



PUBLIC HEARING – ECONOMIC AND COMMUNITY DEVELOPMENT AGENDA

**JUNE 5, 2025, 7:00 PM
BY ZOOM VIRTUAL MEETING**

To allow public access, anyone may access a meeting by telephone and/or Zoom, or a recording in the City of Norwalk YouTube channel. Specific instructions and links can be found at norwalkct.gov/meetings.



Members of the public may call in to participate. Callers will not be able to see the meeting participants. All participants will be muted upon entering the meeting. To speak, dial *9 on the phone and you will be called on by the host of the meeting during the public comment section. All speakers must state their name and address. Comments must be on a topic on the agenda, and are limited to three minutes. Anyone disrupting the orderly conduct of the meeting, including by using threatening, hateful, or sexually-explicit language, will be removed. Please find the information using the link above.



Members of the public who wish to provide "live comments" may also use the Zoom meeting platform. All participants will be muted upon entering the meeting. To speak, click the "raise your hand indicator" and you will be called by the host of the meeting during the public comment section. All speakers must state their name and address. Comments must be on a topic on the agenda, and are limited to three minutes. Anyone disrupting the orderly conduct of the meeting, including by using threatening, hateful, or sexually-explicit language, will be removed. Please find the information using the link above.



Members of the public who wish to provide public comment are encouraged to submit those via email in advance of the meeting. For these comments to be included into the record, they must be submitted by 12:00 p.m. the day of the meeting. Please email Sabrina Godeski at sgodeski@norwalkct.gov with the subject line "Public Comment" to provide written public comment prior to the meeting.

- I. **CALL TO ORDER**
- II. **ROLL CALL**
- III. **PUBLIC HEARING ON THE 2025 NEIGHBORHOOD ASSISTANCE ACT PROGRAM**
 - A. **Applications:** <https://www.norwalkct.gov/1709/Neighborhood-Assistance-Act-Tax-Credit-P>
- IV. **ADJOURNMENT**

TO: Members of the Economic and Community Development Committee of the
Common Council

FROM: Staff of the Norwalk Redevelopment Agency

RE: 2025 Neighborhood Assistance Act Program (NAA)

DATE: May 20, 2025

The Connecticut Neighborhood Assistance Act Program (NAA) provides a corporation business tax credit to businesses who make cash contributions to qualifying community programs conducted by tax exempt organizations or municipal agencies. The tax credit earned is equal to 60% of a business' approved contribution to specific programs or 100% in the case of certain energy conservation programs.

On behalf of the City of Norwalk, the Norwalk Redevelopment Agency announced the 2025 open proposal submission period and collected eighteen (18) proposals. All the proposals received are included.

Please note the following:

- This is not a Norwalk grant program and none of the funds involved are controlled by the City of Norwalk.
- The City's role is one of acknowledging the existence of the non-profits, their proposed services to the community and their stated needs to the state and corporate seekers of tax credit opportunities.
- Proposal review and award of tax credits is carried out by Connecticut Department of Revenue Services.

Following a public hearing, which will be held during the June 5, 2025 Economic and Community Development Committee meeting, and under statute, the tax-exempt organizations with 501(c)3 status must be referred by a local legislative body. Applicants will not give presentations on their NAA proposals. The Economic and Community Development Committee is being asked to advance any or all of the applications received onto the Common Council.

The full applications are included and posted here: <https://www.norwalkct.gov/1709/Neighborhood-Assistance-Act-Tax-Credit-P>

REQUESTED ACTION:

1. Advance the proposals submitted to the 2025 Connecticut Neighborhood Assistance Act Program onto the Common Council for their approval at the June 10, 2025 Common Council meeting for inclusion in the 2025 Connecticut Neighborhood Assistance Act Program.

NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM 2025

APPLICATIONS

Administered by Norwalk Redevelopment Agency on behalf of the City of Norwalk



TABLE OF CONTENTS

List of applicants and amount requested

Applications submitted

1. **Domestic Violence Crisis Center –**
Norwalk Safe House (\$25,000)
2. **Filling in the Blanks –**
Fresh Food on the Move Mobile Pantry (\$142,911.36)
3. **Forty South Main Norwalk, LLC (Operated by Human Services Council, LLC) –**
Supportive Housing (\$93,602.98)
4. **Friends of Norwalk River Valley Trail, Inc. –**
Stewardship & Maintenance of the Norwalk River Valley Trail – Riverside Drive Section (\$7,500)
5. **Homes with Hope –**
A More Efficient Homes with Hope - Hayes Avenue, Norwalk (\$24,500)
6. **Jr Achievement of Greater Fairfield County –**
Junior Achievement's Financial Literacy & Work Readiness Programs for Norwalk Youth (\$50,000)
7. **Malta House, Inc. –**
Residential Program (\$80,000)
8. **NICE (Norwalk International Cultural Exchange) –**
10th Annual NICE Festival (\$25,000)
9. **North Walke Housing Corporation –**
South Norwalk Neighborhood Assistance Academy (\$150,000)
10. **Norwalk Housing Foundation –**
College Scholarship Program (\$24,999)
11. **Norwalk/Stamford Grassroots Tennis and Education No 1**
Advancing Youth Development Through Education (\$50,000)
12. **Norwalk/Stamford Grassroots Tennis and Education No 2**
Advancing Youth Development Through Tennis Enrichment Leadership (\$50,000)
13. **STAR, Lighting the Way**
Oil burner replacement (\$150,000)
14. **The Maritime Aquarium at Norwalk –**
Life Support Chiller (\$150,000)
15. **The Open Door Shelter No 1 (DBA Open Doors) –**
Open Door Expansion Energy Conservation Initiative (\$75,000)
16. **The Open Door Shelter No 2 (DBA Open Doors) –**
Berkeley Street Energy Conservation Initiative (\$75,000)
17. **Thrown Stone Theater Company –**
The Good District (\$20,000)
18. **Under One Roof Inc./The Marvin –**
Efficiency at The Marvin (\$150,000)

Domestic Violence Crisis Center

Municipality: _____

Form NAA-01
2025 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: _____

Domestic Violence Crisis Center

Address: 5 Eversley Avenue, Suite 201
Norwalk, CT 06851

Federal Employer Identification Number: 0 6 - 1 0 5 7 3 5 6

Program title: Norwalk Safe House

Name of contact person: Shariyah Stallings

Telephone number: 203-588-9100 ext.116

Email address: grants@dvccct.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 25,000

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Domestic Violence Crisis Center (DVCC) is seeking support for the operational costs of its two emergency safe houses located in Stamford and Norwalk, Connecticut. These facilities are more than shelters; they are lifelines for individuals and families fleeing domestic violence, providing a safe, supportive environment for healing and rebuilding lives. The program encompasses maintaining and enhancing the safe houses' capacity to offer comprehensive support services and basic needs, addressing the critical challenges faced by survivors of domestic violence.

Need for program: _____

Given the essential role DVCC's emergency safe houses play in supporting survivors of domestic violence, program funding is vital to sustain these critical services. The operational costs associated with maintaining secure and fully staffed facilities, along with the provision of trauma-informed care and access to basic necessities, require consistent investment. With demand for services remaining high, this funding helps to ensure DVCC can continue to meet the urgent needs of survivors and provide a pathway toward safety and independence for individuals and families.

Neighborhood area to be served: _____

DVCC's confidential safe house located in Norwalk, CT.

Plan to implement the program: _____

The Domestic Violence Crisis Center's (DVCC) Safe House Program is a well-established initiative that has long served victims of domestic violence in Stamford and Norwalk. These emergency safe houses operate year-round, providing immediate safety and comprehensive support services to survivors and their children. The program is staffed by experienced advocates who implement individualized plans focused on safety, financial stability, and long-term housing solutions.

Timetable:Program start date: 07-01-2025

MM - DD - YYYY

Program completion date: 06-30-2026

MM - DD - YYYY

Post-project audit due date: 09-30-2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$25,000</u>
Other funding sources - itemized sources:	
a) <u>Department of Social Services</u>	<u>\$134,000</u>
b) <u>Mary Kay Foundation</u>	<u>\$20,000</u>
c) <u>Private Fundraising (Individuals, Foundations, and Events)</u>	<u>\$150,000</u>
d) <u>In-Kind Donations- Clothing, Toiletries, Diapers</u>	<u>\$20,000</u>

Total Funding: \$349,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries(Including employees benefits and taxes)</u>	<u>\$387,860.38</u>
b) <u>Food & Household Supplies</u>	<u>\$20,000</u>
c) <u>Electricity & Gas</u>	<u>\$15,000</u>
d) <u>Landscaping & Pest Control</u>	<u>\$5000</u>

Administrative expenses - itemized description:	
a) <u>Telephone & Internet</u>	<u>\$20,000</u>
b) <u>Janitorial Services</u>	<u>\$15,000</u>
c) <u>General & Administrative Expenses</u>	<u>\$5,000</u>
d) <u>Repairs & Maintenance</u>	<u>\$20,000</u>

Total Proposed Expenditures: \$487,860.38

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:	_____
	<u>NORWALK REDEVELOPMENT AGENCY</u>
Mailing address:	_____
	<u>3 Belden Avenue, Norwalk, CT 06850</u>
Name of municipal liaison:	<u>KATIE O'LEARY</u>
Telephone number:	<u>(203) 854-7810</u>
Fax number:	<u>— —</u>
Email address:	<u>KOLEARY@NORWALKCT.GOV</u>

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Return of Organization Exempt From Income Tax

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

2022Department of the Treasury
Internal Revenue ServiceDo 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.**Open to Public Inspection****A** For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023**B** Check if applicable:

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

C
 DOMESTIC VIOLENCE CRISIS CENTER
 1111 SUMMER STREET #203
 STAMFORD, CT 06905

D Employer identification number

06-1057356

E Telephone number

203-588-9100

G Gross receipts \$ 3,399,078.**F** Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.DVCCCT.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1982 **M** State of legal domicile: CT**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DOMESTIC VIOLENCE CRISIS CENTER'S MISSION IS TO PREVENT AND ELIMINATE DOMESTIC VIOLENCE BY EDUCATING OUR COMMUNITIES AND SUPPORTING INDIVIDUALS IN BUILDING SAFER LIVES.	
	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)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	57
	6	Total number of volunteers (estimate if necessary)	198
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,025,974. Current Year: 2,909,899.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226,462. 48,576.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	400,228. 369,094.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,652,664. 3,327,569.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	1,993,024. 2,149,582.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25)	92,487.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,124,929. 933,532.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,117,953. 3,083,114.
19		Revenue less expenses. Subtract line 18 from line 12	534,711. 244,455.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,299,362. End of Year: 3,059,368.
	21	Total liabilities (Part X, line 26)	322,881. 803,056.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,976,481. 2,256,312.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	SUZANNE ADAM		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	KATHRYN PERRY, CPA	KATHRYN PERRY, CPA		P00044857
	Firm's name	JUMP, PERRY AND COMPANY, L.L.P.		
	Firm's address	12 LEXINGTON AVENUE TOMS RIVER, NJ 08753		
			Firm's EIN	22-2264838
			Phone no.	(732) 240-7377

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/01/22

Form 990 (2022)

Filling in the Blanks

Municipality: Norwalk

Form NAA-01

2025 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: _____

Filling in the Blanks

Address: 346 Main Street Suite 3A
Norwalk, CT 06851

Federal Employer Identification Number: 4 6 - 4 9 8 0 0 0 2

Program title: Fresh Food on the Move Mobile Pantry

Name of contact person: Jennifer Mason

Telephone number: (203) 750-0019

Email address: jmason@fillingintheblanks.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 142,911.36

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

☒ Yes

☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

Filling in the Blanks' Fresh Food on the Move mobile pantry brings healthy, nutritious food directly to communities in need across Fairfield County. Designed to combat food insecurity and increase access to fresh produce, dairy, and proteins, the pantry operates monthly in Norwalk, Stamford, and Bridgeport. This refrigerated truck functions as a farmers-market-on-wheels, offering families the dignity of choice while addressing barriers such as transportation and limited grocery options. Beyond food, the mobile pantry partners with local organizations to provide wraparound services, including healthcare sign-ups, vaccinations, immigration assistance, financial literacy, and diaper distribution.

Need for program:

Food insecurity remains a persistent and growing issue across our region, with many families lacking reliable access to fresh, nutritious food. Rising costs of living, the end of pandemic-era food assistance programs, and limited transportation options have exacerbated the problem. The Fresh Food on the Move mobile pantry was created to eliminate those barriers by bringing healthy, perishable foods—including fresh produce, dairy, and proteins—directly into the neighborhoods that need them most. By meeting people where they are, the mobile pantry increases access, reduces stigma, and provides a dignified, choice-based experience.

Neighborhood area to be served:

Norwalk, CT and surrounding towns. Norwalk is experiencing a growing food insecurity crisis, disproportionately impacting low-income families, seniors, and communities of color. According to recent data, over 10% of Norwalk residents struggle with access to consistent, healthy food—a figure that continues to rise due to inflation, housing costs, and cuts to emergency food benefits. Each weekend we are in Norwalk, we will be serving between 450-500 families. For one year- this would be an average of 5,700 families or 171,100 individuals

Plan to implement the program:

The Fresh Food on the Move will be in Norwalk on the second Saturday of every month for a year with this funding. The pantry sites are located in a location accessible to cars, walkers, and public transportation. Filling in the Blanks partners with regional food banks, local farms, and wholesale vendors to source fresh produce, dairy, grains, and proteins. On pantry day, the refrigerated truck arrives on-site and is staffed by a team of Filling in the Blanks personnel and volunteers. Families are welcomed and registered, and they select their food in a dignified, market-style setup that allows for personal choice.

Timetable:

Program start date: 10-04-2026
MM - DD - YYYY

Program completion date: 10-02-2027
MM - DD - YYYY

Post-project audit due date: 01-02-2028
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$142,911.36</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Insurance</u>	<u>\$760.44</u>
b) <u>Gas</u>	<u>\$1,500.00</u>
c) <u>Food</u>	<u>\$120,000.00</u>
d) <u>Reusable Bags</u>	<u>\$4,630.92</u>

Administrative expenses - itemized description:

a) <u>Drivers (2)</u>	<u>\$6,420.00</u>
b) <u>Filling in the Blanks Assistants</u>	<u>\$4,800.00</u>
c) <u>Part Time Mobile Pantry Employees</u>	<u>\$4,800.00</u>
d) _____	_____

Total Proposed Expenditures:

\$142,911.36

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: _____

Norwalk Redevelopment Agency

Mailing address: _____

3 Belden Avenue, Norwalk, CT 06854

Name of municipal liaison: Katie O'Leary

Telephone number: 203-854-7810

Fax number: _____

Email address: koleary@norwalkct.gov

Post-Project Audit

Is a post-project audit required for this proposal?



Yes



No

If Yes, date post-project audit due:

01-02-2028

Date

EXTENDED TO NOVEMBER 15, 2023

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

OMB No. 1545-0047

2022

Form

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.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection**A** For the 2022 calendar year, or tax year beginning and ending**B** Check if applicable:

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

C Name of organization

FILLING IN THE BLANKS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

346 MAIN AVENUE

Room/suite
3A

City or town, state or province, country, and ZIP or foreign postal code

NORWALK, CT 06851

F Name and address of principal officer: SHAWNEE KNIGHT

346 MAIN AVENUE #3A, NORWALK, CT 06851

D Employer identification number

-*0002

E Telephone number

203-750-0019

G Gross receipts \$ 2,691,942.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.FILLINGINTHEBLANKS.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2014 **M** State of legal domicile: CT**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FILLING IN THE BLANKS ("FITB") AIMS TO FIGHT CHILDHOOD HUNGER BY PROVIDING CHILDREN IN NEED WITH		
	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	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	1000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,851,142.	Current Year 1,562,012.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,713.	107,265.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	294,703.	694,798.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,182,558.	2,364,075.
	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.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	198,538.	285,921.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,145,898.	1,520,961.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,344,436.	1,806,882.
	19	Revenue less expenses. Subtract line 18 from line 12	838,122.	557,193.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,951,786.
21		Total liabilities (Part X, line 26)	71,220.	349,328.
22		Net assets or fund balances. Subtract line 21 from line 20	3,880,566.	4,360,546.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	SHAWNEE KNIGHT, CO-PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	MARCO DIRUSSO			
Paid Preparer Use Only	Firm's name		Firm's EIN	PTIN
	TOBIN & COMPANY, CPA'S		** - ***2313	P01467843
Paid Preparer Use Only	Firm's address		Phone no.	
	2500 WESTCHESTER AVENUE PURCHASE, NY 10577		9148332200	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Forty South Main Norwalk, LLC
(Operated by Human Services Council, LLC)

Municipality: NORWALK

Form NAA-01
2025 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: _____
FORTY SOUTH MAIN NORWALK LLC

Address: ONE PARK STREET, NORWALK, CT 06851

Federal Employer Identification Number: 0 6 - 6 1 0 2 1 6 0

Program title: SUPPORTIVE HOUSING

Name of contact person: NICHOLE JEFFERSON

Telephone number: (203) 854-4855

Email address: _____

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 93,602.98

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): SUPPORTIVE HOUSING OF FOREMLY HOMELESS AND AT RISK OF HOMELESSNESS

Description of program: _____

40 South Main Street is a unique, trans-formative housing initiative operated by the Human Services Council. Located in the heart of South Norwalk, this program embodies our commitment to empowering lives and fostering independence. 40 South Main Street offers more than just shelter; we provide a pathway to stability, job training, and community support, helping residents regain control of their lives and build a brighter future. Our housing building located at 40 South Main Street has an outdated HVAC system and is in need of replacement system including two hydronic air handlers and two heat pumps.

Need for program: _____

Aging, inefficient HVAC systems lead to high energy consumption, increased utility costs, frequent repairs, and decreased comfort. They also pose health and safety risks, and negatively impact the environment. A replacement program is crucial to address these issues. A replacement will lower energy consumption, reduce costs, improve comfort and safety, and promote sustainability.

Neighborhood area to be served: _____

Our organization is strategically located within Norwalk's Enterprise Zone, which positions us at the heart of the community we aim to serve. This location enables us to be easily accessible to the most vulnerable populations and to leverage additional local resources and partnerships to maximize the impact of our rental assistance program.

Plan to implement the program: _____

Management will notify residents about an upcoming maintenance plan. For this, we've engaged a licensed and insured service contractor (covering CT and NY) who will obtain all required permits, install the equipment, guarantee its proper functioning, and provide ongoing preventative maintenance to extend its life.

Timetable:Program start date: 10-15-2025

MM - DD - YYYY

Program completion date: 10-31-2026

MM - DD - YYYY

Post-project audit due date: 01-31-2027

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$93,602.98

Other funding sources - itemized sources:

a) NAA FUNDS - REPLACE HVAC SYSTEM AND HEAT PUMP \$93,602.98

b) _____

c) _____

d) _____

Total Funding: \$93,602.98**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) REPLACEMENT OF HVAC SYSEMT AND HEAT PUMPS \$78,602.98b) UNFORESEEN MAINTENANCE EXPENSES DURING RE \$7,500.00

c) _____

d) _____

Administrative expenses - itemized description:

a) POST PROJECT AUDIT \$7,500.00

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$93,602.98

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: _____ NORWALK REDEVELOPMENT AGENCY
Mailing address: _____ 3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison: KATIE O'LEARY
Telephone number: (203) 854-7810
Fax number: .
Email address: _____

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

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

C Name of organization**HUMAN SERVICES COUNCIL INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1 PARK STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NORWALK, CT 06851**F** Name and address of principal officer: **ANTHONY DILAURO****SAME AS C ABOVE****D** Employer identification number**06-6102160****E** Telephone number**(203) 849-1111****G** Gross receipts \$**2,068,106.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HSCCT.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1944****M** State of legal domicile: **CT****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION HELPS THE COMMUNITY RECOGNIZE AND UNDERSTAND ITS HUMAN SERVICES NEEDS,
	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) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 28
	6	Total number of volunteers (estimate if necessary) 19
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,446,596.
	9	Program service revenue (Part VIII, line 2g) 1,007,738.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 152.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,491.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,445,995.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,362,932.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 26,513.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 919,040.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,281,972.
19		Revenue less expenses. Subtract line 18 from line 12 164,023.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 3,268,138.
	21	Total liabilities (Part X, line 26) 2,466,896.
	22	Net assets or fund balances. Subtract line 21 from line 20 801,242.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANTHONY DILAURO, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	03/13/25		P00543209
Firm's name	Firm's EIN		Phone no.		
	PKF O'CONNOR DAVIES ADVISORY, LLC	87-3231666	203-929-3535		
Firm's address					
ONE CORPORATE DRIVE, SUITE 725					
SHELTON, CT 06484-6241					

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Friends of Norwalk River Valley Trail, Inc.

Municipality: NORWALK

Form NAA-01
2025 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: _____
Friends of the NRV (Norwalk River Valley Trail), Inc.

Address: PO Box 174, Georgetown, CT

Federal Employer Identification Number: 4 5 - 1 4 9 6 6 7 2

Program title: Stewardship and Maintenance of the Norwalk River Valley Trail - Riverside Drive Section

Name of contact person: Andrea Gartner

Telephone number: (203) 470-8005

Email address: agartner@nrvt-trail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 7,500.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The nonprofit organization, The Friends of Norwalk River Valley Trail (NRVT), is launching a volunteer-based maintenance program to steward the newly opened trail section along Riverside Drive in Norwalk which officially opened in March 2024. This initiative will ensure the trail remains clean, safe, and accessible by organizing regular community cleanups and routine maintenance tasks, such as weed-whacking, invasive species removal, and trail upkeep. The program will provide volunteers with tools and training while also covering administrative and outreach needs to sustain long-term engagement and program sustainability.

Need for program: _____

Officially opening in March 2024, the new Riverside Drive section of the Norwalk River Valley Trail is the first in the city that lies outside of a formal park boundary. Unlike previous segments maintained by the City of Norwalk — from Calf Pasture Beach to Union Park — this section does not fall within city parkland and lacks existing municipal maintenance support. The City has asked NRVT to take on stewardship of this area, which incurred a departmental cost of \$10,000 to maintain in its first year. To meet the requests of the DPW and Recs + Park departments, the NRVT needs funding to establish a volunteer program and cover outreach, tools, and administrative costs.

Neighborhood area to be served: _____

The program will serve neighborhoods surrounding the Riverside Drive area in South Norwalk, including adjacent residential and commercial zones. This urban section of the trail provides critical green space access to nearby residents, workers, and underserved populations, offering safe recreational and commuting opportunities in a densely developed part of the city. The trail's proximity to homes, public transit, and employment centers makes it a high-use segment with significant community impact. For example, Norwalk residents use this section to access other points in the city - reducing car usage and traffic.

Plan to implement the program: _____

The NRVT has been in ongoing conversations with the City's DPW and Parks & Rec departments about this matter and will coordinate maintenance standards and scheduling. A volunteer program will be launched, including outreach to local residents, businesses, and community groups. Volunteers will be trained and equipped to carry out routine tasks, supported by NRVT staff and board members. Grant funding will be used to purchase tools, safety gear, signage materials, and cover the cost of administration, coordination, and volunteer engagement. The program would run from spring to the onset of winter.

Timetable:Program start date: 05-15-2026

MM - DD - YYYY

Program completion date: 12-31-2026

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. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$7,500.00

Other funding sources - itemized sources:

- a) _____
- b) _____
- c) _____
- d) _____

Total Funding:**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

- a) Tools + Equipment (including machine rentals) \$4,000.00
- b) Safety Gear \$700.00
- c) Volunteer Supplies + Refreshment \$800.00
- d) Contingency (extreme weather; unexpected repairs) \$1,000.00

Administrative expenses - itemized description:

- a) Administration - Staff time to organize + manage program \$750.00
- b) Volunteer Outreach - social media, awareness building \$250.00
- c) _____
- d) _____

Total Proposed Expenditures:\$7,500.00

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FRIENDS OF THE NORWALK RIVER VALLEY TRAIL INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 174 City or town, state or province, country, and ZIP or foreign postal code GEORGETOWN, CT 06829 F Name and address of principal officer: BRIAN TRUSKOWSKI P O BOX 174, GEORGETOWN, CT 06829 H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
D Employer identification number 45-1496672 E Telephone number (203) 938-4020 G Gross receipts \$ 279,096.	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.NRVT-TRAIL.COM	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation: 2011 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUPPORT THE IMPLEMENTATION OF A MULTI-USE TRAIL THROUGH THE FIVE-TOWN NORWALK RIVER VALLEY CORRIDOR	
	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 15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 1
	6	Total number of volunteers (estimate if necessary)	6 50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 297,964. Current Year 277,427.
	9	Program service revenue (Part VIII, line 2g)	NONE NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,923. 1,669.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,335. NONE
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	302,222. 279,096.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	89,577. 93,303.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	16b	Total fundraising expenses (Part IX, column (D), line 25)	79,069.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,290. 246,467.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	266,867. 339,770.
	19	Revenue less expenses. Subtract line 18 from line 12	35,355. -60,674.
	20	Total assets (Part X, line 16)	Beginning of Current Year 591,787. End of Year 531,113.
	21	Total liabilities (Part X, line 26)	NONE NONE
22	Net assets or fund balances. Subtract line 21 from line 20	591,787. 531,113.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BRIAN TRUSKOWSKI		03/18/2025		
	Type or print name and title		TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	GLENN J NANAVALY		03/18/2025		P00287986
	Firm's name	Firm's EIN	06-1402749		
	Firm's address	Phone no.		203-426-8500	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Homes with Hope

Municipality: NORWALK

Form NAA-01
2025 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: _____
HOMES WITH HOPE

Address: PO BOX 631, WESTPORT, CT 06881

Federal Employer Identification Number: 2 2 - 2 5 3 4 3 2 6

Program title: A MORE EFFICIENT HOMES WITH HOPE - HAYES AVENUE, NORWALK

Name of contact person: KATHARINE MURRAY

Telephone number: (203) 705-8776

Email address: KMURRAY@HWHCT.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,500.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Homes with Hope is seeking funding to make improvements to the home located at 1 Hayes Ave in Norwalk. With the funds donated through the NAA program, Homes with Hope will be able to replace the roof and windows at the two-apartment property improving its energy efficiency.

Need for program: _____

There is a critical need to renovate our two-apartment property to ensure it provides safe, sustainable, and energy-efficient housing the residents. The building's aging roof and windows are no longer adequate, resulting in significant energy loss, higher utility costs, and reduced comfort for residents. Replacing the roof and installing new, energy-efficient windows are essential upgrades that will improve the property's insulation, and enhance long-term affordability and reduce environmental impact.

Neighborhood area to be served: _____

This property is located in a neighborhood in Norwalk and is owned by Homes with Hope. The home is a permanent supportive housing model for two families.

Plan to implement the program: _____

1. Window Replacement (\$11,500): We will contract a licensed and insured window installation company to replace 14 outdated double-hung windows with new, energy-efficient models. The work is expected to take 3–5 days once materials are received
2. Roof Replacement (\$13,000): A professional roofing contractor will remove the existing roofing materials and install new shingles. The scope includes underlayment, flashing, and proper insulation to meet or exceed local energy codes. The roofing work will take approximately 1 week.

Timetable:Program start date: 10-01-2025

MM - DD - YYYY

Program completion date: 11-01-2025

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. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$24,500.00

Other funding sources - itemized sources:

a) CAPITAL ONE \$5,000.00

b) _____

c) _____

d) _____

Total Funding: \$29,500.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) WINDOW REPLACEMENT \$8,400.00b) LABOR FOR INSTALLATION \$2,400.00c) ROOF MATERIALS \$9,000.00d) LABOR AND MATERIAL DISPOSAL \$6,200.00

Administrative expenses - itemized description:

a) PROJECT MANAGEMENT AND ADMIN SUPPORT \$2,500.00b) PERMITS AND INSPECTIONS \$1,000.00

c) _____

d) _____

Total Proposed Expenditures: \$29,500.00

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20																	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HOMES WITH HOPE</td> <td>D Employer identification number 22-2534326</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (203) 226-3426</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">PO BOX 631</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06881</td> <td>G Gross receipts \$ 3,934,873</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number </td> </tr> </table>	C Name of organization HOMES WITH HOPE		D Employer identification number 22-2534326	Doing business as		E Telephone number (203) 226-3426	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PO BOX 631		City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06881		G Gross receipts \$ 3,934,873	F Name and address of principal officer:		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
C Name of organization HOMES WITH HOPE		D Employer identification number 22-2534326															
Doing business as		E Telephone number (203) 226-3426															
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																
PO BOX 631																	
City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06881		G Gross receipts \$ 3,934,873															
F Name and address of principal officer:		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number															
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527																	
J Website: WWW.HWHCT.ORG																	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1984 M State of legal domicile: CT															

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENTING AND ENDING HOMELESSNESS AND FOOD INSECURITY IN FAIRFIELD COUNTY		
	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 VII, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VII, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	195
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,003,808	Current Year 2,939,137
	9 Program service revenue (Part VIII, line 2g)	340,985	343,529
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,358	82,324
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(38,981)	381,276
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,325,170	3,746,266
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,377,719	1,691,796
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		300,424	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,568,753	1,776,203
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,946,472	3,467,999
19 Revenue less expenses. Subtract line 18 from line 12	378,698	278,267	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,544,831	End of Year 5,999,565
	21 Total liabilities (Part X, line 26)	2,570,172	2,659,553
	22 Net assets or fund balances. Subtract line 21 from line 20	2,974,659	3,340,012

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	HELEN MCALINDEN			
	Signature of officer		Date	
	HELEN MCALINDEN, PRESIDENT/CEO			
Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN self-employed
	JOHN J VISCONTI		11-15-2024	P00027180
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
VISCONTI & ASSOCIATES, PC		203-865-2927		
444 FOXON ROAD		EAST HAVEN CT 06513		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

JR ACHIEVEMENT OF GREATER FAIRFIELD COUNTY

Municipality: Norwalk

Form NAA-01
2025 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: 100 Beard Sawmill Road, Suite 605, Shelton, CT 06484

Federal Employer Identification Number: 0 6 - 0 6 4 4 3 1 5

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

Name of contact person: Laura Stern

Telephone number: (917) 280-4664

Email address: lsfern@jagfc.org

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☒ Other (specify): Supplemental financial literacy and work readiness programs for youth

Description of program: _____

Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills 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.

Need for program: _____

JA programs are vital for our youth, especially those in under-resourced schools, and in low-income and diverse communities. Norwalk publishes its student population data as 51.3% low income, 7.3% higher than the state average (as measured by eligibility for free or reduced-price meals) and minority school population of 77.5%. 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.

Neighborhood area to be served: _____

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

Plan to implement the program: _____

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: 07-01-2025

MM - DD - YYYY

Program completion date: 06-30-2026

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. Additionally, the program completion date must not extend beyond December 31, 2027.

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) Corporate, foundations, individual gifts, organizations \$169,000.00

b) _____

c) _____

d) _____

Total Funding: \$219,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Salaries, benefits, payroll taxes \$139,500.00b) Program materials and supplies \$7,500.00c) Travel, mileage, training \$900.00d) Scholarships, awards, recognition \$600.00

Administrative expenses - itemized description:

a) Insurance, License fees \$23,500.00b) Overhead - rent, utilities, equipment \$6,000.00c) Operating costs - IT, telephone, office supplies, postage/frgt \$36,000.00d) Marketing & development, staff & board development \$5,000.00**Total Proposed Expenditures:** \$219,000.00

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

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.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024	
B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 BEARD SAWMILL ROAD 605 City or town, state or province, country, and ZIP or foreign postal code SHELTON, CT 06484 F Name and address of principal officer: BERNADINE VENDITTO 100 BEARD SAWMILL ROAD 605, SHELTON, CT 06484 H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
D Employer identification number 06-0644315 E Telephone number (203) 382-0180 G Gross receipts \$ 1,717,066.	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.JAGFC.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1950 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JUNIOR ACHIEVEMENT INSPIRES AND PREPARES 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 Number of voting members of the governing body (Part VI, line 1a) 3 26	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 10	
	6 Total number of volunteers (estimate if necessary) 6 460	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b		
Revenue	8 Contributions and grants (Part VIII, line 1h) 850,081. 1,078,556.	
	9 Program service revenue (Part VIII, line 2g) NONE NONE	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,018. 38,370.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 465,510. 266,530.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,330,609. 1,383,456.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,750. 2,065.
14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 814,942. 940,429.		
16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE		
b Total fundraising expenses (Part IX, column (D), line 25) 63,367.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 476,289. 509,592.		
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,292,981. 1,452,086.	
	19 Revenue less expenses. Subtract line 18 from line 12 37,628. -68,630.	
	20 Total assets (Part X, line 16) 1,669,873. 1,684,322.	
		21 Total liabilities (Part X, line 26) 273,823. 658,825.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	BERNADINE VENDITTO		PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	BRIAN C WHITE		11/05/2024	P00058320
	Firm's name	Firm's EIN		
	NANAVATY DAVENPORT STUDLEY WHITE	06-1402749		
	Firm's address	Phone no.		
	123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470	203-426-8500		

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Malta House, Inc.

Municipality: NORWALK

Form NAA-01
2025 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: _____
MALTA HOUSE, INC.

Address: 139 WEST ROCKS ROAD, NORWALK, CT 06851

Federal Employer Identification Number: 0 6 1 6 0 4 7 1 0

Program title: RESIDENTIAL PROGRAM

Name of contact person: LESLIE A. LOPEZ

Telephone number: (203) 763-4502

Email address: _____

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 80,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Malta House offers a transitional living program for pregnant and parenting mothers experiencing homelessness, providing them and their babies with a stable environment and comprehensive support. During their stay—up to 18 months—mothers receive wrap-around services designed to help them transition to independence and stability. Free childcare enables them to pursue work, education/workforce training, and financial security. Currently, Malta House is home to 12 mothers and their babies. The Residential Program is a lifeline for homeless mothers striving to rebuild their futures, fostering empowerment and long-term success.

Need for program: _____

Homeless mothers and their children face a multitude of challenges that can make their journey to stability and independence particularly difficult. The latest data on unmarried mothers and poverty levels in Fairfield County, Connecticut: -Births to unmarried mothers: Over 2,500 births annually (28% of total births), - Poverty levels: 37.8% of these mothers live below the poverty line; - Homelessness risk: More than 110 women who are pregnant or parenting (ages 18-24) are receiving housing services. Malta House proudly continues to combat the crisis facing single, homeless, pregnant, and parenting young mothers in Fairfield County.

Neighborhood area to be served: _____

Greater Norwalk and Fairfield County

Plan to implement the program: _____

Malta House's Residential Program provides a critical safety net for mothers in need. The journey begins with case workers conducting a full assessment to address immediate needs such as housing, healthcare, food, and clothing. This ensures that each mother has a stable foundation to begin rebuilding her life. Once these basic needs are met, she is assigned a private room, offering a sense of dignity and personal space. From there, a more thorough evaluation takes place, identifying long-term support areas like educational training opportunities, childcare, and mental health care. The program provides a pathway to independence.

Timetable:Program start date: 07-01-2025

MM - DD - YYYY

Program completion date: 06-30-2026

MM - DD - YYYY

Post-project audit due date: 09-30-2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$80,000.00</u>
Other funding sources - itemized sources:	
a) <u>GRANTS</u>	<u>\$265,000.00</u>
b) <u>DONATIONS</u>	<u>\$867,400.00</u>
c) <u>EVENTS</u>	<u>\$507,000.00</u>
d) <u>PROGRAMS & OTHER INCOME</u>	<u>\$182,280.00</u>

Total Funding:	<u>\$1,901,680.00</u>
-----------------------	-----------------------

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>COMPENSATION & BENEFITS</u>	<u>\$1,357,019.00</u>
b) <u>RESIDENT PROGRAM</u>	<u>\$191,912.00</u>
c) <u>PARTNERING SUCCESS PROGRAM/ OUTREACH</u>	<u>\$9,900.00</u>
d) <u>EDUCATION/TRAINING/SOCIAL SRVC.</u>	<u>\$5,925.00</u>

Administrative expenses - itemized description:	
a) <u>EQUIPMENT & SOFTWARE</u>	<u>\$34,010.00</u>
b) <u>OFFICE EXPENSES</u>	<u>\$12,977.00</u>
c) <u>GENERAL & ADMINISTRATIVE</u>	<u>\$78,807.00</u>
d) <u>FUNDRAISING</u>	<u>\$232,330.00</u>

Total Proposed Expenditures:	<u>\$1,922,880.00</u>
-------------------------------------	-----------------------

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	_____
	NORWALK REDEVELOPMENT AGENCY
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	KATIE O'LEARY
Telephone number:	(203) 854-7810
Fax number:	
Email address:	KOLEARY@NORWALKCT.GOV

Post-Project Audit Is a post-project audit required for this proposal? ☒ Yes ☐ No If Yes, date post-project audit due: 09-30-2026 _____ Date

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023
 Open to Public
 Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24
B Check if applicable:

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

C Name of organization

MALTA HOUSE INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

139 WEST ROCKS ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NORWALK

CT 06851

D Employer identification number

06-1604710

E Telephone number

203-857-0088

G Gross receipts\$ 1,637,954

F Name and address of principal officer:

 MARY KULHANEK
 139 WEST ROCKS RD
 NORWALK CT 06851

H(a) Is this a group return for subordinates ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: MALTAHOUSE.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2001

M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	SEE SCHEDULE O			
	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	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
	8 Contributions and grants (Part VIII, line 1h)		Prior Year	
	9 Program service revenue (Part VIII, line 2g)		Current Year	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
		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		
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	
		21	Total liabilities (Part X, line 26)	
	22	Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	MARY KULHANEK Type or print name and title		DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN self-employed
	AMBER D. TUCKER	AMBER D. TUCKER	11/11/24	P01593305
	Firm's name	Firm's EIN	Firm's address	
	FIONDELLA, MILONE & LASARACINA, LLP	06-1648707	300 WINDING BROOK DR STE 1 GLASTONBURY, CT 06033	
	Firm's address	Phone no.	860-657-3651	

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

NICE
(Norwalk International Cultural Exchange)

Municipality: _____

Form NAA-01
2025 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: _____
NICE INC (NORWALK INTERNATIONAL CULTURAL EXCHANGE)

Address: 20 ELMWOOD AVE, NORWALK, CT 06854

Federal Employer Identification Number: 8 1 - 0 8 1 7 8 7 9

Program title: 10TH ANNUAL NICE FESTIVAL

Name of contact person: JANET EVELYN

Telephone number: (203) 919-3000

Email address: JANET@NORWALKNICE.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 25,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Norwalk International Cultural Exchange was established in 2015 as a multicultural organization inspired by our Community in Norwalk CT. Representation is at the core of everything we do. Our mission is built on the celebration of diversity and inclusion, we are intentional in our efforts to connect with, partner and collaborate with key organizations across multiple ethnicities. We work with a large network of regional artists across all cultures and ethnic groups. We stage events and produce programs that cut across the lines of Race, Ethnicity, Religion, Socioeconomic status and Gender. We build platforms for Artists, Performers, Musicians &
See attached.

Need for program: _____

As a Volunteer run organization this funding would help immeasurably in our ability to grow and sustain our organization. It will allow us to build on the traction we are gaining with the launch of the Education Enrichment program, and getting additional administrative staff so we can have the bandwidth to be more proactive and efficient in implementing the program ideas that we have. The ability to better serve our community will be a direct result as we will be able to source and engage more skilled artists and provide more programs deep in underserved communities through our connections with their key organizations and groups. We have demonstrated that we have a winning artistic program that the community wants and loves and yet we have

See attached.

Neighborhood area to be served: _____

City of Norwalk and surrounding areas.

Plan to implement the program: _____

January
Brochure
Artistic Theme, quotes, images, sponsor levels,
January to April
Sponsor sales
Grant applications
Lampost banner sales

See attached.

Timetable:Program start date: 01-15-2026

MM - DD - YYYY

Program completion date: 10-31-2026

MM - DD - YYYY

Post-project audit due date: 11-21-2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$25,000.00</u>
Other funding sources - itemized sources:	
a) <u>City of Norwalk</u>	<u>\$25,000.00</u>
b) <u>Corporate Sponsors</u>	<u>\$45,000.00</u>
c) <u>Vendors</u>	<u>\$20,000.00</u>
d) <u>Grants/Fundraisers</u>	<u>\$35,000.00</u>

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Artists Fees</u>	<u>\$35,000.00</u>
b) <u>Staging: Stage, Sounds, Potties Carts, Lights, Security, etc.</u>	<u>\$40,000.00</u>
c) <u>Event Staff. HOSPITALITY</u>	<u>\$16,500.00</u>
d) <u>Marketing, Advertising</u>	<u>\$15,000.00</u>

Administrative expenses - itemized description:	
a) <u>Executive Director</u>	<u>\$25,000.00</u>
b) <u>Graphic Design/Web Designer</u>	<u>\$17,500.00</u>
c) <u>Marketing Intern</u>	<u>\$7,000.00</u>
d) _____	_____

Total Proposed Expenditures: \$156,000.00

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

Copy Box 1 Description of Program

The Norwalk International Cultural Exchange was established in 2015 as a multicultural organization inspired by our Community in Norwalk CT. Representation is at the core of everything we do. Our mission is built on the celebration of diversity and inclusion, we are intentional in our efforts to connect with, partner and collaborate with key organizations across multiple ethnicities. We work with a large network of regional artists across all cultures and ethnic groups. We stage events and produce programs that cut across the lines of Race, Ethnicity, Religion, Socioeconomic status and Gender. We build platforms for Artists, Performers, Musicians & Dancers, preserving History and Cultural Heritage. Our programs are steeped in the preservation and cultivation of folk and traditional artforms and we engage artists of marginalized groups and immigrant communities. NICE brings together the talent of these artists during the staging of Connecticut's leading multicultural folk and traditional arts festival. At the annual festival you will experience classical Chinese Dance, traditional Peruvian Marinera, Colombian Cumbia, Indian Bharatanatyam, Brazilian Capoeira, Taiko and African drumming and many more artforms across varied traditions, customs and genres. In addition to the annual festival, the organization provides ongoing multicultural immersive education enrichment for grades K-12 audiences and others. These programs utilize our network of artists for heritage learning programs such as AAPI Heritage Month, Black History Month, Hispanic Heritage Month and other ongoing programs throughout the school year.

Copy Box 2 Need for Program:

As a Volunteer run organization this funding would help immeasurably in our ability to grow and sustain our organization. It will allow us to build on the traction we are gaining with the launch of the Education Enrichment program, and getting additional administrative staff so we can have the bandwidth to be more proactive and efficient in implementing the program ideas that we have. The ability to better serve our community will be a direct result as we will be able to source and engage more skilled artists and provide more programs deep in underserved communities through our connections with their key organizations and groups. We have demonstrated that we have a winning artistic program that the community wants and loves and yet we have not been able to get on the road to sustainability and are vulnerable. The organization can easily fail or fall into debt without the hard work of finding small corporate sponsorships each year. This funding would provide the support and confidence that our annual signature program will remain healthy for the foreseeable future.

Copy Box 4 Plan to implement the program

January

*Annual Brochure artwork and development
Artistic Theme, quotes, images, sponsor levels,*

January to April

Sponsor sales

Grant applications

Lamppost banner sales

Engage Operations Manager

Engage Volunteer Director

Assess supplier cost options

Rec & Park Facility & Show Mobile Permits

*Update Media Channel listings: FC Buzz, CT Visit, Metro North, etc.
Press Release Announcement of Event*

May

*Update artwork, website , FB, You Tube,, Twitter, Instagram,
Rec & Park Committee Meetings
Vendor App and Vendor Release*

June

*Call for Vendors Release,
FB Event posting, Teasers
Deadline Opps. Manager
Deadline Volunteer Director*

July

*sponsor commitment deadline
Lamppost banner sales deadline
Social media postings, teasers*

August

*production lamppost banners, posters, flyers, yard signs,
artist contracts; supplier contracts, vendor calls
publicity, advertising, window clings...*

September

*Entertainment PR, Train trestle & Fence Banners, Billboard,
Supplier contracts, vendor calls*

October

*Venue layout
Event Day*

Return of Organization Exempt From Income Tax**2023**Department of the Treasury
Internal Revenue Service

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/Form990EZ for instructions and the latest information.**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning		, 2023, and ending		, 20	
B Check if applicable:		C Name of organization		D Employer identification number	
☐ Address change		NICE INC.		81-0817879	
☐ Name change		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
☐ Initial return		20 Elmwood Ave		2039193000	
☐ Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number	
☐ Amended return		Norwalk, CT 06854			
☐ Application pending					
G Accounting Method: ☐ Cash ☒ Accrual Other (specify):		H Check ☐ if the organization is not required to attach Schedule B (Form 990).			
I Website: <u>norwalknice.org</u>					
J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527					
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 129,103.					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	127,789.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) See Line 8 Stmt.	8	1,314.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,103.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	72,736.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	83,384.
17	Total expenses. Add lines 10 through 16	17	156,120.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-27,017.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	51,423.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,406.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

North Walke Housing Corporation

Municipality: Norwalk

Form NAA-01
2025 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: _____
North Walke Housing Corporation

Address: 3 Belden Avenue, Norwalk, CT 06850

Federal Employer Identification Number: 0 6 - 6 0 1 1 8 8 1

Program title: South Norwalk Neighborhood Assistance Academy

Name of contact person: Jonathan Hopkins

Telephone number: (203) 939-8043

Email address: jhopkins@norwalkct.gov

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 ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The South Norwalk Neighborhood Assistance Academy is a program that will consist of a series of sessions hosted between the Fall of 2025 and summer of 2026. The sessions will provide technical advice to aid in the physical improvement of housing in the South Norwalk neighborhood. The program will support local homeowners, tenants, and community members to get involved in the improvement of their neighborhood. Each session will be focus on different aspects of housing development, including community building, planning, regulatory compliance, finance, construction, and management.

Need for program: _____

For the average American, housing investment is the largest source of wealth. 70% of the population of South Norwalk's Census Tract 441 identifies as Hispanic, Black, and Asian. 60 percent of the non-white population in this tract live in poverty. This program aims to instill within participants the knowledge, confidence, and expertise needed to undertake small-scale home improvement, housing investment, and real estate development projects. This can play in a key role in supporting the wealthbuilding efforts of Norwalk's residents, in general, and South Norwalk's low- and moderate-income residents, in particular.

Neighborhood area to be served: _____

The focus of this program will be South Norwalk, which is a Federally-designated Area of Persistent Poverty and Historically Disadvantaged Community. Traditionally a working class neighborhood, the area once hosted many manufacturing businesses that are now gone. At recent community meetings longtime residents have expressed concerns about blight and economic opportunity. At the same time, amenities and rail transit access have drawn young professionals and new market rate housing to the area. This program will help turn residents' concerns about gentrification into opportunities for them to participate and benefit from growth.

Plan to implement the program: _____

The program will be hosted in the Norwalk Housing Authority's Envision Center, which is a community meeting space in South Norwalk. North Walke Housing Corporation staff will plan and host a series of up to 6 in-person informational sessions and workshops that will also be recorded and available online afterwards. The program will be advertised in local papers, through flyers, and social media. The program will support North Walke's mission of building and rehabbing low- and moderate-income housing and while the advice offered through the program will be geared towards South Norwalk, it will be broadly applicable for improving all neighborhoods.

Timetable:Program start date: 01-05-2026

MM - DD - YYYY

Program completion date: 12-18-2026

MM - DD - YYYY

Post-project audit due date: 03-12-2027

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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) Staff salaries/benefits for planning/hosting up to 6 events \$120,000.00b) Marketing, advertising, and printing program materials \$5,000.00c) Video/audio recording, editing, and posting content online \$5,000.00

d) _____

Administrative expenses - itemized description:

a) Admin staff salaries/benefits \$15,000.00b) Post-Project Audit \$5,000.00

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

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:	_____
	Norwalk Redevelopment Agency
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	Katie O'Leary
Telephone number:	(203) 854-7810
Fax number:	
Email address:	koleary@norwalkct.gov

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning 7/1/2023, and ending 6/30/2024	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NORTH WALKE HOUSING CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3 BELDEN AVENUE City or town State ZIP code NORWALK CT 06850 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 06-1174074	
E Telephone number (203) 854-7810	
G Gross receipts \$ 36,604	
F Name and address of principal officer: BRIAN BIDOLLI 3 BELDEN AVENUE, NORWALK, CT 06850	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: N/A	
H(c) Group exemption number	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation: 1987	
M State of legal domicile: CT	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE RENTAL HOUSING AT BELOW-MARKET RATES TO FAMILIES, ALL OF WHICH ARE LOW-INCOME OR HOUSEHOLDS AT OR BELOW 80% OF AREA MEDIAN INCOME	
	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 5	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 5	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0	
	6	Total number of volunteers (estimate if necessary) 6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0	
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b		
Revenue	8	Contributions and grants (Part VIII, line 1h) 53,300 0	
	9	Program service revenue (Part VIII, line 2g) 9,450 6,975	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,125 29,629	
	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) 71,875 36,604	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0
		14	Benefits paid to or for members (Part IX, column (A), line 4) 0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0	
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0 0	
b		Total fundraising expenses (Part IX, column (D), line 25) 0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 64,692 8,392	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 64,692 8,392	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 7,183 28,212	
	20	Total assets (Part X, line 16) 862,114 885,326	
	21	Total liabilities (Part X, line 26) 464,375 459,375	
	22	Net assets or fund balances. Subtract line 21 from line 20 397,739 425,951	

Part II Signature Block

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

Sign Here	Signature of officer BRIAN BIDOLLI	Date EXECUTIVE DIRECTOR			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SOLAKIAN	Preparer's signature MICHAEL SOLAKIAN	Date 10/26/2024	Check ☐ if self-employed	PTIN XXXXXXXXXX
	Firm's name SOLAKIAN & COMPANY, LLC	Firm's EIN XX-XXX6695			
	Firm's address 580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708	Phone no. (203) 215-6541			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

HTA

Norwalk Housing Foundation

Municipality: NORWALK

Form NAA-01
2025 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: _____

NORWALK HOUSING FOUNDATION

Address: 24 1/2 MONROE ST.

Federal Employer Identification Number: 0 6 - 0 9 6 2 3 6 2

Program title: COLLEGE SCHOLARSHIP PROGRAM

Name of contact person: LINDA ROLLE

Telephone number: (203) 354-1845

Email address: LROLLE@NORWALKHA.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,999.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☒ Other (specify): PREPARATION, ASSISTANCE, AND SUPPORT FROM HIGH SCHOOL THROUGH COLLEGE

Description of program: _____

Norwalk Housing Foundation is a direct extension of Norwalk Housing Authority's belief that education is the path out of poverty. Since its launch in 1998, the Foundation has awarded nearly 850 scholarships totaling over \$3.4 million, supporting students from high school through college graduation and boasting higher-than-national on-time graduation rates exceeding 75%. Beyond scholarships, NHF offers mentoring, career guidance, and hands-on support to help students navigate college and achieve lasting financial mobility. MORE INFO ATTACHED

Need for program: _____

By 2031, 70% of Connecticut jobs will require a degree, yet enrollment is declining, especially among Black and Hispanic students. First-generation, low-income students face steep barriers: financial gaps, lack of mentorship, and competing responsibilities. NHF addresses these challenges with holistic, long-term support—mentoring, financial aid, and college navigation. Without this program, many would drop out, face limited job prospects, and remain trapped in cycles of poverty. Thanks to NHF, graduation rates exceed 75%, compared to just 48% nationally among low-income peers. MORE INFO ATTACHED

Neighborhood area to be served: _____

The Norwalk Housing Authority (NHA), a HUD-regulated agency, has provided safe, affordable housing since 1939 and now serves over 2,000 households. Families are placed from a waitlist based on verified income eligibility, averaging just \$17,000–\$27,000 per year. At these levels, all residents are considered low or extremely low income compared to Norwalk's 2024 Area Median Income. Over 90% of residents are Black or Hispanic, with most households led by a single parent. Students in NHA's College Scholarship Program are high school graduates pursuing a 2-year, 4-year, technical, or graduate degree. MORE INFO ATTACHED

Plan to implement the program: _____

The NHF College Scholarship Program operates year-round. Students apply in the Spring of senior year with a written application and in-person interview, building mentoring relationships with the scholarship committee and NHF staff. Awards are decided by need, interviews, academics and graduation outlook. After enrollment, students must submit grades and enrollment proof each semester to continue funding. Ongoing mentorship, encouragement, and financial support persistence increases retention and ultimate graduation. Progress is tracked on enrollment, grades, and graduation outcomes. MORE INFO ATTACHED

Timetable:Program start date: 04-01-2026

MM - DD - YYYY

Program completion date: 08-30-2027

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. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$24,999.00</u>
Other funding sources - itemized sources:	
a) <u>CORPORATIONS - FOUNDATIONS</u>	<u>\$165,001.00</u>
b) <u>PRIVATE FOUNDATIONS</u>	<u>\$80,000.00</u>
c) <u>NORWALK HOUSING AUTHORITY</u>	<u>\$40,000.00</u>
d) <u>INDIVIDUALS AND FUNDRAISERS</u>	<u>\$5,000.00</u>

Total Funding:	<u>\$315,000.00</u>
-----------------------	---------------------

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>SCHOLARSHIPS - TUITION, HOUSING, SUPPLIES</u>	<u>\$315,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>STAFF - PAID BY NHA</u>	<u>\$0.00</u>
b) <u>OPERATING EXPENSES - PAID BY NHA</u>	<u>\$0.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures:	<u>\$315,000.00</u>
-------------------------------------	---------------------

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

2025 CT Neighborhood Assistance Act (NAA) Program Proposal Form NAA-01 Narrative for Part II (Program Information)

DESCRIPTION OF PROGRAM:

BEYOND SHELTER: NHF'S COMMITMENT TO EDUCATION AND OPPORTUNITY

The Norwalk Housing Authority (NHA) was established in 1939 to provide safe and affordable housing to the city's most financially vulnerable residents. Through acquisition, new development, restoration, and maintenance, it currently serves over 2000 families and administers the federal government's Section 8 housing voucher program to families in private housing.

In 1998, NHA *exceeded* its original mandate by forming the Norwalk Housing Foundation. **NHF's mission is to transform residents' lives by making financial mobility a reality.** We do it through the **singular focus on education**, which remains a powerful determinant of income, health, stability and extends into the next generation who are influenced by their parents' education choices. In the 26 years since launching, the College Scholarship Program has awarded almost 850 scholarships over \$3.4 million. **The program has repeatedly exceeded national outcomes with graduation rates well above 75% vs. 64% on time from 4-year schools. In fact, 90% of the Class of 2024 graduated on time.** Compared to the *national average of only 48% graduation among low-income students*, our students' achievement is truly inspiring by every measure.

The College Scholarship Program is more than its name implies. It is a multi-year program that starts while students are **still in high school and stays by their side throughout college**. All qualified residents who enroll full-time in an accredited 2-year, 4-year, part-time or graduate school are eligible for the program.

Our primary activities include:

- **Providing scholarship assistance** to Norwalk Housing Authority students who have graduated from high school and wish to pursue a post-secondary degree.
- **Offering mentorship**, career development guidance, college research and enrollment support.
- **College navigation support** -- help solving and surviving every aspect of institutional realities.
- **Tracking progress**, persistence, and outcomes, ensuring that each student's progress is closely monitored.

Students receive valuable **mentoring** from the NHF leadership and interview team, an intangible asset for our first-generation students who may not have a parent or close family member who has “been there, done that” and can offer perspective. We further emphasize **support for their education journey** from family, community, and donors at our annual public celebration.

NEED FOR PROGRAM:

THE DEGREE DIVIDE: HOW NHF LEVELS THE PLAYING FIELD

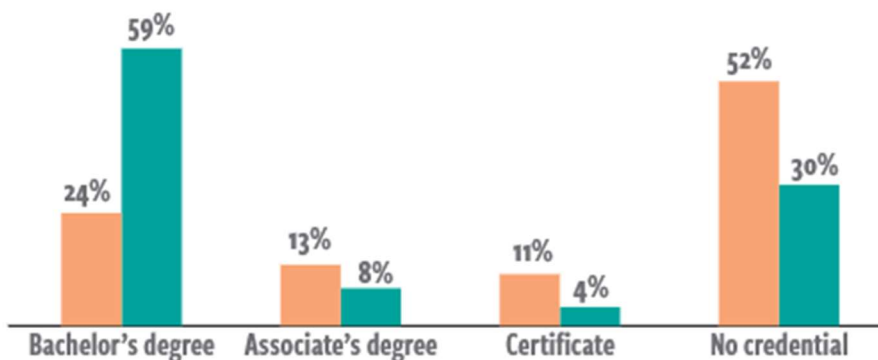
By 2031, 70% of new jobs in Connecticut will require a postsecondary degree (Georgetown University Center on Education and the Workforce, 2023). Yet, college enrollment is declining—particularly among Black and Hispanic students (Census CPS, 2021). At the same time, the financial benefits of higher education remain undeniable, with a 62% median earnings gap between those with a bachelor’s degree and those with only a high school diploma (Bureau of Labor Statistics, 3Q 2024).

For the **low-income, first-generation students from single-parent households we serve**, the path to a degree is not a simple uphill climb—it is a steep, systemic challenge. The biggest barriers include:

- **Financial Gaps:** Financial strain is a major driver of college dropout rates. 90% of low-income Pell Grant recipients face an average unmet need of \$8,942 (IHEP, NPSAS 2020). This might explain why 65% of all scholarships are given to freshmen (NCES/NPSAS). Yet, six out of ten students who leave college do so during their freshman year (Education Data Initiative, 2024), for many reasons—including financial hardship. Meanwhile, upperclassmen face even greater unmet financial need, despite having already demonstrated persistence.
- **Lack of Mentorship & Guidance:** First-generation students often lack the mentorship available to those with a parent who attended college. Without guidance, they struggle to navigate academic expectations, financial aid processes, and campus life—leading to lower completion rates. According to the Chronicle of Evidence-Based Mentoring (2023), students with frequent mentor engagement are significantly more likely to enroll and persist in college.
- **Competing Responsibilities:** Many students balance part-time work, family obligations, and financial strain, making continuation through school more difficult than for their peers.

To underscore the extent of the challenges, take just one of them, that of first-generation students. The chart below shows how first-generation students are far less likely to have a bachelor’s degree within 6 years of starting college than “continuing generation” students (who had at least one parent with a bachelor’s degree). (source: FirstGenForward.org, Postsecondary Students Longitudinal Study)\

The percentage of students whose **highest degree earned** within six years after starting college was a **bachelor's degree, associate's degree, or certificate** differed between **first-generation** and **continuing-generation** students:



Challenges Faced: Christopher's Story

The statistics tell one story, but the students themselves tell another. NHF scholars face daily struggles that extend beyond tuition bills.

Christopher, a senior in NHF's College Scholarship Program at Eastern Connecticut State University, majoring in Media Writing & Journalism, is one such student. Throughout his college journey, he faced numerous obstacles—so many that at one point, he seriously considered dropping out. In his own words:

"At Eastern, I went through a lot and continue to do so. Sadly, but surely, I am persevering! It was a lot to the point where I did want to drop out of school and resume another time..."

What made the difference for Christopher? Support. The kind of unwavering, long-term commitment that NHF provides to every student in our program. Chris credits NHF not just with financial assistance but with emotional and academic support that helped him stay the course:

"Having you always being a supportive system has done me like no other, and with that, I'm able to graduate on time! For that, I thank you so, so much for everything."

Chris' experience is not unique. Many of our students struggle, but with NHF's guidance and tools, they often find they can work through the challenges. By addressing both the financial and personal barriers that our students face, we increase the likelihood that promising students don't just start college—they finish it.

NHF's Solution: A Holistic, Proven Model

NHF goes beyond traditional scholarship programs. Our approach works toward graduation, not just enrollment. Our program includes:

- **Early Engagement:** Hands-on support with college applications, financial aid, and transition planning while students are still in high school.

- **Long-term Support:** Unlike most programs that focus only on freshmen, NHF stays with students through graduation—helping them navigate academic challenges, financial aid issues, and personal obstacles.
- **Personalized Mentorship:** With 25 years of experience, NHF offers direct guidance through academic, financial, and personal struggles.

The results speak for themselves. Our historical graduation rates have averaged above 75%, a substantial increase over the current nationwide average of 61-64%. Nationally, the **on-time graduation rate for low-income students is just 48%**—and even lower for Black (40%) and Hispanic (54%) students. In contrast, **NHF's Class of 2024 achieved a 90% graduation rate**, proving that our model works.

Grant Purpose & Impact

This grant will provide critical funding to help NHF scholars **progress through all levels** of college—not just in their first year. 100% of funds will go directly to supporting students' ascent through higher education.

This year, over 80% of NHF's 53 scholars are pursuing four-year bachelor's or master's degrees, underscoring the need for continued investment in upperclassmen. Awards are determined individually, considering both merit and need, allowing NHF to maximize the impact of every donated dollar.

The cost of higher education continues to rise, and the NHF is committed to adapting. This year, the average award for all our students was \$5,528, with amounts ranging from several hundred dollars for essential fees to \$10,000–\$15,000 for top students in private colleges.

Continued funding will reassure students as they work toward their degrees and keep moving ahead to enter the workforce.

NEIGHBORHOOD AREA TO BE SERVED:

Norwalk Housing Authority is the HUD regulated pseudo-federal agency that has provided Norwalk's most vulnerable residents with safe and affordable housing since 1939. Today it serves over 2,000 households. Housing is assigned from a waitlist, based on verified eligibility which includes income. Average household income varies by family size, but averages \$17-27,000. At these income levels, all are considered low or extremely low income based compared to the 2024 AMI (Area Median Income), where \$46,300 or below is less than 30% of Norwalk's AMI. Demographically, over 90% are Black or Hispanic. The majority are led by a single head of household. Students in the College Scholarship Program will have graduated from high school, and wish to attend a 2-year, 4-year, technical or graduate school for a post-secondary degree.

PLAN TO IMPLEMENT THE PROGRAM:

PERSISTENCE PAYS OFF: OUR BLUEPRINT FOR FIRST GEN STUDENTS

In Connecticut, the demand for a college-educated workforce is rising, yet low-income, first-generation students continue to face significant barriers to completing their degrees. By 2031, 70% of new jobs will require postsecondary education (Georgetown University Center on Education and the Workforce), but college enrollment is declining, particularly among Black and Hispanic students (Census CPS, 2021).

The financial burden is a major factor, even for low-income students who are often eligible for substantial institutional, government and private scholarship assistance. Though the range varies widely among colleges, 90% of low-income Pell Grant recipients face an average unmet need of \$8,942 (IHEP, 2020). And as a lower share of scholarship funding is directed to upperclassmen, those in their sophomore, junior and senior years face even greater funding uncertainty and unmet need. At the same time, non-financial barriers—such as the lack of mentorship and support experienced by first-generation students—can often deter or prevent them from completing their degrees.

IMPORTANCE: WHY THIS PROGRAM MATTERS

Without targeted and consistent financial and academic support, first-generation students are less likely to graduate than their peers. Nationally, the on-time graduation rate for low-income students is just 48%, and it is even lower for Black (40%) and Hispanic (54%) students. In contrast, NHF's model has resulted in a 90% graduation rate for the Class of 2024 and well over 75% historically.

Raphael, a junior majoring in Robotics at Rochester Institute of Technology, was thrilled to land an internship at Universal Orlando Resort, working on attraction renovations. But excitement turned to anxiety when he realized that, because his internship counted as college credit, he might lose financial aid and struggle to cover tuition. NHF stepped in, ensuring that he remained enrolled while gaining firsthand experience in his field. *"I was quite anxious... but thanks to NHF, I was able to pay my tuition and fully focus on my internship,"* he shared. Raphael's story is just one example of how the NHF goes beyond financial aid to help students individually to graduate career ready.

OBJECTIVE: ENSURING COLLEGE PERSISTENCE AND GRADUATION

The NHF College Scholarship Program provides financial assistance, academic support, and mentorship so students not only enroll in college but stay focused on graduating.

KEY OBJECTIVES INCLUDE:

- **Provide college-aspiring high school students with tools** to prepare, research and enroll in colleges suited to their academic and career interests.
- **Providing financial assistance** tailored to students' unmet need to reduce financial stress and dropout risk.
- **Assuring stable funding for sophomores, juniors, and seniors**, reducing the risk of attrition or non-completion due to financial pressure.
- **Offering mentorship and guidance** to help students navigate academic, personal, and career challenges.

PROGRAM DESCRIPTION:

1. **IDENTIFY AND ENGAGE** – eligibility is determined by residence in one of NHA's communities and attendance at one of Norwalk's 3 public high schools (Norwalk High School, Brien McMahon, PTech). Meet with NHA students and school administrators, begin planning.
2. **INFORM AND PLAN** – Dispel misperceptions about admission and affordability of college for our students. Share employment statistics and earnings data.
3. **APPLICATION** – 2 parts, begins in May. Standard written application requires an essay, transcripts, and recommendation. Part 2: one-on-one interview with members of the scholarship committee (all-volunteer members, senior executives, entrepreneurs, former program members). Mentoring relationships are formed, while students practice real-life interviewing skills.
4. **EVALUATIONS AND AWARDS** – completed for each student by the entire committee.
5. **NOTICE AND RECOGNITION** – students are told the outcome of their application and asked to attend a public reception in their honor.
6. **PROGRESS MONITORING** – once in school, students are subject to regular check-ins with the Scholarship Director. This year we are enhancing tracking and monitoring efficiency with a formal data collection system.
7. **PERSISTENCE** – students must submit their Fall grades and proof of Spring enrollment to receive the balance of their academic year scholarship. This alerts us to students who are struggling and need help and encourages perseverance when the temptation to quit might be strongest. Freshman year continuation is often a key indicator of graduation likelihood.
8. **TRACKING AND MEASUREMENT** – Key indicators of success are monitored such as persistence, grades, and qualitative feedback.

9. **YEAR 2+ CYCLE** – students are encouraged to apply for scholarships for upper years, not only freshman year. By completing the application and interviews annually, their support network is reinforced, and personal accountability remains a motivating factor.

TIMETABLE: IMPLEMENTATION AND MILESTONES

The NHF College Scholarship Program operates on an annual cycle, providing year-round support to students at various stages of their college journey.

TIMELINE: ACTIVITY

October - March: Norwalk public high schools are invited to collaborate with the NHF, meeting jointly with NHA students who may be considering post-secondary education. Breakout meetings with students and NHF's Scholarship Director focus on career goals, curriculum preparation, college research, and financial planning.

May - June: Scholarship applications reviewed; awards determined based on financial need, academic progress, and interview process.

June - July: Scholarships awarded; financial aid advising provided to students to help maximize aid packages.

August - September: NHF conducts student check-ins, helping with housing, financial aid, and campus transitions.

October - December: Ongoing mentorship, career coaching, and emergency financial assistance as needed.

January - March: Mid-year academic check-ins; Continuation from Fall - semester grades are required and enrollment confirmed before Spring semester awards are disbursed.

Year-Round: Continuous student support, data tracking, and program evaluation to improve outcomes.

PLAN: HOW NHF ACHIEVES RESULTS

1. Needs-Based, Flexible Financial Assistance

Scholarship awards are determined based on students' complete financial and academic picture. The average award is \$5,528 per student, with amounts ranging from a few hundred dollars for books to \$10,000+ for students attending private colleges. Scholarship awards are based on a holistic evaluation of financial need, academic progress, motivation, and graduation likelihood. As students advance in their college careers, the committee also considers their demonstrated commitment to completing their degree, supporting those with the highest potential to complete.

2. Multi-Year, Personalized Student Support

Unlike traditional scholarships that focus only on freshmen, NHF provides ongoing support for students throughout their college careers. Students receive guidance on financial aid, academic planning, and personal challenges that could otherwise derail their progress.

3. Mentorship & Career Development

Students gain access to one-on-one mentorship, professional networking opportunities, and social skills they will need in college and beyond. NHF looks for connections that add to mentorship and career readiness. For example, King Industries, a Norwalk-based chemical manufacturing company, sponsors a STEM Scholarship, demonstrating the community's investment in developing local talent. This partnership helps students interested in science and engineering gain both financial support and potential career pathways.

4. Data-Driven Program Evaluation

NHF tracks persistence, retention, and graduation rates to measure impact and refine strategies. Survey and informal feedback from students allow the program to adapt and address emerging challenges.

Form **990**Department of the Treasury
Internal Revenue Service**EXTENDED TO FEBRUARY 18, 2025**
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.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NORWALK HOUSING FOUNDATION INC.		D Employer identification number 06-0962362	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 24 1/2 MONROE STREET		E Telephone number 203-838-8471	
	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854		G Gross receipts \$ 416,371.	
	F Name and address of principal officer: ADAM BOVILSKY 24 1/2 MONROE STREET, NORWALK, CT 06854		H(a) Is this a group return for subordinates? Yes ☒ No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: HTTP://WWW.NORWALKHOUSINGFOUNDATION.ORG/				
K Form of organization: ☒ Corporation Trust Association Other L Year of formation: 2000 M State of legal domicile: CT				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SCHOLARSHIPS, EDUCATION, AND YOUTH PROGRAMS FOR TENANTS.
	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 5
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 47,205.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 317,899. 368,142.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,318. 47,205.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,165. 1,024.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 345,382. 416,371.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 316,898. 387,841.
Expenses	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.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,100. 7,675.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 323,998. 395,516.
19 Revenue less expenses. Subtract line 18 from line 12 21,384. 20,855.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,088,517. 1,094,884.
	21 Total liabilities (Part X, line 26) 14,488. 0.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,074,029. 1,094,884.

Part II Signature Block

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

Sign Here	Signature of officer ADAM BOVILSKY, EXECUTIVE DIRECTOR		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RICHARD M. LARSEN	Preparer's signature APPROVED	Date	Check if self-employed ☐ PTIN P01233142
	Firm's name NOVOGRADAC & COMPANY LLP	Firm's EIN 94-3108253		
	Firm's address 1144 HOOPER AVENUE, SUITE 203 TOMS RIVER, NJ 08753	Phone no. (732) 503-4257		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

Norwalk/Stamford Grassroots Tennis and Education No 1

Municipality: _____

Form NAA-01

2025 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: _____
NORWALK/STAMFORD GRASSROOTS TENNIS AND EDUCATION, INC (NSGTE)

Address: 11 INGALLS AVENUE, NORWALK, CT 06854

Federal Employer Identification Number: 0 6 1 5 7 0 0 9 7

Program title: ADVANCING YOUTH DEVELOPMENT THROUGH EDUCATION

Name of contact person: NITA SABO

Telephone number: (203) 939-1770

Email address: NITA@NGTENNISEDUCATION.ORG

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Norwalk/Stamford Grassroots Tennis and Education, Inc. (NSGTE) is a youth development nonprofit organization that uses education to change lives, build community, and break the cycle of poverty through advancing academic proficiency in our student-athletes. NSGTE programming provides underserved youth ages 5 to 18 with year-round educational support that includes College and Career Readiness; homework and academic coaching; as well as SAT/ACT and standardized testing preparation.

Need for program: _____

Children from Norwalk have less opportunity to participate in after school activities, less support from society as well as 30%-40% lower standardized testing scores both in Math and Literacy than neighboring towns (as cited in US News and World Report 2024). Through NSGTE's Education program, students improve their academic performance and standardized testing proficiency; gain college exposure through visits to local and regional universities; receive assistance with scholarship research and FAFSA applications; as well as obtain individualized support with homework.

Neighborhood area to be served: _____

Norwalk, CT (Fairfield County)

Plan to implement the program: _____

Program is ongoing and expanding

Plan:

- Implement individualized standardized testing software (such as iReady) to better prepare our students for the SAT/ACT and further their academic proficiency.
- Increase our relationships with and visits to colleges and universities throughout CT and outlying states.

Timetable:Program start date: 09-01-2025

MM - DD - YYYY

Program completion date: 09-01-2026

MM - DD - YYYY

Post-project audit due date: 12-01-2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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) RITTER FAMILY FOUNDATION \$25,000.00b) SMART FAMILY FOUNDATION \$25,000.00c) HORIZON FOUNDATION \$15,000.00d) GOODNOW FOUNDATION \$15,000.00**Total Funding:** \$130,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) PROGRAM STAFF \$103,500.00b) SUPPLIES \$4,000.00c) EDUCATION SUPPLIES/TENNIS SUPPLIES \$3,000.00d) TRANSPORTATION AND FEES \$3,000.00

Administrative expenses - itemized description:

a) SENIOR STAFF \$8,000.00b) UTILITIES \$2,000.00c) PAYROLL EXPENSES \$1,500.00d) OTHER \$5,000.00**Total Proposed Expenditures:** \$130,000.00

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:	_____
	Norwalk Redevelopment Agency
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	Katie O'Leary
Telephone number:	203-854-7810
Fax number:	
Email address:	koleary@norwalkct.gov

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date

EXTENDED TO NOVEMBER 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning and ending																												
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NORWALK/STAMFORD GRASSROOTS TENNIS & EDUCATION, INC.</td> <td>D Employer identification number 06-1570097</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 203-939-1770</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 1,414,580.</td> </tr> <tr> <td>11 INGALLS AVENUE</td> <td></td> <td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854</td> <td>H(b) Are all subordinates included? ☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ANDREA MARTINEZ 11 INGALLS AVENUE, NORWALK, CT 06854</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.GRASSROOTSTE.ORG/</td> <td>L Year of formation: 2000 M State of legal domicile: CT</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td> <td></td> </tr> </table>	C Name of organization NORWALK/STAMFORD GRASSROOTS TENNIS & EDUCATION, INC.		D Employer identification number 06-1570097	Doing business as		E Telephone number 203-939-1770	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,414,580.	11 INGALLS AVENUE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854		H(b) Are all subordinates included? ☐ Yes ☐ No	F Name and address of principal officer: ANDREA MARTINEZ 11 INGALLS AVENUE, NORWALK, CT 06854		If "No," attach a list. See instructions	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	J Website: WWW.GRASSROOTSTE.ORG/		L Year of formation: 2000 M State of legal domicile: CT	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		
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Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION - TO BUILD STRENGTH OF CHARACTER AND A FOUNDATION FOR SUCCESS FOR YOUTH THROUGH TENNIS			
	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)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	37	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	708,107.	1,373,457.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,393.	28,621.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,184.	12,502.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	889,684.	1,414,580.
	Expenses			Prior Year
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)	575,517.	639,860.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	73,592.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,761.	356,656.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,278.	996,516.
	19	Revenue less expenses. Subtract line 18 from line 12	36,406.	418,064.
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,545,948.	2,138,223.
	21	Total liabilities (Part X, line 26)	264,057.	265,843.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,281,891.	1,872,380.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date 11/15/2024	
	Type or print name and title ANDREA MARTINEZ, CHAIR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☒ PTIN P00182555
	Firm's name ROLLERI & SHEPPARD CPAS, LLP	Firm's EIN 06-1156122	Phone no. (203) 259-2727	
	Firm's address 2150 POST ROAD, 5TH FL FAIRFIELD, CT 06824			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Norwalk/Stamford Grassroots Tennis and Education No 2

Municipality: _____

Form NAA-01

2025 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: _____
NORWALK/STAMFORD GRASSROOTS TENNIS AND EDUCATION, INC (NSGTE)

Address: 11 INGALLS AVENUE, NORWALK, CT 06854

Federal Employer Identification Number: 0 6 1 5 7 0 0 9 7

Program title: ADVANCING YOUTH DEVELOPMENT THROUGH TENNIS ENRICHMENT LEADERSHIP

Name of contact person: NITA SABO

Telephone number: (203) 939-1770

Email address: NITA@NGTENNISEDUCATION.ORG

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

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

☒ Yes

☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Norwalk/Stamford Grassroots Tennis and Education, Inc. (NSGTE) provides underserved youth ages 5 to 18 with year-round tennis and a 7 Pillar Enrichment Curriculum that focuses on Leadership, SEL, Communication, Workforce Development, Time Management, College and Career Readiness, and Financial Literacy. Tennis Enrichment Lessons are centered around decision making, problem solving, mentoring younger students, preparing for and obtaining employment, developing stronger communication skills, and the importance of banking.

Need for program: _____

Through Tennis and Enrichment Programing our student-athletes learn teamwork, self-control, sportsmanship, physical health, discipline, and a lifelong love of a sport. NSGTE's focus on these core competencies coupled with hands-on work experience and life skill development gives participants an edge over other children in the same low-income bracket, allowing them to excel and compete with other students their age to break the cycle of poverty.

Neighborhood area to be served: _____

Norwalk, CT (Fairfield County)

Plan to implement the program: _____

Program is ongoing and expanding

Plan:

- Expand programming to include full day, week-long camps during Winter and Spring Recess focused on enrichment, youth development, and tennis.
- Camps will be offered to working families to provide a safe, inclusive environment for their children to learn about tennis

Timetable:Program start date: 09-01-2025

MM - DD - YYYY

Program completion date: 09-01-2026

MM - DD - YYYY

Post-project audit due date: 12-01-2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	<u>\$50,000.00</u>
Other funding sources - itemized sources:	
a) <u>GOODNOW FOUNDATION</u>	<u>\$15,000.00</u>
b) <u>RITTER FOUNDATION</u>	<u>\$25,000.00</u>
c) <u>SMART FAMILY FOUNDATION</u>	<u>\$25,000.00</u>
d) <u>HORIZON FOUNDATION</u>	<u>\$15,000.00</u>

Total Funding:	<u>\$130,000.00</u>
-----------------------	---------------------

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>PROGRAM STAFF</u>	<u>\$103,500.00</u>
b) <u>SUPPLIES</u>	<u>\$4,000.00</u>
c) <u>EDUCATION SUPPLIES/TENNIS SUPPLIES</u>	<u>\$3,000.00</u>
d) <u>TRANSPORTATION AND FEES</u>	<u>\$3,000.00</u>
Administrative expenses - itemized description:	
a) <u>SENIOR STAFF</u>	<u>\$8,000.00</u>
b) <u>UTILITIES</u>	<u>\$2,000.00</u>
c) <u>PAYROLL EXPENSES</u>	<u>\$1,500.00</u>
d) <u>OTHER</u>	<u>\$5,000.00</u>

Total Proposed Expenditures:	<u>\$130,000.00</u>
-------------------------------------	---------------------

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	_____
	<u>Norwalk Redevelopment Agency</u>
Mailing address:	_____
	<u>3 Belden Avenue, Norwalk, CT 06850</u>
Name of municipal liaison:	<u>Katie O'Leary</u>
Telephone number:	<u>203-854-7810</u>
Fax number:	<u> </u>
Email address:	<u>koleary@norwalkct.gov</u>

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date

EXTENDED TO NOVEMBER 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning and ending																													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NORWALK/STAMFORD GRASSROOTS TENNIS & EDUCATION, INC.</td> <td>D Employer identification number 06-1570097</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 203-939-1770</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">11 INGALLS AVENUE</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854</td> <td>G Gross receipts \$ 1,414,580.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ANDREA MARTINEZ 11 INGALLS AVENUE, NORWALK, CT 06854</td> <td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527</td> <td>H(b) Are all subordinates included? ☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">J Website: WWW.GRASSROOTSTE.ORG/</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 2000</td> <td>M State of legal domicile: CT</td> </tr> </table>	C Name of organization NORWALK/STAMFORD GRASSROOTS TENNIS & EDUCATION, INC.		D Employer identification number 06-1570097	Doing business as		E Telephone number 203-939-1770	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	11 INGALLS AVENUE		City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854		G Gross receipts \$ 1,414,580.	F Name and address of principal officer: ANDREA MARTINEZ 11 INGALLS AVENUE, NORWALK, CT 06854		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No	J Website: WWW.GRASSROOTSTE.ORG/		If "No," attach a list. See instructions	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		H(c) Group exemption number	L Year of formation: 2000		M State of legal domicile: CT
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L Year of formation: 2000		M State of legal domicile: CT																											

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION - TO BUILD STRENGTH OF CHARACTER AND A FOUNDATION FOR SUCCESS FOR YOUTH THROUGH TENNIS		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 708,107.	Current Year 1,373,457.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,393.	28,621.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,184.	12,502.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	889,684.	1,414,580.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	575,517.	639,860.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	73,592.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,761.	356,656.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,278.	996,516.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	36,406.	418,064.
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,545,948.	End of Year 2,138,223.
	21 Total liabilities (Part X, line 26)	264,057.	265,843.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,281,891.	1,872,380.

Part II Signature Block

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

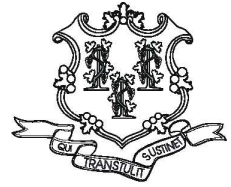
Sign Here	Signature of officer	Date	11/15/2024
	Type or print name and title ANDREA MARTINEZ, CHAIR		
Paid Preparer Use Only	Print/Type preparer's name JOHN M. ROLLERI, CPA	Preparer's signature	Date
	Firm's name ROLLERI & SHEPPARD CPAS, LLP	Firm's EIN 06-1156122	Check if self-employed ☒ PTIN P00182555
	Firm's address 2150 POST ROAD, 5TH FL FAIRFIELD, CT 06824	Phone no. (203) 259-2727	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

STAR, Lighting the Way



Municipality: Norwalk

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: _____
STAR, inc., Lighting the Way

Address: 182 Wolfpit Avenue Norwalk, CT 06851

Federal Employer Identification Number: 06-0726489

Program title: Oil Burner Replacement

Name of contact person: MaryGrace Giuliano

Telephone number: (203) 846-9581

Email address: mgjuliano@starct.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 ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

We propose the installation of two high efficiency gas fired/water boilers to replace the current heating system, which has been in operation for over 30 years. The existing equipment is outdated, inefficient and increasingly prone to failure, posing a risk to the comfort and safety of the individuals we support who have complex health needs. The current system also creates excessive operational costs (see attached full summary)

Need for program: _____

Replacing the aging oil burners with two new high efficiency gas/water boilers (heat pump system) is essential in maintaining a safe, warm, and stable environment. This upgrade will ensure that we can continue to deliver high quality services, in a facility that is properly heated and cooled. Investment in this critical infrastructure will directly support our mission and enhance the lives of those we serve every day. We achieve energy efficiency, cost savings, will be environmentally friendly, insure consistent year round temperature control and have reduced maintenance.

Neighborhood area to be served: _____

Norwalk Area Residents

Plan to implement the program: _____

The implementation plan involves procuring the new high efficiency boilers, followed by safe removal of the existing boilers and tank. Preparation of the site. Licences professionals will install and test new system to ensure full functionality, and compliance with safety standards.

Timetable:Program start date: 07/15/2025

MM - DD - YYYY

Program completion date: 06/30/2026

MM - DD - YYYY

Post-project audit due date: 09/30/2026

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) STAR Operating Account \$21,127.00

b) STAR Fundraising General \$10,000.00

c) _____

d) _____

Total Funding: \$181,127.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) removal, installation, roof repair \$165,570.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) Architectural Fees \$15,557.00

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$181,127.00

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:	_____
	Norwalk Redevelopment Agency
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	Katie O'Leary
Telephone number:	203-854-7810 x46790
Fax number:	_____
Email address:	koleary@norwalkct.gov

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Proposal for Removal of Gas/Water-Powered Systems and Installation of High-Efficiency Heat Pump Systems

Executive Summary

We propose the removal of the existing gas- and water-powered heating systems and the installation of new, high-efficiency electric heat pump systems at [Site Address/Location]. This project will significantly improve building energy efficiency, reduce operational costs, and promote environmental sustainability, while delivering enhanced comfort and reliability.

The total cost for the completion of this project is **\$181,127**.

Scope of Work

1. Removal of Existing Systems

- Safe shutdown, disconnection, and removal of all gas and water-powered heating systems, including boilers and associated equipment.
- Responsible disposal of all removed materials in compliance with local, state, and federal environmental regulations.
- Site remediation where necessary to ensure a clean installation environment.

2. Installation of High-Efficiency Heat Pump Systems

- Supply and installation of two high-efficiency electric heat pump units appropriately sized for the building's heating and cooling requirements.
- Installation or modification of ductwork and piping systems as necessary.
- Installation of advanced thermostats, system controls, and building automation interfaces.
- Electrical infrastructure upgrades to accommodate new system loads.
- Full testing, balancing, and commissioning of systems for optimal operation.
- Staff training on system use, troubleshooting, and maintenance.

3. Architectural and Engineering Services

- Preparation of detailed plans, schematics, and specifications.
- Oversight of system design to maximize performance and ensure code compliance.
- Coordination of project permitting and inspections.

- Support during project implementation and system commissioning.

Benefits of the Project

- **Energy Efficiency:** Heat pumps can deliver up to three times more thermal energy than the electrical energy they consume.
- **Operational Cost Reduction:** Decreased energy and maintenance expenses compared to older gas and water-powered systems.
- **Environmental Responsibility:** A significant reduction in greenhouse gas emissions and fossil fuel dependency.
- **Enhanced Comfort:** Consistent indoor temperatures and improved air quality year-round.
- **Long-Term Investment:** Durable systems with lower lifecycle maintenance costs.

Project Timeline

Phase	Description	Estimated Timeframe
Phase 1	Decommissioning and removal of existing gas/water systems	2 weeks
Phase 2	Installation of heat pumps and electrical modifications	4–6 weeks
Phase 3	System commissioning, testing, and staff training	1 week
Total Estimated Duration		7–9 weeks

Project Cost Breakdown

Item	Cost
Removal of gas/water systems	\$18,500
Purchase of heat pump units and installation materials	\$92,000
Installation labor	\$32,500
Electrical upgrades	\$8,000
System commissioning and staff training	\$4,570
Architectural and Engineering Services	\$15,557
Total Project Cost	\$181,127

Conclusion

Upgrading from aging gas- and water-powered systems to modern high-efficiency electric heat pumps is an investment in the future efficiency, sustainability, and comfort of your facility.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization STAR, INC. - LIGHTING THE WAY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 182 WOLFPIIT AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06851 F Name and address of principal officer: MARY GRACE GIULIANO SAME AS C ABOVE	D Employer identification number 06-0726489 E Telephone number 203-846-9581 G Gross receipts \$ 16,118,688. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.STARINCCT.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1954 M State of legal domicile: CT		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LIVING ARRANGEMENTS AND DAY PROGRAM SERVICES FOR		
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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	248
6	Total number of volunteers (estimate if necessary)	6	640
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	489,444.	636,685.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,560,584.	15,123,401.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,279.	56,261.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	429,694.	133,884.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,488,001.	15,950,231.
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)	10,345,989.	11,984,996.
17	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	320,403.	
19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,575,802.	4,391,187.
20	Revenue less expenses. Subtract line 18 from line 12	13,921,791.	16,376,183.
21		-433,790.	-425,952.
22		Beginning of Current Year	End of Year
23	Total assets (Part X, line 16)	9,456,785.	10,538,316.
24	Total liabilities (Part X, line 26)	2,496,385.	4,003,868.
25	Net assets or fund balances. Subtract line 24 from line 23	6,960,400.	6,534,448.

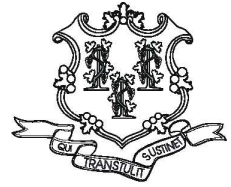
Part II Signature Block

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

Sign Here	Signature of officer MARY GRACE GIULIANO, EXECUTIVE DIRECTOR	Date	
Paid Preparer Use Only	Print/Type preparer's name PAUL BALLASY	Preparer's signature PAUL BALLASY	Date 05/15/24
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Check if self-employed ☐ PTIN P00852868
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

The Maritime Aquarium at Norwalk



Municipality: Norwalk

Form NAA-01
2022 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: _____
The Maritime Aquarium at Norwalk, Inc.

Address: 10 N Water Street Norwalk, CT

Federal Employer Identification Number: 06-1062912

Program title: Life Support Chiller

Name of contact person: Danielle Tranzillo

Telephone number: (203) 852-0700

Email address: dtranzillo@maritimeaquarium.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 ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Maritime Aquarium at Norwalk is applying to the State of Connecticut Neighborhood Assistance Tax Credit program under the Energy Conservation category to replace our current 15-year-old 30-ton Life Support System (LLS) Chiller. This chiller--used to cool our tank water--will be replaced with a more energy efficient 40-ton unit. This unit will have variable frequency drives (VFDs) that control the speed of the motors to drive efficiency. The combination of upsizing, newer technology, and the VFDs will make this unit 20-30% more efficient than our current unit, reducing our carbon footprint.

Need for program: _____

In order to provide world class care for the 8,000+ animals that call our Aquarium home, The Maritime Aquarium at Norwalk relies on our life support systems to operate 24/7/365. Many of our tanks display species native to Long Island Sound, which calls for chilling of the water temperatures of these habitats. Given the high amount of energy consumed by the Aquarium annually (roughly 3,900,000 KWh), the installation of a new LSS Chiller would allow for the Aquarium to offset energy costs and reduce our pull on the grid. This replacement is part of our strategic plan to provide the best animal care possible while doing it as efficiently as possible.

Neighborhood area to be served: _____

The project serves The Maritime Aquarium Building at 10 N Water Street Norwalk, CT 06854

Plan to implement the program: _____

The Aquarium currently expects a program start date of 2/1/2026, with completion by 12/31/2026.

The project will start by defining the scope and equipment requirements. Bids will be invited, and the lowest qualified bid will be selected. Equipment will be ordered and delivered. Installation will then begin, and the system will be commissioned, tested, and confirmed operational.

Timetable:Program start date: 2/1/2026Program completion date: 12/31/2026Post-project audit due date: 3/31/2027

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 \$150,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: _____**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Life Support System Chiller Design and Installation \$145,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) Post Project External Audit \$5,000.00

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

Name of municipal agency overseeing implementation of the program:	_____
	Norwalk Redevelopment Agency
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	Katie O'Leary
Telephone number:	203-854-7810 x46790
Fax number:	_____
Email address:	koleary@norwalkct.gov

Post-Project Audit Is a post-project audit required for this proposal? ☒ Yes ☐ No If Yes, date post-project audit due: 3/31/2027 _____ Date
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable:

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

C Name of organization

THE MARITIME AQUARIUM AT NORWALK, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

10 N WATER ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NORWALK, CT 06854

F Name and address of principal officer: **JASON PATLIS**

SAME AS C ABOVE

D Employer identification number

06-1062912

E Telephone number

203-852-0700

G Gross receipts \$

22,111,751.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: **WWW.MARITIMEAQUARIUM.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1985**

M State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	189
	6 Total number of volunteers (estimate if necessary)	6	309
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,226,722.	5,760,877.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,257,577.	9,168,324.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,521.	547,038.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	666,292.	644,608.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,240,112.	16,120,847.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,706,870.	7,147,797.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	358,016.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,540,694.	7,179,116.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,247,564.	14,326,913.
19 Revenue less expenses. Subtract line 18 from line 12	4,992,548.	1,793,934.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,903,050.	25,126,786.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,914,325.	3,855,658.
		18,988,725.	21,271,128.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	JASON PATLIS, PRESIDENT & CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	05/11/2024	P00288314
Preparer Use Only	Firm's name	Firm's EIN		
	GELMAN, ROSENBERG & FREEDMAN	52-1392008		
Preparer Use Only	Firm's address	Phone no.		
	4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	301-951-9090		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

The Open Door Shelter No 1

(DBA Open Doors)

Municipality: NORWALK

Form NAA-01
2025 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: _____
THE OPEN DOORS SHELTER, INC. DBA OPEN DOORS

Address: 4 MERRITT STREET, NORWALK, CT 06854

Federal Employer Identification Number: 2 2 - 2 5 3 6 9 0 9

Program title: OPEN DOORS EXPANSION ENERGY CONSERVATION INITIATIVE

Name of contact person: MICHELE CONDERINO

Telephone number: (203) 866-1057

Email address: _____

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Open Doors Campus Energy Conservation Initiative intends to build quality affordable housing, through the design of comprehensive, cost-effective energy conservation measures that will reduce energy usage beyond what is required by the building code and achieve sustainable design and high-performance measures that will reduce energy costs and increase the number of healthy built, durable, energy-efficient and climate-resilient buildings in what is now an highly industrialized neighborhood. The plan includes the potential for mixed-use redevelopment and remedial environmental work for the properties on our campus.

Need for program: _____

Studies show that burning fossil fuels to produce electricity and power results in the release large amounts of carbon dioxide (greenhouse gas) into the air. Greenhouse gases trap heat in our atmosphere, causing global warming. These resources require emissions heavy equipment to extract and mine, which tears apart land and trees. Environment aside it is obvious that by using fossil fuels the environment is negatively impacted. In addition, it is proven that burning fossil fuels can be harmful to overall health as well.

Neighborhood area to be served: _____

Open Doors Campus is located at 4 Merritt Street, near the Downtown Neighborhood of Norwalk. This area is a highly industrialized section of town. Norwalk is a town of 91,184 residents, 51 percent of whom are people of color. Forty-two percent of those households are cost-burdened, and spend at least 30 percent of their total income on housing costs.

Plan to implement the program: _____

An architect and engineering team will be engaged to assess the Open Doors Portfolio and determine the highest and best use of the properties owned by Open Doors. All renovations and/or new construction will include high performance design measures: 1) triple-glazed low-E, argon-filled double-glazed windows will be installed, and the units will be air-sealed to achieve < 5.0. ACH50, 2) Water heating will be provided by .93EF natural gas tankless water heaters, 3) there will be programmable ENERGY STAR qualified exhaust fans; 4) all lighting will be LED; and 5) all appliances will be ENERGY STAR.

Timetable:Program start date: 10-01-2025

MM - DD - YYYY

Program completion date: 09-30-2027

MM - DD - YYYY

Post-project audit due date: 12-31-2027

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$75,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$75,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) ENERGY CONSERVATION AND DESIGN MEASURES \$75,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$75,000.00

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:	_____
	NORWALK
Mailing address:	_____
	3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison:	KATIE O'LEARY
Telephone number:	(203) 854-7810
Fax number:	
Email address:	KOLEARY@NORWALKCT.GOV

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE OPEN DOOR SHELTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 MERRITT STREET City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854 F Name and address of principal officer: MICHELE CONDERINO SAME AS C ABOVE	D Employer identification number 22-2536909 E Telephone number (203) 866-1057 G Gross receipts \$ 10,677,432. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.OPENDOORSCT.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1984 M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE SOCIAL SERVICES INCLUDING SHELTER, OUTREACH, FOOD, HOUSING, ACCESS TO		
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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	683
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	4,194,465.
9	Program service revenue (Part VIII, line 2g)	9	1,041,870.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	263,249.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-13,254.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	6,162,593.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	3,116,230.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	59,592.
b	Total fundraising expenses (Part IX, column (D), line 25) 476,636.	b	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	2,910,470.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	6,086,292.
19	Revenue less expenses. Subtract line 18 from line 12	19	76,301.
20	Total assets (Part X, line 16)	20	17,403,287.
21	Total liabilities (Part X, line 26)	21	1,646,509.
22	Net assets or fund balances. Subtract line 21 from line 20	22	15,756,778.

Part II Signature Block

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

Sign Here	Signature of officer MICHELE CONDERINO, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Date 03/04/25	Check if self-employed ☐ PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666
	Firm's address ONE CORPORATE DRIVE, SUITE 725 SHELTON, CT 06484-6241	Phone no. 203-929-3535

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

The Open Door Shelter No 2

(DBA Open Doors)

Municipality: NORWALK

Form NAA-01
2025 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: _____
THE OPEN DOORS SHELTER, INC. DBA OPEN DOORS

Address: 4 MERRITT STREET, NORWALK, CT 06854

Federal Employer Identification Number: 2 2 - 2 5 3 6 9 0 9

Program title: BERKELEY STREET ENERGY CONSERVATION INITIATIVE

Name of contact person: MICHELE CONDERINO

Telephone number: (203) 866-1057

Email address: _____

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

24 Berkeley Street Development will feature a 3-story, 5 unit townhouse style building that will target larger family households with incomes up to 30% AMI. The 24 Berkeley Street Development project intends to execute cost-effective energy conservation measures to reduce energy usage beyond normal building code requirements as well as achieve sustainable design and high-performance measures for this adaptive reuse project.

Need for program: _____

By implementing energy conservation measures, Open Doors will contribute to a more sustainable future while enhancing the desirability and profitability of our projects. With most electricity still be generated by fossil fuels, energy conservation building measures in development projects is important in the reduction of emissions of pollutants in our environment. Generating electrical and heat power through the use of fossil fuels creates an excess of greenhouse gases such as carbon dioxide and nitrous oxide.

Neighborhood area to be served: _____

24 Berkeley Street is located in the transit oriented Norwalk Center section of the city, approximately .5 mile from SoNo, an urban neighborhood with dwellings made up primarily of small to medium sized apartments complexes & high rises. Norwalk Center encompasses the historic downtown of the City of Norwalk & stretches along the upper harbor. The total population in Norwalk Center is 3,169 with a median house income of \$77,618. The average household size for those in this neighborhood is 9.2 people with up to 32% of total households consider family households.

Plan to implement the program: _____

The project architect and engineering team have developed a plan to include the following energy conservation measures: Energy Star R-5 or greater insulation at slab edge, R-10 frost wall, 18" OWT adiabatic frame flooring, Energy Star certified windows, Solid core wooden entry doors, metal insulated doors (garage), fiberglass bated roofing insulation, envelope sealant 5 ACH50, Energy efficient heating and cooling units (Navien), Metal and flex duct systems, Tankless Navien water heaters, LED lighting, and Energy Star appliances (washer, refrigerator and dishwasher).

Timetable:Program start date: 10-01-2025

MM - DD - YYYY

Program completion date: 09-30-2027

MM - DD - YYYY

Post-project audit due date: 12-31-2027

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$75,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$75,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) ENERGY CONSERVATION AND DESIGN MEASURES \$75,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$75,000.00

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: _____ NORWALK
Mailing address: _____ 3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison: KATIE O'LEARY
Telephone number: (203) 854-7810
Fax number: .
Email address: KOLEARY@NORWALKCT.GOV

Post-Project Audit Is a post-project audit required for this proposal? ☐ Yes ☐ No If Yes, date post-project audit due: _____ Date
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE OPEN DOOR SHELTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 MERRITT STREET City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854 F Name and address of principal officer: MICHELE CONDERINO SAME AS C ABOVE	D Employer identification number 22-2536909 E Telephone number (203) 866-1057 G Gross receipts \$ 10,677,432. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.OPENDOORSCT.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1984 M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE SOCIAL SERVICES INCLUDING SHELTER, OUTREACH, FOOD, HOUSING, ACCESS TO		
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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	683
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	4,194,465.
9	Program service revenue (Part VIII, line 2g)	9	1,041,870.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	263,249.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-13,254.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	6,162,593.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	3,116,230.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	59,592.
b	Total fundraising expenses (Part IX, column (D), line 25) 476,636.	b	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	2,910,470.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	6,086,292.
19	Revenue less expenses. Subtract line 18 from line 12	19	76,301.
20	Total assets (Part X, line 16)	20	17,403,287.
21	Total liabilities (Part X, line 26)	21	1,646,509.
22	Net assets or fund balances. Subtract line 21 from line 20	22	15,756,778.

Part II Signature Block

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

Sign Here	Signature of officer MICHELE CONDERINO, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 03/04/25 Check if self-employed ☐ PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666	
	Firm's address ONE CORPORATE DRIVE, SUITE 725 SHELTON, CT 06484-6241	Phone no. 203-929-3535	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Thrown Stone Theater Company

Municipality: NORWALK

Form NAA-01
2025 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: _____
THROWN STONE THEATRE COMPANY

Address: _____
MAILING: PO BOX 731, RIDGEFIELD, CT 06877
PROGRAM: 66 BAYVIEW AVE, NORWALK CT 06950

Federal Employer Identification Number: 8 1 - 1 6 8 3 0 9 4

Program title: THE GOOD DISTRICT

Name of contact person: JONATHAN WINN

Telephone number: (347) 525-6890

Email address: JONATHAN@THROWNSTONE.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☒ Other (specify): DEVELOPMENT AND PRODUCTION OF NEW THEATRE WITH COMMUNITY

Description of program: _____

"The Good District" is a world premiere play by Tony Meneses, produced by Thrown Stone Theatre Company in November 2025 at the Crystal Theatre in South Norwalk. It follows a family who crosses school district lines to seek opportunity for their daughter, raising questions about access, identity, and the American Dream. This NAA-funded program includes the professional production and public events that invite residents, educators, and civic leaders to engage in conversations about education, equity, and community.

Need for program: _____

Fairfield County faces deep disparities in education access and housing opportunity. While these issues shape the lives of many residents, few local arts programs create space for public dialogue. This program addresses a cultural gap by presenting a new play grounded in local realities and providing meaningful opportunities for community reflection. No other organization in the region produces new work with this kind of public engagement focus.

Neighborhood area to be served: _____

South Norwalk and surrounding areas of Norwalk, as well as other neighborhoods in Fairfield County impacted by inequity in education and housing. Programming is accessible to all audiences, with targeted outreach in communities that historically lack access to live professional theatre and civic arts programs.

Plan to implement the program: _____

Professional artists will rehearse and present the play at Crystal Theatre in South Norwalk. Performances will run November 6–16, with a possible extension through November 23. Community engagement events, including talkbacks and a "Meet the Playwright" panel, will be offered to deepen audience connection to the themes. Outreach will be conducted through local organizations, schools, and civic networks. All activities will be managed by Thrown Stone's artistic and production team.

Timetable:Program start date: 11-06-2025

MM - DD - YYYY

Program completion date: 11-16-2025

MM - DD - YYYY

Post-project audit due date: 12-31-2025

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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 \$20,000.00

Other funding sources - itemized sources:

a) CT OFFICE OF THE ARTS \$10,000.00

b) FOUNDATIONS AND SPONSORSHIPS \$40,000.00

c) INDIVIDUAL DONORS \$27,369.00

d) SPONSORSHIPS AND TICKET REVENUE \$35,837.00

Total Funding: \$133,206.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) ARTIST AND STAFF PAYROLL \$76,226.00

b) PRODUCTION AND TECHNICAL MATERIALS \$29,400.00

c) MARKETING, ADVERTISING, AND FRONT OF HOUSE \$21,080.00

d) OCCUPANCY \$6,500.00

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$133,206.00

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

Email address: KOLEARY@NORWALKCT.GOV

Date _____

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **THROWN STONE THEATRE COMPANY**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 731
City or town State ZIP code
RIDGEFIELD CT 06877
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
81-1683094

E Telephone number
(203) 947-6820

G Gross receipts 133,721

F Name and address of principal officer:
DEAN MILLER 7 ARROWHEAD PLACE, RIDGEFIELD, CT 06877

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

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

J Website: **THROWNSTONE.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of information 2016

M State of legal domicile: **CT**

(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO MAKE NEW THEATRE. THROUGH COMMISSION DEVELOPMENT AND PRODUCTION, WE EMPOWER ARTISTS AND AUDIENCES TO ENGAGE WITH THE IMPORTANT QUESTIONS OF OUR TIME.**

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** **10**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **10**

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6** **13**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	214,563	105,718
9 Program service revenue (Part VIII, line 2g)	26,520	23,966
10 Investment income (Part VIII, column (A), lines 3a, 3b, and 3c)	1,051	4,037
11 Other revenue (Part VIII, column (A), lines 5a, 5b, 5c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,134	133,721
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
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	223,994	177,697
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	223,994	177,697
19 Revenue less expenses. Subtract line 18 from line 12	18,140	-43,976

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	116,479	71,815
21 Total liabilities (Part X, line 26)	848	160
22 Net assets or fund balances. Subtract line 21 from line 20	115,631	71,655

Part II Signature Block

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

Sign Here

Signature of officer **DEAN MILLER** Date **TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **PAUL E STOOGENKE EA** Preparer's signature *Paul E Stoggenke* Date **10/27/2024** Check ☒ if self-employed PTIN **P00018126**

Firm's name **PAUL E STOOGENKE LLC** Firm's EIN **85-4356607**

Firm's address **60 NURSERY ROAD, RIDGEFIELD, CT 06877** Phone no. **(203) 583-2236**

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Under One Roof Inc./The Marvin

Municipality: Norwalk

Form NAA-01
2025 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: _____

Under One Roof, Inc./The Marvin

Address: 60 Gregory Blvd.
Norwalk, CT. 06855

Federal Employer Identification Number: 0 6 - 1 3 7 7 8 6 0

Program title: Efficiency at The Marvin

Name of contact person: Katherine Fitzmaurice, Executive Director

Telephone number: (203) 854-4660

Email address: _____

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 ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Under One Roof, Inc. is committed to fostering a strong Norwalk community by providing low-income housing for older Norwalk residents and affordable early childhood education for local families at The Marvin in East Norwalk. Our programs are designed to enrich the lives of both generations and ensure meaningful connection between them. Through the Efficiency at The Marvin program, Under One Roof is seeking to build on the 2024 program, "Wise Watts," with replacement of the original stoves and refrigerators in the apartments, along with replacement of the thermostats throughout the building, and the HVAC system.

Need for program: _____

Most of the apartments in The Marvin have stoves and refrigerators that are over twenty years old and are not energy efficient. In addition, the current thermostats located throughout the building, including in the apartments, are not working cohesively with the HVAC system located on the residential side of the building. New thermostats will help the system work more efficiently. Finally, the HVAC system located on the Children's Center side of the building is well beyond its useful life and in need of replacement.

Neighborhood area to be served: _____

Under One Roof's The Marvin is located in the heart of East Norwalk at 60 Gregory Blvd. The Marvin is home to low-income Norwalk residents aged 62 and older. Our residents come to us from throughout the Norwalk area and typical applicant spends approximately 18 months on the waitlist before an apartment is available. Sixty percent of The Marvin Children's Center's families are low-income Norwalk residents.

Plan to implement the program: _____

Under One Roof will continue to build upon its 2024 program, Wise Watts, and purchase additional replacement stoves and refrigerators for the apartments and Children's Center's kitchen. Under One Roof is working with Optimum Energy to replace the thermostats throughout the residential side of The Marvin in order for the HVAC system to work more efficiently. Finally, Under One Roof is working with MJ Daly to replace the HVAC units located on The Children's Center side of the building.

Timetable:Program start date: 01-01-2026

MM - DD - YYYY

Program completion date: 07-01-2027

MM - DD - YYYY

Post-project audit due date: 10-01-2027

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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: _____**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Appliances \$70,000.00b) Thermostats \$22,000.00c) HVAC Systems \$50,000.00d) Installation and Labor \$20,000.00

Administrative expenses - itemized description:

a) Administrative oversight, planning and management \$10,000.00

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$172,000.00

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

Email address: koleary@norwalkct.gov

Date _____

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UNDER ONE ROOF, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 GREGORY BOULEVARD City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06855 F Name and address of principal officer: KATIE FITZMAURICE SAME AS C ABOVE	D Employer identification number 06-1377860 E Telephone number (203) 854-4660 G Gross receipts \$ 958,042. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		L Year of formation: 1993 M State of legal domicile: CT
J Website: UNDERONEROOFINC.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNDER ONE ROOF, INC, A NOT-FOR-PROFIT ORGANIZATION, IS DEDICATED TO SPONSORING, DEVELOPING
	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 10
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5
	6 Total number of volunteers (estimate if necessary) 6 10
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 463,096. 496,144.
	9 Program service revenue (Part VIII, line 2g) 393,371. 369,663.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,156. 24,111.
	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) 885,623. 889,918.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
Expenses	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) 461,324. 521,922.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 285,532. 301,392.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 746,856. 823,314.
19 Revenue less expenses. Subtract line 18 from line 12 138,767. 66,604.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,034,324. 1,155,874.
	21 Total liabilities (Part X, line 26) 220,384. 210,395.
	22 Net assets or fund balances. Subtract line 21 from line 20 813,940. 945,479.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which preparer has any knowledge.	
Sign Here	Katie Fitzmaurice Signature of officer KATIE FITZMAURICE, EXECUTIVE DIRECTOR Type or print name and title
Paid	MARY KAY CURTISS Preparer's signature MARY KAY CURTISS Date 05/10/24 Check if self-employed ☐ PTIN P01551484
Preparer Use Only	CLIFTONLARSONALLEN Firm's name 29 SOUTH MAIN STREET, 4TH FLOOR Firm's address WEST HARTFORD, CT 06107 Firm's EIN 41-0746749 Phone no. (860) 561-4000

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No