-skills training in skilled nursing, assisted living and rehabilitation, as well as in-services from dietary, spiritual services, therapeutic recreation, nursing, home care, and volunteer departments. Then students are provided life skills training to improve test-taking ability, communication and computer skills, time management, and how to operate in a professional work environment through Career Resources Inc.'s STRIVE Soft Skills Training.

There is consistent programming with weekly centralized orientations within the same facility as coursework/skills lab for current training, and continuing education for LPN, and then RN school. Mentorship to include one-on-one pairing of tenured, active nurses with CNA candidates and individualized support from an RN with an MSN (MS in nursing degree) and 20+ years' experience.

| For              | 000   | EXTENDED TO AUGUST  |   |                  |                 |   | L              | OMB No. 1545-0047      |
|------------------|---|---|---|------------------|-----------------|---|----------------|------------------------|
| FUI              | 990-  | Lunder section 501(c), 527, or 4947(a)(1) of the Internal Re  |   |                  |                 |   | is)            | 2021                   |
| Depa             | rtment of the Trea  | Do not enter social security numbers on this  | form, as  | s it may b       | e made pub      | lic.  | T              | Open to Public         |
|                  | nal Revenue Servi   |   | ons and   | the lates        | t informatio    | n.  |                | Inspection             |
| A                | For the 2021 c  | lendar year, or tax year beginning OCT 1, 2021  | -   | and endi         | ing SEI         | 30,   | 202            | 2                      |
| Ba               | Check if<br>opplicable  | C Name of organization  | -   |                  |                 | D Employer  | identifi       | cation number          |
|                  | Address chang   |   |   |                  |                 |   |                |                        |
|                  | Name change   | WAVENY LIFECARE NETWORK, INC.   |   |                  |                 | 06-1  | .558           | 520                    |
| F                | Final return<br>Final return/<br>terminated   | Number and street (or P.O. box if mail is not delivered to street address)<br>3 FARM ROAD   |   |                  | Room/suite      | E Telephon  |                | er<br>4-5200           |
| F                | Amended retur   | City as taken of the as assumed and ZID as familian and all and   |   |                  |                 | F Group Ex  |                |                        |
| F                |   | NEW CANAAN, CT 06840  |   |                  |                 | Number  | and the second |                        |
| G                | Accounting Me   |   |   |                  |                 |   |                | if the organization is |
|                  |   | WWW.WAVENY.ORG  |   |                  |                 |   |                | tach Schedule B        |
|                  |   | tus (check only one) - X 501(c)(3) 501(c) ( ) (insert no.   |   | 947(a)(1)        | or 527          | (Form 99  |                |                        |
|                  |   | ation: Corporation X Trust Association  | Other   |                  |                 |   | -              |                        |
|                  | The second s  | , and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000   | or more,  | or if total      | assets (Part II |   |                |                        |
| 0                |   | \$500,000 or more, file Form 990 instead of Form 990-EZ   |   |                  |                 |   |                | 0.                     |
| Pa               | art I Rev   | enue, Expenses, and Changes in Net Assets or Fun  | d Bala  | ances (          | see the instru  | ctions for Pa   | art I)         |                        |
| -                | Chec  | if the organization used Schedule O to respond to any question in this Part   |   |                  |                 |   |                |                        |
|                  | 1 Contrib   | utions, gifts, grants, and similar amounts received   |   |                  |                 | 1   |                |                        |
|                  | 2 Program   | n service revenue including government fees and contracts   | 15-111012.0                                       |                  |                 | 2   | -              |                        |
|                  | 3 Membe   | ship dues and assessments   |   |                  |                 | 3   |                |                        |
|                  | 4 Investr   | ent income  |   |                  |                 | 4   |                |                        |
|                  | 5a Gross a  | mount from sale of assets other than inventory  | 5a  |                  |                 |   |                |                        |
|                  | b Less: c   | st or other basis and sales expenses  | 5b  |                  |                 |   |                |                        |
|                  | c Gain or   | (loss) from sale of assets other than inventory (subtract line 5b from line 5a  | 1   |                  |                 |   | 1              |                        |
|                  | 6 Gamino  |   |   |                  |                 | 50  | -              |                        |
|                  | a coming  | and fundraising events:   |   |                  | ********        | <u>5</u> c  | 1              |                        |
| ø                |   | and fundraising events:<br>Icome from gaming (attach Schedule G if greater than   |   |                  |                 | <u>5</u> c  |                |                        |
| enne             | a Gross i<br>\$15,000   | come from gaming (attach Schedule G if greater than   | 6a  | Ĩ                |                 | 50  |                |                        |
| levenue          | a Gross i<br>\$15,000   | come from gaming (attach Schedule G if greater than   | 6a  | <br>Intributions |                 | 50  |                |                        |
| Revenue          | a Gross i<br>\$15,000<br>b Gross i  | come from gaming (attach Schedule G if greater than   | 6a  |                  |                 | 5c  |                |                        |
| Revenue          | a Gross in<br>\$15,000<br>b Gross in<br>from fu   | Icome from gaming (attach Schedule G if greater than ) Icome from fundraising events (not including \$  | 6a  |                  |                 | <u>5c</u>   |                |                        |
| Revenue          | a Gross in<br>\$15,000<br>b Gross in<br>from fu<br>gross in<br>c Less: di   | Income from gaming (attach Schedule G if greater than<br>)<br>income from fundraising events (not including \$<br>Indraising events reported on line 1) (attach Schedule G if the sum of such<br>come and contributions exceeds \$15,000)<br>rect expenses from gaming and fundraising events   | 6a<br>of co<br>6b<br>6c                           | ntributions      |                 |   |                |                        |
| Revenue          | <ul> <li>a Gross in<br/>\$15,000</li> <li>b Gross in<br/>from fu<br/>gross in</li> <li>c Less: di</li> <li>d Net incomentation</li> </ul>   | Icome from gaming (attach Schedule G if greater than<br>)<br>icome from fundraising events (not including \$<br>indraising events reported on line 1) (attach Schedule G if the sum of such<br>come and contributions exceeds \$15,000)<br>rect expenses from gaming and fundraising events<br>me or (loss) from gaming and fundraising events (add lines 6a and 6b and s   | 6a<br>of co<br>6b<br>6c<br>ubtract li             | ntributions      |                 |   |                |                        |
| Revenue          | a Gross i<br>\$15,000<br>b Gross in<br>from fu<br>gross in<br>c Less: di<br>d Net inco<br>7a Gross s  | Icome from gaming (attach Schedule G if greater than<br>)<br>Icome from fundraising events (not including \$<br>Indraising events reported on line 1) (attach Schedule G if the sum of such<br>come and contributions exceeds \$15,000)<br>rect expenses from gaming and fundraising events<br>me or (loss) from gaming and fundraising events (add lines 6a and 6b and s<br>ales of inventory, less returns and allowances   | 6a<br>of co<br>6b<br>6c<br>subtract li<br>7a      | ntributions      |                 |   |                |                        |
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132171 12-08-21

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional 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 the Department of Revenue Services (DRS) for all NAA matters.

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

## Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> begs leave to report; and recommends for adoption the following resolution:

Item No. 77-23

# A Resolution Authorizing the Disposition of 16 City-Owned Properties

WHEREAS, pursuant to private abandonment, foreclosure and anti-blight enforcement actions (including demolition), the City has become the owner of the following sixteen properties (hereinafter referred to collectively as the "Properties"):

# South End (3 Vacant Parcels)

77 Johnson Street 119 Johnson Street 131 Columbia Street

East Side (1 Vacant Parcel) 1218 Kossuth Street

Reservoir (1 Vacant Parcel) 177 Voight Street

# East End (10 Vacant Parcels and 1 Parcel with a Residential Structure\*)

621 Newfield Avenue 604 Newfield Avenue 34 Revere Street 40 Revere Street 1148 Stratford Avenue 1136 Stratford Avenue 1095 Stratford Avenue 1060 Stratford Avenue 46 Suggetts Lane 166 Fourth Street\*

WHEREAS, in connection with the proposed disposition of the Properties, the City's Office of Planning and Economic Development ("OPED") has requested that the Planning and Zoning Commission provide an 8-24 review and report to the City Council;

WHEREAS, OPED has further requested that the City Hall Committee provide its review and report to the City Council;



Report of Committee on Economic and Community Development and Environment Item No. 77-23

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WHEREAS it is in the best interests of the City to transfer these Properties to private ownership so that they may produce tax revenue;

**NOW THEREFORE BE IT RESOLVED**, that the Director of OPED is authorized to dispose of the Properties for appraised value via the following methods:

- 1) Public Auction to the Responsible Bidder;
- 2) Direct Sale to an Abutter Making the Responsible Offer;
- 3) RFP or other publicly competitive solicitation;

**BE IT FURTHER RESOLVED** that the Director of OPED is authorized to take all necessary actions and to do any and all necessary and appropriate things, subject to the review and approval of the City Attorney, in furtherance of the objectives of this resolution.

# RESPECTFULLY SUBMITTED, THE COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, Co-Chair

Mary A. McBride-Lee, Co-Chair

Scott Burns

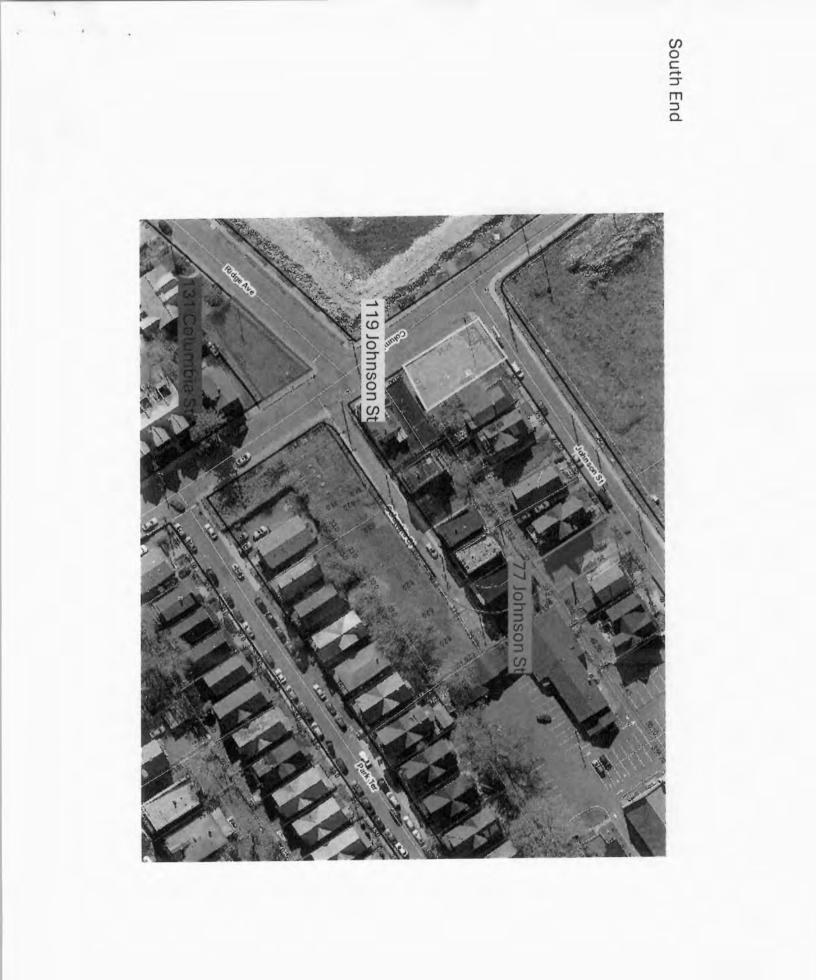
Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 03, 2024

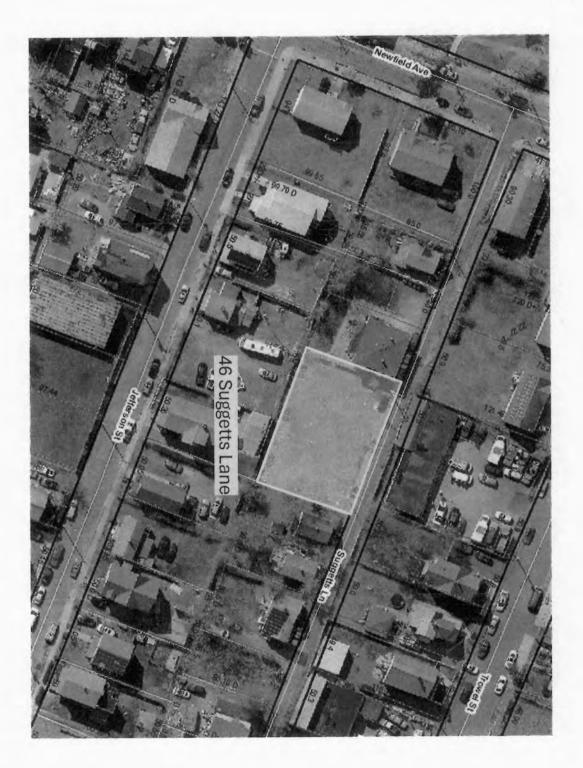




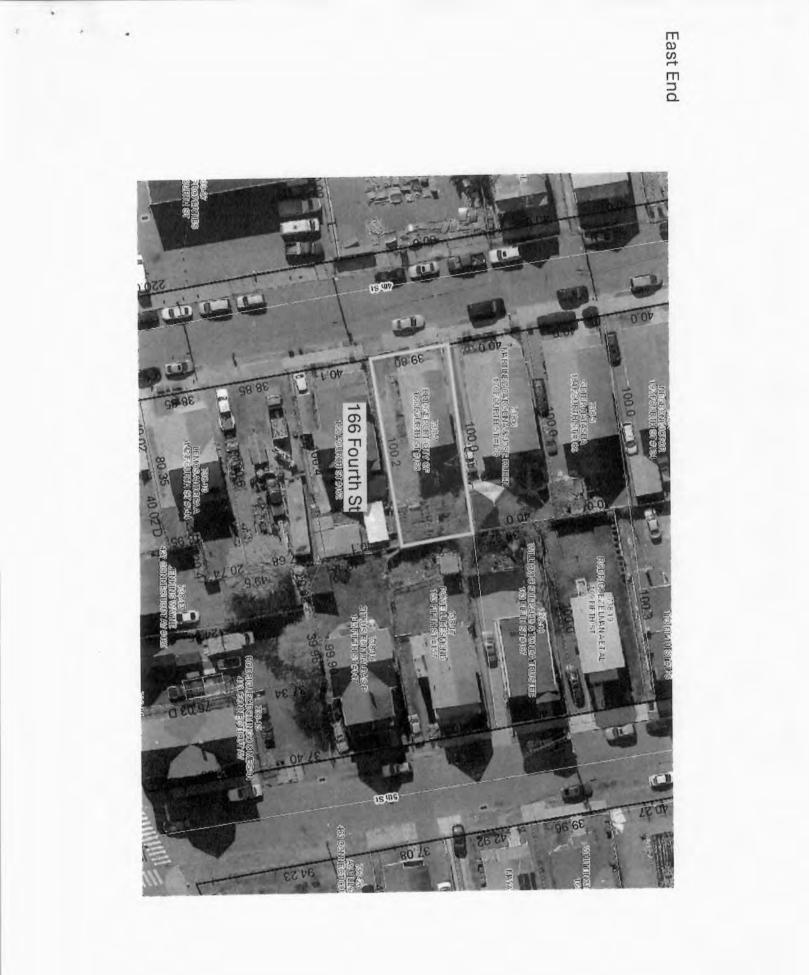
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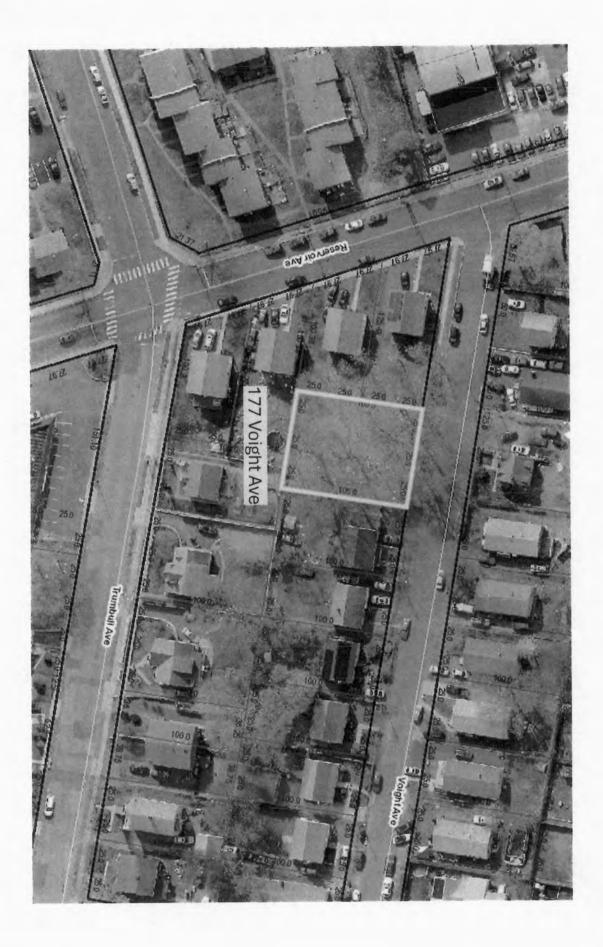


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To the City Council of the City of Bridgeport.

The Joint Committees on <u>Economic and Community Development and</u> <u>Environment and Contracts</u> begs leave to report; and recommends for adoption the following resolution:

Item No. 76-23

# A Resolution (the "Resolution") Authorizing an Affordable Housing Tax Incentive Development Agreement for the Waltersville Commons Development located at 167 Steuben Street & 626 Pembroke Street & 614 Pembroke Street

WHEREAS, the Waltersville Development Group LLC is a limited liability corporation organized and existing under the laws of the State of New York, with a principal office address of 86 Main Street, Suite 401, Yonkers, NY, 10701, (the "Developer");

WHEREAS, pursuant to the Land Development Agreement (the "LDA") executed June 2, 2021 by and between the Developer and the City of Bridgeport's Office of Planning and Economic Development (the "City" or "OPED"), the Developer proposes to invest approximately \$40MM (forty million dollars) toward the hard and soft costs of the adaptive reuse and restoration of the historic Waltersville School so as to provide for approximately 70 (seventy) units of low-income and moderate-income affordable housing, in addition to resident lobby space, resident amenities, off-street parking, and site landscaping (the "Project");

WHEREAS, the Project area is comprised of three contiguous addresses (referred to collectively herein as the "Project Properties") which include the City-owned property and former school building located at 167 Steuben Street (the "City-Owned Property") as well as two smaller adjacent privately-owned properties which include a vacant parcel located at 626 Pembroke Street and a parcel with an 8,000 sf warehouse located at 614 Pembroke Street (the "Adjacent Properties");

WHEREAS, the Project was approved by the City of Bridgeport Planning and Zoning Commission at its meeting of July 30, 2018;



Joint Committee on <u>ECD and Environment and Contracts</u> Item No. 76-23

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WHEREAS, pursuant to Connecticut General Statutes Section 8-215 and Section 8-216 (the "State Statute") and pursuant to Chapter 3.24 — Affordable Housing Tax Incentive Development Program - of the Municipal Code of Ordinances (the "Ordinance"), the Developer has made application to OPED for an Affordable Housing Tax Incentive to support the capital financing and operating requirements of the Project;

WHEREAS, after review and analysis of the Project's financial structure, OPED recommends the establishment of a phased-in, increasing real estate tax payment schedule (the "Tax Payment Schedule") for the Project Properties which would encompass a two (2) year construction period, and a fifteen (15) year operating period as more particularly described in the spreadsheet entitled Waltersville Commons Real Estate Tax Payment Schedule attached hereto as Attachment A;

WHEREAS, consistent with the requirements of the Ordinance, OPED has summarized the value of the tax incentive payments to be made per the Tax Payment Schedule and has summarized the value of the tax abatement to be provided, and has provided a summary analysis of the revenue impact of the Project as more particularly described in the attached spreadsheet entitled Valuation of Tax Payments, Tax Abatements and Total Project Revenue, attached hereto as Attachment B;

WHEREAS, the City-Owned Property currently does not produce any real estate tax revenue, and the two Adjacent Properties combined currently produce only \$11,028 in real estate tax revenue:

WHEREAS, over the course of the Tax Payment Schedule, the Project Properties would produce over \$I.3MM in real estate tax revenue, as well as an estimated \$500,000 in building permit fee revenue, for a combined revenue to the City of over \$1.8MM;

**WHEREAS**, the Tax Payment Schedule shall be incorporated into the Affordable Housing Tax Incentive Development Agreement to be drafted and finalized by the City Attorney's Office in a manner consistent with the objectives of this Resolution (the "Agreement");

WHEREAS, in order to become effective the Agreement must be fully executed and filed on the land records of the City;



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WHEREAS, the Project is subject under the Agreement to the provisions of City Ordinance Ch. 3.29 — Employment Opportunities with Developers Fostering Economic Development, which requires that to the greatest extent possible during the development of this Project, the first consideration for any additional employment of tradesmen/tradeswomen and/or any apprentices to be working on this Project will be given to qualified applicants who are residents of the City and/or who are ex-felons, with such consideration to be made toward meeting the requirements of twenty (20%) percent local resident hires and five (5%) percent ex-felon hires;

WHEREAS, the Agreement requires that the Developer also comply with the City's Minority Business Enterprise Program Ordinance, Chapter 3.12.130 of the Code of Ordinances, which establishes a requirement that six percent (6.0%) of the value of the construction contracts awarded for the Project go to African-American Minority Business Enterprises, and further establishes as an overall attainable goal that fifteen percent (15%) of the value of the Project's construction contracts be awarded to Minority Business Enterprises and fifteen percent (15%) to Women Business Enterprises;

WHEREAS, the State Statute provides that municipalities may by ordinance provide for real estate tax abatements for housing developed for low or moderate-income persons, and may enter into Agreements with the State of Connecticut, acting through its Department of Housing (the "State") to provide for the State's reimbursement, at the State's discretion, to the municipality of such taxes abated for this purpose;

WHEREAS, the State Statute provides that such tax abatement shall be used for one or more of the following purposes: (I) To reduce rents below the levels which would be achieved in the absence of such abatement and to improve the quality and design of such housing; (2) to effect occupancy of such housing by persons and families of varying income levels within limits determined by the Commissioner of Economic and Community Development by regulation, or (3) to provide necessary related facilities or services in such housing;

WHEREAS, the Project's approximately 70 affordable housing units are a mix of sizes ranging from studios to three-bedrooms, all of which it is anticipated will be restricted to occupants earning less than specifically designated levels of family income — anticipated to designated as 30%, 50%, 60%, and 70% of the Area's Median Income ("AMI") -- which corresponds roughly to: household incomes from \$23,000 to \$35,000 (for 30% AMI); from \$39,000 to \$58,000 (for 50% AMI); from \$46,000 to \$69,000 (from 60% AMI); and from \$54,000 to \$81,000 (for 70% AMI);



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WHEREAS, it is anticipated that the Project's restricted monthly rents will offer onebedrooms at prices that will range (according to income level) from approximately \$470 to \$890 to \$1100 to \$1300; and will offer two-bedrooms at monthly rents that will range (according to income level) from approximately \$555 to \$1100 to \$1300 to \$1600; and will offer three-bedrooms at monthly rents that will range (according to income level) from approximately \$625 to \$1200 to \$1500 to \$1800;

WHEREAS, the Project is anticipated to be financed through a combination of sources, including equity from the syndication of federal and state historic tax credits, equity from federal low-income housing tax credits, as well as loans from the State of Connecticut Department of Housing ("CT DOH"), the Connecticut Housing Finance Authority ("CHFA"), and the federal HOME Program;

WHEREAS, OPED has analyzed the financial structure of the Project, the Developer's application to OPED for an Affordable Housing Tax Incentive Development Agreement, and its consolidated application for financing from CHFA and CT DOH;

WHEREAS, in analyzing the financial structure of the Project, OPED has subjected it to an economic pro forma analysis against industry and market standards for this type of Project, considering such factors as Developer equity and return, costs of construction, leveraging of private financing, all as per the requirements of the City 's Affordable Housing Tax Incentive Development Program, Ch 3.24 of the Municipal Code;

WHEREAS, OPED finds that the Project meets the eligibility criteria of the City's Tax Incentive Development Program, and finds specifically that it:

- (I) represents at least \$3 million in investment;
- (2) is compatible with Plan Bridgeport, the City's Master Plan;
- (3) has been subject to OPED's economic pro-forma analysis;
- (4) creates public benefits in neighborhood improvement;
- (5) shall not generate any less in taxes than in the year prior;
- (6) shall begin construction within two years;
- (7) has earned OPED's favorable report on economic impact



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WHEREAS, OPED represents to the Council that the proposed Agreement is in keeping with Affordable Housing Tax Incentive Development Policy established by City Ordinance, and is warranted and necessary for the success of the Project such that without the Affordable Housing Tax Incentive Agreement, the Project would not proceed;

**NOW THEREFORE BE IT RESOLVED**, that the Agreement is hereby approved as it shall be finalized by the City Attorney, and that the Mayor or the OPED Director is authorized to execute the Agreement, and, subject to the review and approval of the City Attorney, is authorized to take such other necessary actions in furtherance of the Agreement and consistent with this resolution in the best interests of the City.



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# RESPECTFULLY SUBMITTED, THE JOINT COMMITTEE ON ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT AND CONTRACTS

Maria I. Valle, D-137th, Co-chair

Jeanette Herron, D-133rd, Co-chair

Mary A. McBride-Lee, D-135th, Co-chair

Matthew McCarthy, D-130th, Co-chair

Scott Burns, D-130th

Michelle A. Lyons, D-134th

Eneida L. Martinez, D-139th

Jorge Cruz, Sr., D-131st

Ernest E. Newton, II, D-139th

Jazmarie Melendez, D-138th

Richard Ortiz, D-135th

Dasha T. Spell, D-132nd

City Council Date: June 3, 2024

City Council Resolution "Attachment A" - Waltersville Commons Real Estate Tax Payment Schedule

| Date<br>Construction & | PMT<br>Lease: 2 yrs | Deal Year<br>Cnst/Ls Yr | FY Total                          | FY    |
|------------------------|---------------------|-------------------------|-----------------------------------|-------|
| 1-Jul-25               | 5,514.00            |                         |                                   | -     |
| 1-Jan-26               | 5,514.00            |                         | 11,028                            | FY26  |
| 1-Jul-26               | 5,514.00            |                         |                                   |       |
| 1-Jan-27               | 5,514.00            |                         | 11,028                            | FY27  |
| Operations: 15         | years)              | Ops Year                |                                   |       |
| 07.01.2027             | 35,000              |                         |                                   |       |
| 01.01.2028             | 35,000              | 1                       | 70,000                            | FY28  |
| 07.01.2028             | 36,050              |                         |                                   |       |
| 01.01.2029             | 36,050              | 2                       | 72,100                            | FY29  |
| 07.01.2029             | 37,132              |                         |                                   |       |
| 01.01.2030             | 37,132              | 3                       | 74,263                            | FY30  |
| 07.01.2030             | 38,245              |                         |                                   |       |
| 01.01.2031             | 38,245              | 4                       | 76,491                            | FY31  |
| 07.01.2031             | 39,393              |                         |                                   |       |
| 01.01.2032             | 39,393              | 5                       | 78,786                            | FY32  |
| 07.01.2032             | 40,575              |                         |                                   |       |
| 01.01.2033             | 40,575              | 6                       | 81,149                            | FY33  |
| 07.01.2033             | 41,792              |                         |                                   |       |
| 01.01.2034             | 41,792              | 7                       | 83,584                            | FY34  |
| 07.01.2034             | 43,046              |                         |                                   |       |
| 01.01.2035             | 43,046              | 8                       | 86,091                            | FY35  |
| 07.01.2035             | 44,337              |                         |                                   |       |
| 01.01.2036             | 44,337              | 9                       | 88,674                            | FY36  |
| 07.01.2036             | 45,667              |                         |                                   |       |
| 01.01.2037             | 45,667              | 10                      | 91,334                            | FY37  |
| 07.01.2037             | 47,037              |                         |                                   |       |
| 01.01.2038             | 47,037              | 11                      | 94,074                            | FY38  |
| 07.01.2038             | 48,448              | 3                       |                                   |       |
| 01.01.2039             | 48,448              | 3 12                    | 96,896                            | FY39  |
| 07.01.2039             | 49,902              | 2                       |                                   |       |
| 01.01.2040             | 49,902              | 2 13                    | 99,803                            | FY40  |
| 07.01.2040             | 51,399              | )                       |                                   |       |
| 01.01.2041             | 51,399              |                         | 102,797                           | FY41  |
| 07.01.2041             | 52,943              | 1                       |                                   |       |
| 01.01.2042             | 52,94               |                         | 105,881                           | FY 42 |
|                        | XES THRU FY 4       |                         | 1,323,980<br>505,350<br>1,829,330 |       |

TOTAL REVENUE TO THE CITY

| Development   |          |
|---------------|----------|
| # units       | 70       |
| Tax/Unit      | \$ 1,000 |
| Divisor       | 50%      |
| Ann Escalator | 1.03     |
| Op Years      | 15       |

Note: Dates estimated; first operations year tax payment due with first payment due after issuance of Certificate of Occupancy 04.29.24

1,829,330

<u>ATTACHMENT B to Resolution - Comporative Valvation of Tax Payments, Tax Abatements and Total Project Revenue</u> Waitersville Commons - Value of Tax incentive Payments & Value of Taxes Abated; Plus Total Revenue with Building Permit

÷

| Waitersville Dev (AMI Re. | stricted)  | Current Tax  |       |
|---------------------------|------------|--------------|-------|
| 167 Steuben (c 1900)      |            | Address      | Owner |
| # units                   | 20         | 167 Steuben  | COB   |
| Tax/Unit                  | \$ 1,000   | 614 Pembroke | Priv  |
| Ann Escalator             | 1.03       | 626 Pembroke | Priv  |
| On Vears                  | 15         |              | sf    |
| 1st Projected Tax PMT     | 07.01.2027 | TOTAL        | acres |

| L. GC Const Cost     | 28,075,000 |
|----------------------|------------|
| of Const Permitted   | 80%        |
| irmit Fee Divisor    | 1,000      |
| irmit fee per \$1000 | 30         |
| t Permit Fee         | 505,350    |

| Elias Howe School             | Maplewood School (Restricted) | [[Restricted] | Webster School          |         |      |
|-------------------------------|-------------------------------|---------------|-------------------------|---------|------|
| [287 Clinton (c 1889]         | 434 Maplewood Ave (C 1920)    | Ve (C 1920)   | CONT IN AN IN INKI SIST |         |      |
| # units                       | 25 # units                    | 24            | # units                 | 19      |      |
| A Val Ridno                   | 1.035.290 A.Val Bidna         | 580,700       | A.Val Bidng             | 744,160 |      |
| A Vial Lood ( 8 oc)           | 796.480 A. Val Lond (1.2 ac)  | ) 506,400     | A. Val Land (.7 ac)     | 238,140 |      |
| Coll Tau                      | 53 520 Full Tax               | 47,234        | Full Tax                | 42,681  |      |
| True It late li and B. Ridnal | 2 141 Tox/Unit (Land&Bid)     |               | Tax/Unit (Land&Bid)     | 2,246   | HaH. |
| Tav/thit (Building)           | 1 799 Tax/Unit (Building)     |               | Tax/Unit (Building)     | 1,702   |      |

11,028

489,860

87,120

 SF Bid
 A Val Lnd

 115,082
 336,020

 8,802
 111,560

 42,280

SF Land 68,389 12,197 6,534

9,191

42,280

•

|                                      |               | High Estimate | Difference  | OC Evel | % Ahated    |
|--------------------------------------|---------------|---------------|-------------|---------|-------------|
| Tax Year                             | Incentive Tax | of Full Tax*  | Difference  | arun    | A TUBUNT OF |
| FY 26 (assessed 25%)                 | 11,028        | 39,311        | (28,283)    | 28%     | 72%         |
| (WA)? Lassassed CV 77 (assessed 50%) | 11.028        | 78,623        | (67,594)    | 14%     | 86%         |
| EV 78 (accessed 100%)                | 70.000        | 157.246       | (87,246)    | 45%     | 353%        |
| DC AD                                | 72.100        | 157.246       | (85,146)    | 46%     | 54%         |
| UC AD                                | 74.263        | 157.246       | (82,983)    | 47%     | 53%         |
| te va                                | 76.491        | 157.246       | (80,755)    | 49%     | 51%         |
| 40 M                                 | 78.786        | 157.246       | (78,460)    | 50%     | 20%         |
| EV 33                                | 81.149        | 157,246       | (26'036)    | 52%     | 48%         |
| The Ad                               | 83.584        | 157,246       | (73,662)    | 53%     | 47%         |
| CV 25                                | 160.91        | 157.246       | (71,154)    | 55%     | 45%         |
| CV 26                                | 88.674        | 157.246       | (68,572)    | 56%     | 44%         |
| 20 31                                | 41 334        | 157.246       | (65,911)    | 58%     | 42%         |
| 00.00                                | 94.074        | 157.246       | (1211)      | 80%     | 40%         |
| 00 10                                | 96 896        | 157,246       | (60,349)    | 62%     | 38%         |
| EV AD                                | 99.803        | 157,246       | (57,442)    | 63%     | 37%         |
| EV AT                                | 797.201       | 157.246       | (54,448)    | 65%     | 325%        |
| CF AS                                | 105.881       | 157,246       | (51,364)    | 813     | 33%         |
| Total                                | 1,323,980     | 2,476,617     | (1,152,637) | 53%     | 47%         |
| Building Permit FY 26                | 505.350       |               |             |         |             |
| Total Day to Darmit                  | 1 829.330     | 2.476.617     | (647,287)   | 74%     | 26%         |

(04.29.2024)