

## Tax Exempt Application

2023 Year

Municipality: NEW HAVEN

Check Application Type: ☐ Initial Application ☒ Quadrennial Report (Renewal) ☐ Additional Report (Interim)

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 be filed with the assessor in each town in which exempt property is situated and owned on the assessment day. Applications or returns must show all property for which exempt status is sought, and must be filed with each assessor on or before November 1 or if such day is a Saturday or Sunday, on the next business day.

Name of Organization LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, INC

Contact Person HENRY FERNANDEZ

Mailing Address 31 JEFFERSON STREET

City/State/Zip NEW HAVEN, CT 06511

Telephone 203-773-0770

E-mail hfernandez@leapforkids.org

Fax 203-773-1695

## 1. What are the purposes of this organization - Submit copy of the charter and by-laws.

Provide leadership and professional development opportunities for youth as well as mentorship and academic/social enrichment for children from low income families in New Haven.

## 2. Exemption is claimed in accordance with which section of the CONNECTICUT GENERAL STATUTES?

12-81(7)

See C.G.S. Section number &amp; titles listed below signature block and those statutes on last two pages.

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: 8/31/2022 Gross income for fiscal year: \$ 4,806,248.96 Amount of income used for other than Item 1 purposes: \$ 0.00 0% of total income

Identify sources of income as % of total	Donations	Fees	Rentals	Grants	Subsidies by local, State or Federal Governments	Other
	48%			27%	25%	

## 5. Last fiscal year end date: 8/31/2022 Gross expenses for fiscal year: \$ 4,377,281.75 Expenses devoted to other than Item 1 purposes: \$ 0.00 0% of total expenses

Identify expenses as a % of total	Salaries	Maintenance	Rent	Mortgage	Other (describe)
	71%	6%			Program supports, supplies, administration - 23%

## 6. Agricultural, horticultural societies only: if such corporation is receiving from the state reimbursement in part for cash premiums given at an agricultural or horticultural exhibition held by it in the state, enter the date last reimbursement was received:

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 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?

Operating Reserves

Does 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. Incidental profit would enhance programming

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

It would be turned over to another non-profit.

Does organization's charter contain any provisions relative to its dissolution? Yes ☐ No ☒

If yes, highlight pertinent sections of charter/bylaws.

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

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**Organization Name**

12. 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.

## Market

5

\$

- Yes ☒

No ☐

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

Yes ☒

No ☐

16. Does the reporting 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.

Copy pages if additional lines are needed.

Organization Name **LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, INC.**

17. Is any portion of the real estate rented, leased or otherwise occupied by other than the reporting organization? If yes, describe below. Yes ☐ No ☒

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

18. Registered Motor Vehicles

Year	Make	Model	VIN	Registration	Purpose Used/Driver	% Time other uses
2012	FORD	E350	1FBNE3BLXCDA98505	SERVICE BUS	TRANSPORT CHILDREN/ VARIOUS	0%--

Are the motor vehicles listed used exclusively for the purpose as stated in Item Number 1? If no, complete purpose and % time used in other purposes. Yes ☒ No ☐

19. 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

20. 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

Copy pages if additional lines are needed.

Organization Name

LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, INC.

21. Has organization received a 'Certificate of Need' from the Connecticut Office of Health Care Access? If yes, attach current copy (less than two years old). If no, explain. Yes ☐ No ☒

22. Has organization received a State of Connecticut Sales Tax Exemption? If yes, attach a copy. If no, explain. Yes ☒ No ☐

23. Has organization received an exemption from the IRS in accordance with Section 501 (c) or 501 (d)? If yes, attach a copy. If no, explain. Yes ☒ No ☐

24. Documents Provided: Put a check mark in front of each described document attached with this initial or quadrennial application. Personal Property Declaration is the only item required for Additional Reports.

- ☒ 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.
- ☒ Evidence that corporation has timely filed its biennial return naming officers & directors with the Secretary of State.
- ☐ 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.
- ☒ Signed federal and/or state income tax returns, with all schedules attached for most current year.
- ☒ Audited financial statements for the latest available year.
- ☐ 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.
- ☐ 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.
- ☒ Personal property declaration for the current year **REQUIRED ANNUALLY** and complete listing of all Connecticut registered motor vehicles.
- ☐ Copies of funding requests made to public institutions or private parties in the current tax year and provided to the applicant.
- ☐ Evidence of compensation in money or in-kind paid to officers, directors and/or employee of the applicant.
- ☐ Evidence that the property is used as claimed.

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 <b>X</b> <i>Lana Henderson</i>	Title <i>Director of Finance</i>	Date <i>4/13/2022</i>
Signed: Justice of the Peace, Notary, Assessor, Town Clerk, Comm.-Superior Court <b>X</b> <i>[Signature]</i>	Subscribed and sworn to before me: <i>Imani Langley</i>	Date <i>4/13/2022</i>

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 <b>X</b>	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: \_\_\_\_\_