



Toni Harp  
Mayor

CITY OF NEW HAVEN  
DEPARTMENT OF ASSESSMENT  
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Alexzander Pullen  
Acting City Assessor



Tax Exempt Application  
City of New Haven  
2017 Grand List

Check Application Type: Initial Application ☐ Quadrennial Report (Renewal) ☐

A tax exempt application of charitable and of certain other organizations, is required by C.G.S. §12-81 and §12-87. Scientific, educational, literary, historical, or charitable institution, an agricultural or horticultural society, a cemetery organization, or a hospital society, or corporation or sanatorium must file a return every four years. An additional report must be filed in any assessment year that is not a required filing year when seeking exemption for property acquired or previously not exempt. Applications must show all property for which exempt status is sought, and must be filed with the assessor on or before November 1, or if such day is a Saturday or Sunday, on the next business day.

Name of Organization Community Action Agency of New Haven, Inc.  
Contact Person \_\_\_\_\_

Mailing Address 419 Whalley Avenue City/State/Zip \_\_\_\_\_

Telephone 203 387-7700 Fax 203 397-7475 E-mail \_\_\_\_\_

1. What are the purposes of this organization? - Submit copy of the charter and by-laws. Health and human services.

2. Exemption is claimed in accordance with which section of the Connecticut General Statutes?

See C.G.S. Section number & titles listed below signature block and those statutes on last two pages. 176-885 through 176-894

3. If not an agricultural, horticultural or cemetery society, is the gross income of such corporation entirely devoted to scientific, educational, literary, historical, charitable, or hospital purposes or to two or more such purposes? Yes ☒ No ☐

4. Last fiscal year end date: 2016 Gross income for fiscal year: \$ 11,087,604

Amount of income used for other than Item 1 purposes. \$ 0 % of total income 0 %

Identify sources of income as % of total  
Donations .3 % Rentals \_\_\_\_\_ % Grants 95.7 %  
Subsidies by local, State or Federal Governments \_\_\_\_\_ % Fees \_\_\_\_\_ % Other 4.0 %

4. Last fiscal year end date: 2016 Gross expenses for fiscal year: \$ 11,117,961

Expenses devoted to other than Item 1 purposes \$ 0 % of total expenses 0 %

5. Identify expenses as a % of total Salaries 20.2 % Maintenance \_\_\_\_\_ % Rent 2.1 % Mortgage 0 %

Other (describe) See Attachment I 77.7 %

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7. Cemetery organization only: Is gross income entirely devoted to cemetery purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is any officer, member, or employee of this organization receiving, or may he at any future time (even in event of its dissolution) receive any pecuniary profit from its operations, except reasonable compensation paid for services in effecting one or more of its purposes, or as a proper proper beneficiary of its strictly charitable purposes? Yes \_\_\_\_\_ No ☒

If answer is yes, show here the manner by which such individual pecuniary profit may be received.

9. What would be the disposition of profit which the organization might make?

Any disposition of profits are to be used to to promote organization's mission.

10. Does the organization's charter contain any provisions relative to the disposition of incidental profit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, highlight pertinent sections of the charter. If no explain.

11. What would become of the property of such organization in the event of its dissolution?

Given to designated 501(c)3's

12. Does the organization's charter contain any provisions relative to its dissolution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, highlight pertinent sections of charter/bylaws.

13. Has the organization filed a Federal and/or State income tax for the current fiscal year? If yes, attach copy. Yes \_\_\_\_\_ No \_\_\_\_\_

14. On assessment day in the year of the return, specify book and market values of tangible personal property of such organization.

Attach personal property declaration and list registered motor vehicles on this form.

Book Value 868,893 Market Value \$73,814

15. Is all tangible personal property claimed on the personal property declaration devoted to carrying out purposes for which exemption is claimed? Yes ☒ No \_\_\_\_\_ If not, list items below

Description	Property Code	Year Acquired	Acquisition Cost
<u>See Attachment VI</u>			

16. Describe real estate, giving number of parcels, location, area and uses. If additional lines needed - copy and attach.

Street Address	Map/Block/Lot	Land Area	Building Area	Uses
N/A				

17. Is all the real estate being used exclusively for the organizations stated purpose? Yes ☒ No ☐ If not, list properties below

Location	% of time used for other purposes	Uses other than stated purpose
N/A		

18. Does the organization own any real estate for which no income is derived on the land of which suitable buildings are in the progress of construction, which real estate is exempt from taxation under the first sentence of section 12-88 of the general statutes?

Yes ☐ No ☐ If yes, explain purpose \_\_\_\_\_

N/A

19. Is any portion of the real estate rented, leased or otherwise occupied by other than the reporting organization?

Yes \_\_\_\_\_ No ☒ If yes, describe below

Location	Area rented, leased or occupied by others	Lessee's or Occupant's Name

20. Registered Motor Vehicles

Year	Make	Model	VIN	Registration	Driver	Purpose	% Time other uses
See Attachment IV							

Are the motor vehicles listed used exclusively for the organizations stated purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, complete purpose and % time used in other purposes.

21. List any other Connecticut Municipality that has GRANTED the organization an exemption per statutes referenced in this application.

Name of Municipality	# of Properties	Statutory Reference/Use	Original Date Exempt
N/A			

22. List any other Connecticut Municipality that has DENIED the organization an exemption per statutes referenced in this application.

Name of Municipality	# of Properties	Reason for Denial	Date of Denial
N/A			

23. Has organization received a 'Certificate of Need' from the Connecticut Office of Health Care Access?

Yes ☐ No ☐

If yes, attach current copy (less than two years old). If no, explain.

24. Has organization received a State of Connecticut Sales Tax Exemption?

Yes ☒ No ☐

If yes, attach a copy. If no, explain.

See Attachment II

25. Has organization received an exemption from the IRS in accordance with Section 501 (c) or 501 (d)?

Yes ☒ No ☐

If yes, attach a copy. If no, explain.

See Attachment III

26. Documents Provided: Put a check mark in front of each described document attached with this initial or quadrennial application.

☒ IRS document (most recent) recognizing the organization as tax exempt under 26 U.S.C. Sec. 501 (c) or 501 (d).

☒ State of Connecticut Sales Tax Exemption.

N/A Evidence that corporation has timely filed its biennial return naming officers & directors with the Secretary of State.

N/A Certificate of Need from Connecticut Office of Health Care Access.

Certified copy by authorized officer of corporate charter and by-laws or good faith equivalent if applicant is not corporation. ATTACHMENT VII & VIII

Signed federal and/or state income tax returns, with all schedules attached for most current year. ATTACHMENT IX

☒ Audited financial statements for the latest available year. ATTACHMENT IV

Description of each source of revenue, e.g. rents, fees, grants, charges, gifts, donation and the like, generated by or for each use of all real and/or personal property ATTACHMENT IV

Description of all uses of real and/or personal property, owned or leased, of which an exempt activity is a part, whether or not exemption is requested for any such use or uses. ATTACHMENT V

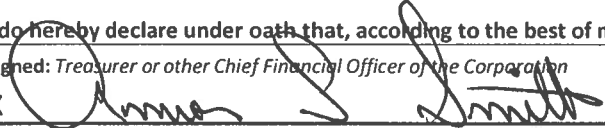
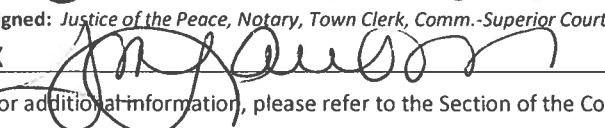
Personal property declaration for the current year REQUIRED ANNUALLY and complete listing of all Connecticut registered motor vehicles. See ATTACHMENT VI

Copies of funding requests made to public institutions or private parties in the current tax year and prior tax year of the applicant. ATTACHMENT XI

Evidence of compensation in money or in-kind paid to officers, directors and/or employee of the applicant. ATTACHMENT XII

Evidence that the property is used as claimed. ATTACHMENT XIII

I do hereby declare under oath that, according to the best of my knowledge, remembrance and belief, this report is true.

Signed: Treasurer or other Chief Financial Officer of the Corporation X 	Title President & CEO	Date 11/1/2017
Signed: Justice of the Peace, Notary, Town Clerk, Comm.-Superior Court X 	Subscribed and sworn to before me: JENELL M LAWSON	Date 11/1/2017

For additional information, please refer to the Section of the Connecticut General Statutes listed.

Charitable Organizations	12-81 (7)	Agricultural Societies	12-81(10)	Determination of Exemption	12-89
Educational Organizations	12-81 (7)	Horticultural Organization	12-81(10)	Partially Exempt Property	12-88
Historical Organizations	12-81 (7)	Hospitals	12-81 (16)		
Literary Organizations	12-81 (7)	Sanatoriums	12-81 (16)		
Scientific Organizations	12-81 (7)	Religious	12-81 (12) (13) (14) (15)		
		Cemetery Use	12-81 (11)		

**This Area for Office use only**

Signed: Assessor X	Application Approved Application Denied	Date
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- ☐ Denied as a copy of the Organization's IRS tax exemption certificate or determination letter under Section 501 (c) or 501 (d) of the IRS Code was not filed.
- ☐ Denied as a copy(s) of the Organization's by-laws and/or Charter, was/were not filed.
- ☐ Denied for failure to forward documentation that would support whether or not the property is held by a religious organization.
- ☐ Denied as the property is not being used for statutory exempt purposes.
- ☐ Denied for other reasons: \_\_\_\_\_