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

Print Form Reset Form

Municipality: Branford

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: The Connecticut Hospice, Inc.

Address: 100 Double Beach Road, Branford, CT 06405

Federal Employer Identification Number: 060878822

Program title:

Name of contact person: Mary Gilhuly, CPA

Telephone number: 203-315-7633

Email address: mgilhuly@hospice.com

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

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

60% credit percentage

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

Description of program:

The Exterior Window Replacement project will replace approximately 24 of the original windows that have failed seals which result in fogged windows. Many of these windows are on the patient floor. Replacement of these windows will result in energy efficiencies and an improved patient experience. The need for window replacement is ongoing.

Need for program:

The Connecticut Hospice inpatient facility in Branford CT was purchased form the Echlin Corporation in 2000 and renovated to accomodate a 52-bed short term hospital, special, hospice as well as to serve as the headquarters for the Connecticut Hospice home care program and administrative offices. In 2023, CT Hospice will open an outpatient palliative care clinic at 100 Double Beach Road. The seals have failed in all the • windows of the space that will house the Palliative Care Clinic. Replacement of those as well as 18 other windows will create a more energy efficient space as well as enhance visibility for patients using those spaces.

Neighborhood area to be served:

Branford and surrounding community as well as New Haven, Middlesex and Fairfield counties

Plan to implement the program:

The 27 windows needing replacement have been identified. Commencement of the project only awaits funding and procurement of the materials needed to complete the replacements. While it is anticipated the time to complete the replacements will be a matter or weeks, the project period is one year to account for delays in obtaining the needed materials and any other supply chain issues that may arise.

Timetable:

Program start date: 10/01/2024
MM - DD - YYYY

Program completion date: 09/30/2025
MM - DD - YYYY

Post-project audit due date: 03/30/2026
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	$50,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) 27 pieces of exterior REPLACEMENT glass 1" and 1/4"	$50,000.00
b) clear interior glass. Includes installation and caulking and	
c) reglazing as needed. Re-caulking of granite exterior spaces	
d) needed. Installation of 1/2" air spacers and black silicone s	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$50,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

_____

Mailing address: _____

_____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

☒ Yes ☐ No

If **Yes**, date post-project audit due:

03/30/2026

Date

EXTENDED TO AUGUST 15, 2023

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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

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

C Name of organization
THE CONNECTICUT HOSPICE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 100 DOUBLE BEACH ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code BRANFORD, CT 06405-4003

F Name and address of principal officer: JOE MOONEY
SAME AS C ABOVE

D Employer identification number
06-0878822

E Telephone number
203-315-7500

G Gross receipts $ 27,479,516.

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.HOSPICE.COM

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

L Year of formation: 1971 **M** State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE ADULT PALLIATIVE AND HOSPICE CARE TO PATIENTS AND THEIR FAMILIES.

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	9
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	264
6	Total number of volunteers (estimate if necessary)	6	301
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.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,994,864.	3,817,685.
9	Program service revenue (Part VIII, line 2g)	15,417,930.	18,756,184.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,441.	16,626.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,789.	4,624,185.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,548,024.	27,214,680.
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)	12,397,060.	11,317,800.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 89,526.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,378,795.	8,249,375.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,775,855.	19,567,175.
19	Revenue less expenses. Subtract line 18 from line 12	2,772,169.	7,647,505.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	20,802,713.	24,371,170.
21	Total liabilities (Part X, line 26)	11,734,302.	7,672,927.
22	Net assets or fund balances. Subtract line 21 from line 20	9,068,411.	16,698,243.

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

▶ JOE MOONEY, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MARY ANTONETTI			☐	P00431862

Firm's name ▶ MARCUM LLP — Firm's EIN ▶ 11-1986323

Firm's address ▶ 555 LONG WHARF DRIVE
NEW HAVEN, CT 06511 — Phone no. (203) 781-9600

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