

RESOLUTIONS

(1)

RESOLVED: That upon the recommendation of the RTM Library, Museum and Arts Committee, in accordance with Section C34-1 of the Town Charter, Jeremy Price and Andrew Wilk are hereby reappointed to serve as trustees of the Westport Library for a ___ year term beginning ____ to _____.

(2)

RESOLVED: That upon the request of the Human Services Director, pursuant to CGS 12-630aa et seq., the Westport Country Playhouse and Homes with Hope Inc. are hereby approved as programs eligible for investment by businesses under the provisions of the 2021 Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program.

(3)

RESOLVED: That upon a request of the Finance Director and the Personnel/Human Resources Director, the Retirement Plan for Non-Union Supervisory Employees of the Town of Westport is hereby revised to include current management of the Police and Fire Departments.

5/25/2021

Minutes/Report Library Museum and Arts Committee Meeting
5/25/2021, 4:30 PM
Meeting ID: 880 4035 4222

Committee Members Present:

Amy Kaplan, Chair
Dick Lowenstein
Sal Liccione
Harris Falk
Arline Gertzoff

Guest:

Pat Weiser, VP Library Board of Trustees, VP of Governance and Nominating

Once the Committee achieved a quorum of 5 of its 9 members, Chair Amy Kaplan called the meeting to order at 4:32pm. Members had reviewed in advance short bios of Jeremy Price and Andrew Wilk, the two candidates seeking re-appointment to the Library Board of Trustees. Pat Weiser, head of the Library's Gov-Nom Committee, attended as a representative of the Board of Trustees and voiced her full support for both candidates, noting that the Board considers them each valuable and integral members. Jeremy Price is a current VP working closely with Board President Iain Bruce and the Library executive team, and Andrew Wilk has been instrumental in helping to source, connect and produce much of the amazing Library programming that is so well-received by our community. The committee agreed that both candidates are extremely qualified and looks forward to more of their service to the Library and the Town of Westport. Sal Liccione made a motion to recommend that the full RTM approve the re-appointment of both Jeremy Price and Andrew Wilk, each to a new 4-year term as Library Trustees. Arline Gertzoff seconded, and all 5 committee members present voted in favor, 5-0. The meeting was adjourned at 4:41.

Submitted 5/25/2021 by Amy Kaplan, Library Museum and Arts Committee Chair

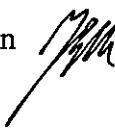


WESTPORT, CONNECTICUT

JAMES S. MARPE
First Selectman

BACK UP MATERIAL
RTM ITEM # 2

TO: Velma Heller, RTM Moderator
Jeff Dunkerton, Town Clerk

FROM: James S. Marpe, First Selectman 

DATE: May 17, 2021

RE: RTM Approval for 2021 Neighborhood Assistance Act Program Proposal

Kindly place the attached request on the upcoming Representative Town Meeting agenda for legislative approval of the applications for the 2021 Neighborhood Assistance Act Program Proposal, as attached.

Thank you.

cc: E. Daignault


JEFFREY M.
DUNKERTON

RECEIVED FOR RECORD
WESTPORT TOWN CLERK
2021 MAY 17 P 4: 28



Department of Human Services

Town Hall, 110 Myrtle Avenue
Westport, CT 06880
Westportct.gov
humansrv@westportct.gov
Telephone (203) 341-1050

TO: ~~James Marpe, First Selectman~~

FROM: Elaine Daignault, DHS Director

DATE: May 14, 2021

RE: ~~Revised~~ Items for the June 1, 2021 RTM Meeting

I respectfully request that the following items be placed on the June 1 RTM agenda for legislative approval, per CGS Sec 12-632:

The approval of the Westport Country Playhouse (two applications) and the Homes with Hope, Inc. application for the 2021 Neighborhood Act Tax Credit program.

This NAA program is designed to provide funding for municipal, and tax-exempt organizations, by providing a corporation business tax credit for businesses that make cash contributions to these non-profit organizations.

This program allows businesses to claim a State tax credit for cash contributions made to qualifying community programs conducted by tax exempt or municipal agencies.

Attachments

cc: Eileen Flug, Assistant Town Attorney
Jeff Dunkerton, Town Clerk



Municipality: Westport

Form NAA-01
2021 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: _____
Westport Country Playhouse

Address: 25 Powers Court, Westport, CT 06880

Federal Employer Identification Number: 23-7357943

Program title: Upgrade parking lot lights to LED lighting

Name of contact person: Michele Crowley

Telephone number: 203-571-1284

Email address: mcrowley@westportplayhouse.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 14,210.17

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 Westport Country Playhouse is looking to upgrade our parking lot lights to energy saving LED lighting. The retro fit will consist of 32 parking lot lights and 13 driveway lights.

Need for program: _____

The Playhouse believes it is a good time to invest in energy-efficient lighting for the parking lot since the current lights are old and not energy-efficient.

We are incorporating "green" technology into the Playhouse where possible, and ultimately the energy-efficient lighting will save our organization money while benefitting the natural environment.

Neighborhood area to be served: _____

Town of Westport

Plan to implement the program: _____

Meet with a company to find out price of new lighting for the parking lot.

Develop a time frame to replace the lighting that works with the Playhouse's season/schedule of shows.

Contract with a company to replace the old lights with new, energy-efficient lighting.

Timetable:

Program start date: 9/1/2021

Program completion date: 9/1/2023

The program completion date must not be more than two years from the program start date. A certified post-project review 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 14210.17

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Lighting fixtures 4580.17

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) Facilities Manager @ 15% 9630

b) _____

c) _____

d) _____

Total Proposed Expenditures: 14,210.17

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:	_____
	Town of Westport Department of Human Services
Mailing address:	_____
	110 Myrtle Avenue, Room 200, Westport, CT 06880
Name of municipal liaison:	Ms. Elaine Daignault, Director
Telephone number:	203-341-1050
Fax number:	203-341-1073
Email address:	elained@westportct.gov

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

Return of Organization Exempt From Income Tax

2019

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

Department of the Treasury
Internal Revenue Service

A. For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 2019

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

C Name of organization WESTPORT COUNTRY PLAYHOUSE INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 25 Powers Court
 City or town, state or province, country, and ZIP or foreign postal code
 Westport, CT, 06880

D Employer identification number
23-7357943

E Telephone number
203-227-5137

F Name and address of principal officer: Michael Barker
25 Powers Court, Westport, CT 06880

G Gross receipts \$ 5,612,429

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.westportplayhouse.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1973

M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To transform people's lives through the power of theater. Our aim is to enlighten, enrich and engage a diverse community of theater-lovers, artists and students by presenting</u> <i>(Continued on Schedule O, Statement 2)</i>		
	2	Check this box <input type="checkbox"/> 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	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	146
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,046
b	Net unrelated business taxable income from Form 990-T, line 39	7b	5,046	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,447,340	2,909,914
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,128,704	2,094,180
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,754	90,102
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,436	123,801
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,689,234	5,217,997
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)	3,064,027	3,213,741
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 292,309		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,489,102	2,612,084
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,553,129	5,825,825	
19	Revenue less expenses. Subtract line 18 from line 12	-863,895	-607,828	
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)	15,274,717	14,652,741
	22	Net assets or fund balances. Subtract line 21 from line 20	2,282,937	2,171,610
			12,991,780	12,481,131

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

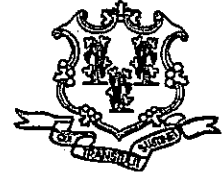
Signature of officer: Michael Barker, Managing Director
Date: _____

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Municipality: Westport

Form NAA-01

2021 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: _____

Westport Country Playhouse

Address: 25 Powers Court, Westport, CT 06880

Federal Employer Identification Number: 23-7357943

Program title: Purchase Assistive Listening System for the Jason Robards Theatre

Name of contact person: Michele Crowley

Telephone number: 203-571-1284

Email address: mcrowley@westportplayhouse.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,500

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): Provide assistive listening devices for audience members who do not hear well

Description of program: _____

To be compliance with the Americans with Disabilities Act, the Playhouse needs to upgrade its 15+ year-old assistive listening system to a more user-friendly/consistent model that allows patrons with hearing loss to better access the productions on stage. For our size building, we need to purchase a 29 receiver/headphone package with 11 "loops" that work with a patron's hearing aids. This Transmitter system includes Wave Cast - a free Download that lets patrons use their iPhones to listen to the show via their own headphones or Bluetooth hearing aids.

Need for program: _____

The Playhouse has many patrons who truly need the assistive listening devices to hear our shows on stage. The Playhouse must also upgrade its system in accordance with the Americans with Disabilities Act.

Neighborhood area to be served: _____

Town of Westport

Plan to implement the program: _____

The Playhouse General Manager looked at various assistive listening devices and chose this one: <https://williamsav.com/product/wf-sy5-pro-24/>

Once purchased, the assistive listening system will be installed in the Jason Robards Theatre by Playhouse staff.

Playhouse patrons will be able to use the assistive listening devices to better hear the productions on stage.

Timetable:

Program start date: 7/1/2021

Program completion date: 7/1/2023

The program completion date must not be more than two years from the program start date. A certified post-project review 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 10,500

Other funding sources - itemized sources:

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

Total Funding: 10,500

Proposed Program Expenditures:

Direct operating expenses - itemized description:

- a) Assistive listening device system 10,500
- b) _____
- c) _____
- d) _____

Administrative expenses - itemized description:

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

Total Proposed Expenditures: 10,500

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: _____ Town of Westport Department of Human Services
Mailing address: _____ 110 Myrtle Avenue, Room 200, Westport, CT 06880
Name of municipal liaison: Ms. Elaine Daignault, Director
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: elained@westportct.gov

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

Return of Organization Exempt From Income Tax

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

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2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: WESTPORT COUNTRY PLAYHOUSE INC Doing business as: _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____ 25 Powers Court City or town, state or province, country, and ZIP or foreign postal code: Westport, CT, 06880
	D Employer identification number: 23-7357943
	E Telephone number: 203-227-5137
	G Gross receipts \$: 5,612,429
F Name and address of principal officer: Michael Barker 25 Powers Court, Westport, CT 06880	
H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.westportplayhouse.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1973 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To transform people's lives through the power of theater. Our aim is to enlighten, enrich and engage a diverse community of theater-lovers, artists and students by presenting</u> (Continued on Schedule O, Statement 2)		
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Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 15,274,717	End of Year 14,652,741
	21	Total liabilities (Part X, line 26)	2,282,937	2,171,610
	22	Net assets or fund balances. Subtract line 21 from line 20	12,991,780	12,481,131

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			
	Michael Barker, Managing Director <small>Type or print name and title</small>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Municipality: Westport

Form NAA-01
2021 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, Inc.

Address: _____
Mailing: PO Box 631, Westport, CT 06881; Physical: 59 Myrtle Avenue, Westport, CT 06880

Federal Employer Identification Number: 22-2534326

Program title: "We've Got You Covered": Roof Replacement for Bacharach Community

Name of contact person: Janet Zamparo

Telephone number: (203) 226-3426

Email address: jzamparo@hwhct.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,340.00

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
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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: _____

This proposed project consists of roof replacement for three free-standing homes that comprise Bacharach Community Permanent Supportive Housing, #1, #3 and #5 Wassell Lane, and will include the following: Strip and remove existing roof; Install ice and water prevention membrane around perimeter; Install synthetic underlayment; Install new metal edge; Repair chimney flashing; Install new vent pipe flashing; Install new ridge vent; Install 30-year GAF timberline architectural shingles; and Install new gutters and down spouts —4 on each house.

Need for program: _____

All three individual homes that comprise Bacharach Community are in great need of roof replacements that will help address issues around energy conservation and efficiency: These particular homes were built inexpensively in 1957 as military housing on a slab thus no basement and no insulation in the attics. Heating expenses, incurred by Homes with Hope, can be very high. Sometimes, ice dams form along the eaves of the roof because heat that collects in the attic, warming the roof, causes snow to melt and trickle down to the cold eaves and freeze.

Neighborhood area to be served: _____

The Bacharach Community is located on Wassell Lane in Westport, CT, on a residential street with an appearance that is in keeping with the other houses that line this street. The Bacharach Community, formerly an emergency shelter program for homeless mothers and their children was transitioned to affordable Permanent Supportive Housing for families in 2019. Residents live independently with a lease and pay 30% of their income in rent. Case Managers work with tenants to help them achieve and sustain housing stability.

Plan to implement the program: _____

Paris Looney, Homes with Hope Vice President and COO will work in conjunction with Peter Jennings, Contracting Property Manager and President of Bayberry Property Management, to oversee the project's implementation and completion. For all three homes, the on-site roof replacement can take anywhere from one week to a few. Billing and internal processing can take anywhere from one month to a few.

Timetable:

Program start date: April 15, 2022

Program completion date: June 30, 2022

The program completion date must not be more than two years from the program start date. A certified post-project review 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	<u>\$24,340.00</u>
Other funding sources - itemized sources:	
a) <u>First County Bank Foundation - pending</u>	<u>\$8,050.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$32,390.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Roof Replacement 1</u>	<u>\$9,815.00</u>
b) <u>Roof Replacement 2</u>	<u>\$9,815.00</u>
c) <u>Roof Replacement 3</u>	<u>\$9,815.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Oversight and Processing</u>	<u>\$2,945.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$32,390.00

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:	_____
	Town of Westport Department of Human Services
Mailing address:	_____
	110 Myrtle Avenue, Room 200, Westport, CT 06880
Name of municipal liaison:	Ms. Elaine Daignault, Director
Telephone number:	203-341-1050
Fax number:	203-341-1073
Email address:	elained@westportct.gov

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

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.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOMES WITH HOPE, INC.		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 49 RICHMONDVILLE AVENUE, SUITE 212	G Gross receipts \$ 3,428,193.	
	City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06880		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: HELEN MCALINDEN 49 RICHMONDVILLE AVE, WESTPORT, CT 06880			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.WWW.HWHCT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1984 M State of legal domicile: CT

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMERGENCY SHELTER SERVICES FOR MEN AND WOMEN, INCLUDING A FOOD PANTRY AND COMMUNITY KITCHEN. CASE		
	2 Check this box <input type="checkbox"/> 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 2019 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	400
	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, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,370,982.	2,593,698.
	9 Program service revenue (Part VIII, line 2g)	239,138.	273,366.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,654.	76,999.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,103.	-61,511.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,603,671.	2,882,552.
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)	1,580,420.	1,573,293.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,845.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,324,315.	1,271,722.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,904,735.	2,845,015.	
19 Revenue less expenses. Subtract line 18 from line 12	-301,064.	37,537.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,168,825.	End of Year 4,200,858.
	21 Total liabilities (Part X, line 26)	2,494,539.	2,492,513.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,674,286.	1,708,345.

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			
	HELEN MCALINDEN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00431862
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Phone no. (860) 760-0600		
Firm's address ▶ 185 ASYLUM STREET		HARTFORD, CT 06103			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission:

HOMES WITH HOPE'S MISSION IS TO BE THE RECOGNIZED AND RESPECTED COMMUNITY RESOURCE FOR INDIVIDUALS AND FAMILIES EXPERIENCING, OR AT THE RISK OF EXPERIENCING, HOMELESSNESS BY PROVIDING FOOD, SAFE EMERGENCY SHELTER, SUPPORTIVE SERVICES, AND HOUSING AS TOOLS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,533,122. Including grants of \$) (Revenue \$ 137,312.)

EMERGENCY SHELTER FOR MEN AND WOMEN, YOUNG WOMEN AGED 18-24 AND WOMEN WITH CHILDREN. LOCATED IN DOWNTOWN WESTPORT, THE SHELTER IS A COMMUNITY KITCHEN AND FOOD PANTRY. CASE MANAGEMENT SERVICES ARE PROVIDED FOR THE CLIENTS IN THE EMERGENCY SHELTERS.

4b (Code:) (Expenses \$ 825,527. Including grants of \$) (Revenue \$ 148,607.)

OPERATION OF SUPPORTIVE HOUSING UNITS, BOTH OWNED UNITS AND CONTRACTED, FOR TENANTS WHO ARE CHRONICALLY HOMELESS WITH A DIAGNOSED DISABILITY. CASE MANAGEMENT SERVICES ARE PROVIDED TO ALL TENANTS.

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses 2,358,649.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions. Includes a Yes/No column and a shaded area for numerical answers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a 18		
b Enter the number of voting members included on line 1a, above, who are independent		
1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
15a		
15b		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16a		
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
HELEN MCALINDEN, PRESIDENT/CEO - 203-226-3426
49 RICHMONDVILLE AVE, SUITE 212, WESTPORT, CT 06880

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN WALSH CHAIR	0.40 0.30	X		X				0.	0.	0.
(2) JENNIFER FERRANTE VICE CHAIR	0.40 0.30	X		X				0.	0.	0.
(3) BRUCE HENNEMUTH TREASURER	0.40 0.30	X		X				0.	0.	0.
(4) CAROL RANDEL DIRECTOR/SECRETARY	0.40 0.30	X		X				0.	0.	0.
(5) BRIAN BRAXENDALE DIRECTOR	0.40 0.30	X						0.	0.	0.
(6) DALE FREDSTON DIRECTOR	0.40 0.30	X						0.	0.	0.
(7) BRUCE GAYLORD DIRECTOR	0.40 0.30	X						0.	0.	0.
(8) ALLYSON GOTTLIEB DIRECTOR (FROM 9/2019)	0.40 0.30	X						0.	0.	0.
(9) JEFFREY GURREN DIRECTOR	0.40 0.30	X						0.	0.	0.
(10) KIMBERLY LAKE DIRECTOR (TO 9/2019)	0.40 0.30	X						0.	0.	0.
(11) MONICA LAZARO DIRECTOR (TO 5/2019)	0.40 0.30	X						0.	0.	0.
(12) NATASHA LIPCAN DIRECTOR	0.40 0.30	X						0.	0.	0.
(13) REBECCA MARTIN DIRECTOR (FROM 9/2019)	0.40 0.30	X						0.	0.	0.
(14) BETH MASSOUD DIRECTOR (FROM 2/2019)	0.40 0.30	X						0.	0.	0.
(15) RACHEL MEISEL SECRETARY/DIRECTOR	0.40 0.30	X		X				0.	0.	0.
(16) IAN O'MALLEY DIRECTOR	0.40 0.30	X						0.	0.	0.
(17) HAROLD SHUPACK DIRECTOR	0.40 0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAUREN SOLOFF DIRECTOR	0.40 0.30			X				0.	0.	0.
(19) CHAN WHEELER DIRECTOR	0.40 0.30			X				0.	0.	0.
(20) MISSY ZAHLER DIRECTOR	0.40 0.30			X				0.	0.	0.
(21) JEFFREY N. WIESER PRESIDENT/CEO	40.00 0.30			X				145,000.	0.	20,112.
(22) JACQUELINE HOGAN COMPTROLLER	35.00 0.30			X				58,493.	0.	24,686.
(23) PARIS LOONEY VICE PRESIDENT/COO	40.00 0.30			X				90,143.	0.	9,477.
1b Subtotal								293,636.	0.	54,275.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								293,636.	0.	54,275.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **X**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **X**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **X**

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	508,982.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	726,407.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	1,358,309.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 375,590.				
	1 h	Total. Add lines 1a-1f		2,593,698.			
Program Service Revenue	2 a	HOUSING FEES	Business Code 624200	266,347.	266,347.		
	2 b	SHELTER FEES	Business Code 624200	7,019.	7,019.		
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		273,366.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,745.		19,745.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				438,665.			
	7 b	Less: cost or other basis and sales expenses		381,411.			
7 c	Gain or (loss)		57,254.				
7 d	Net gain or (loss)		57,254.		57,254.		
8 a	Gross income from fundraising events (not including \$ 508,982. of contributions reported on line 1c). See Part IV, line 18						
		8 a	90,166.				
8 b	Less: direct expenses		164,230.				
8 c	Net income or (loss) from fundraising events		-74,064.		-74,064.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	12,553.	12,553.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		12,553.			
12	Total revenue. See instructions		2,882,552.	285,919.	0.	2,935.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,911.	127,436.	128,079.	92,396.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	973,896.	900,900.	7,972.	65,024.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	144,370.	115,426.	12,266.	16,678.
10 Payroll taxes	107,116.	85,641.	9,101.	12,374.
11 Fees for services (nonemployees):				
a Management	7,248.		7,248.	
b Legal	845.		845.	
c Accounting	36,580.		36,580.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	110,317.	109,620.	697.	
12 Advertising and promotion				
13 Office expenses	117,924.	68,490.	24,058.	25,376.
14 Information technology				
15 Royalties				
16 Occupancy	224,943.	223,808.	1,135.	
17 Travel	17,444.	13,082.	4,362.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	540.	405.	135.	
20 Interest	87,371.	87,371.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,111.	103,722.	13,389.	
23 Insurance	72,418.	54,387.	18,031.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHELTER & OTHER PROGRAM	461,776.	461,776.		
b FUNDRAISING EXPENSES	9,997.			9,997.
c MEMBERSHIP / SUBSCRIPTION	2,498.	1,875.	623.	
d				
e All other expenses	4,710.	4,710.		
25 Total functional expenses. Add lines 1 through 24e	2,845,015.	2,358,649.	264,521.	221,845.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	528,226.	1	473,429.
	2 Savings and temporary cash investments	120,183.	2	217,508.
	3 Pledges and grants receivable, net	28,891.	3	113,849.
	4 Accounts receivable, net	11,015.	4	100,548.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,288.	9	10,113.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,899,862.		
	b Less: accumulated depreciation	10b 1,398,035.	2,606,572.	10c 2,501,827.
	11 Investments - publicly traded securities	498,537.	11	368,675.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	351,113.	15	414,909.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,168,825.	16	4,200,858.	
Liabilities	17 Accounts payable and accrued expenses	92,584.	17	83,243.
	18 Grants payable		18	
	19 Deferred revenue	37,862.	19	49,323.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,752.	21	1,752.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,351,770.	23	2,347,624.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,571.	25	10,571.
	26 Total liabilities. Add lines 17 through 25	2,494,539.	26	2,492,513.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,149,292.	27	1,183,351.
	28 Net assets with donor restrictions	524,994.	28	524,994.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,674,286.	32	1,708,345.	
33 Total liabilities and net assets/fund balances	4,168,825.	33	4,200,858.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,882,552.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,845,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	37,537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,674,286.
5	Net unrealized gains (losses) on investments	5	-3,478.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,708,345.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: **HOMES WITH HOPE, INC.** Employer identification number: **22-2534326**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1786625.	1872952.	2264091.	2370982.	2593698.	10888348.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	301,406.	305,324.	311,736.	319,218.	324,964.	1562648.
4 Total. Add lines 1 through 3	2088031.	2178276.	2575827.	2690200.	2918662.	12450996.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						113,497.
6 Public support. Subtract line 5 from line 4.						12337499.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2088031.	2178276.	2575827.	2690200.	2918662.	12450996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,986.	16,737.	14,493.	16,369.	19,745.	84,330.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,191.	10,629.	7,009.	8,440.	12,553.	39,822.
11 Total support. Add lines 7 through 10						12575148.
12 Gross receipts from related activities, etc. (see instructions)					12	1,283,445.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.11	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.51	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

HOMES WITH HOPE, INC.

Employer identification number

22-2534326

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOMES WITH HOPE, INC.	Employer identification number 22-2534326
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CT DEPT. OF HOUSING 25 SIGOURNEY STREET HARTFORD, CT 06106	\$ 159,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CT DEPT. OF MENTAL HEALTH & ADDICTION SERVICES 410 CAPITOL AVE, PO BOX 341431 HARTFORD, CT 06134	\$ 342,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SUPPORTIVE HOUSING WORKS 387 CLINTON AVENUE BRIDGEPORT, CT 06605	\$ 155,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF DONALD T. HEGEDUS C/O HOMES WITH HOPE, INC., 49 RICHMONDVILLE AVENUE, SUITE 112 WESTPORT, CT 06880	\$ 197,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOMES WITH HOPE, INC.

22-2534326

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

HOMES WITH HOPE, INC.

22-2534326

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **HOMES WITH HOPE, INC.** Employer identification number **22-2534326**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	510,422.	543,722.	488,177.	415,634.	398,521.
b Contributions			21,687.	53,668.	50,000.
c Net investment earnings, gains, and losses	67,877.	-29,551.	59,057.	28,676.	-10,080.
d Grants or scholarships					
e Other expenditures for facilities and programs			21,654.	5,933.	20,000.
f Administrative expenses	277.	3,749.	3,545.	3,868.	2,807.
g End of year balance	578,022.	510,422.	543,722.	488,177.	415,634.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 82.00 %
- b Permanent endowment 18.00 %
- c Term endowment .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		526,320.		526,320.
b Buildings		2,675,587.	832,219.	1,843,368.
c Leasehold improvements		476,376.	373,590.	102,786.
d Equipment		206,266.	176,913.	29,353.
e Other		15,313.	15,313.	0.
Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, column (E), line 10c.)				2,501,827.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	141,555.
(2) CHFA RESERVES	273,354.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	414,909.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	10,571.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,571.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,851,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,478.	
b	Donated services and use of facilities	2b	672,823.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	135,478.	
e	Add lines 2a through 2d	2e	804,823.	
3	Subtract line 2e from line 1	3	3,046,782.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-164,230.	
c	Add lines 4a and 4b	4c	-164,230.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,882,552.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,875,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	672,823.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	358,033.	
e	Add lines 2a through 2d	2e	1,030,856.	
3	Subtract line 2e from line 1	3	2,845,015.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,845,015.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

HOMES WITH HOPE HOLD FUNDS OF SHELTER CLIENTS THAT HAVE NO BANK ACCOUNTS.

PART V, LINE 4:

TO PROVIDE A CONTINGENCY FOR UNEXPECTED OPERATIONAL DEVELOPMENTS AND FOR POSSIBLE FUTURE INCREASES IN BENEFIT STRUCTURE AND EXPENSE LEVELS AS WELL AS UNEXPECTED DOWNTURNS IN FUTURE LEVELS OF ANNUAL CONTRIBUTIONS AND FUNDING. TO BUILD AN INVESTMENT RESERVE FOR FUTURE UNFORESEEN PROJECTS THAT WOULD REQUIRE A CAPITAL CONTRIBUTION.

PART X, LINE 2:

BELOW IS AN EXCERPT FROM FOOTNOTE 1 OF THE AUDITED FINANCIAL STATEMENTS

Part XIII Supplemental Information (continued)

FOR HOMES WITH HOPE, INC. AND AFFILIATE.

HWH AND IHA WERE INCORPORATED UNDER THE LAWS OF THE STATE OF CONNECTICUT AND SERVE THE PUBLIC WITHIN THE MEANING OF CHARITABLE, EDUCATIONAL ORGANIZATIONS AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). AS SUCH HWH AND IHA ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A) OF THE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

HWH AND IHA ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM CONSOLIDATED COMPANY	135,478.
----------------------------------	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING EVENTS	-164,230.
---	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF CONSOLIDATED COMPANY	193,803.
----------------------------------	----------

Part XIII Supplemental Information (continued)

DIRECT EXPENSES FROM FUNDRAISING EVENTS 164,230.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 358,033.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		STAND UP (event type)	GRT LUNCHEON (event type)	1 (total number)		
Revenue	1	Gross receipts	443,678.	81,796.	73,674.	599,148.
	2	Less: Contributions	385,978.	64,330.	58,674.	508,982.
	3	Gross income (line 1 minus line 2)	57,700.	17,466.	15,000.	90,166.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	121,341.	23,767.	19,122.	164,230.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				164,230.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-74,064.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOMES WITH HOPE, INC.

Employer identification number
22-2534326

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY N. WIESER PRESIDENT/CEO	(i)	145,000.	0.	0.	0.	20,112.	165,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **HOMES WITH HOPE, INC.** Employer identification number: **22-2534326**

Part	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		129,190.	ESTIMATED COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	3	246,400.	ESTIMATED COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

HOMES WITH HOPE, INC.

Employer identification number
22-2534326

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MANAGEMENT SERVICES, SUPPORTIVE HOUSING UNITS, MENTORING AND YOUTH
ACADEMIC SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVE INDEPENDENT LIVES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CONVERTED BACHARACH COMMUNITY FROM SHELTER SERVICES TO SUPPORTIVE
HOUSING.

FORM 990, PART VI, SECTION A, LINE 3:

HOMES WITH HOPE, INC. CONTRACTS WITH A PROPERTY MANAGEMENT COMPANY WHO
COLLECTS RENTS, MAKES DEPOSITS, AND REPORTS/MAINTAINS A GENERAL LEDGER
(DEMARCO MANAGEMENT CORP.).

FORM 990, PART VI, SECTION A, LINE 4:

HOMES WITH HOPE, INC. MADE CHANGES TO ITS BYLAWS AND CREATED SUCCESSION
PLAN.

FORM 990, PART VI, SECTION A, LINE 8B:

THE MEETINGS ARE DOCUMENTED ON A CASE-BY-CASE BASIS. EXAMPLE: THE FINANCE
COMMITTEE MEETS ON A MONTHLY BASIS. A COMPLETE FINANCIAL MANAGEMENT
REPORTING PACKAGE IS DEVELOPED BY STAFF AND REVIEWED WITH THE FC MEMBERS.
TWO SELECTED REPORTS FROM THAT PACKAGE ARE THEN DISTRIBUTED TO THE FULL
BOARD AND THE "TREASURER'S REPORT" IS GIVEN AT THE SUBSEQUENT BOARD

Name of the organization HOMES WITH HOPE, INC.	Employer identification number 22-2534326
--	---

MEETING. OTHER COMMITTEE MEETINGS MAY ONLY BE DOCUMENTED BY SUBSEQUENT EMAILS.

FORM 990, PART VI, SECTION B, LINE 11B:

A FINAL DRAFT OF THE DOCUMENT IS DISTRIBUTED FOR REVIEW TO THE FINANCE COMMITTEE AND AUDIT COMMITTEE FOR COMMENT PRIOR TO SIGNATURE/FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE INITIALLY AND, ONGOING, ON AN AS NEEDED BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE HR COMMITTEE OF THE BOARD OF DIRECTORS DELIBERATES AND DECIDES THE ANNUAL COMPENSATION INCREASES FOR THE TWO KEY MANAGEMENT POSITIONS IN HOMES WITH HOPE. COMPARABILITY DATA MAY BE USED AND THE APPROVED OPERATING BUDGET IS A KEY ELEMENT. THE BOARD APPROVES AN OVERALL BENCHMARK INCREASE FOR THE EMPLOYEE BASE AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST. MANAGEMENT "ANNUAL REPORT" IS AVAILABLE ON THE ORGANIZATION WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS IS THE SAME AS IN THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HOMES WITH HOPE, INC.

Employer identification number
22-2534326

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
IHA, INC. - 06-1566759 49 RICHMONDVILLE AVENUE, SUITE 112 WESTPORT, CT 06880	TO PROVIDE AFFORDABLE, SUPPORTIVE HOUSING.	CONNECTICUT	501(C)(3)	LINE 9	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part II Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Proposal to Revise the Retirement Plan For Non-Union Supervisory Employees Of The Town of Westport.

Submitted by Gary Conrad, Finance Director and Ralph Chetcuti, Personnel/Human Resources Director

Westport RTM

April 6, 2021

This is a proposal to revise the Non-Union Supervisor Pension Plan to include the current management of the Police and Fire Departments allowing them to maintain the benefits as stated in the Police Pension Fund of the Town of Westport, prior to July 1, 2017. The individuals involved are the following:

Police Chief Foti Koskinas
Police Deputy Chief Sam Arciola
Police Captain David Farrell
Police Captain Ryan Paulson
Police Lieutenant Jillian Cabana
Police Lieutenant Matthew Gouveia
Police Lieutenant Anthony Prezioso
Police Lieutenant David Wolf
Police Lieutenant Eric Woods
Fire Chief Robert Yost
Fire Deputy Chief Michael Kronick
Fire Marshal Nate Gibbons

In November of 2017, the Assistant Fire Chiefs voted to become members of Local 2081, Westport Firefighters Union. As a result of this action, the Fire Department lost an important level of Non-Union managers. This also resulted in the five Assistant Chiefs became eligible for overtime pay. Since then, the Town has paid that cohort \$772,549 in overtime wages.

The individuals involved, besides being the management team of their respective departments, work a considerable amount of time beyond the normal work week, in sometimes very difficult situations, without additional compensation. You may be aware some of the officers whom they supervise are eligible for overtime pay which results in some of them earning substantially more than their supervisors.

In order to acknowledge the effort and service that each of these senior management personnel give to the Town of Westport, we propose this change in the pension plan. It will also be an incentive to retain them as Town employees and to remain Non-Union managers.

The Town actuarial firm, Milliman, has calculated that by making this change, it will require approximately an additional \$215,000 contribution to the Town's annual Actuarially Determined Contributions ("ADC"). We believe that the potential cost of overtime for anyone below the title of Deputy Chief in the police department, should they decide to become members of the union, would be substantial higher than the increase in the ADC.

Finally, it should be noted that as these individuals leave their positions with the Town, their replacements will continue to participate in the Police Pension Fund of the Town of Westport and will not participate in the Non-Union Supervisor Pension Plan.

**RTM Employee Compensation, Finance, and Public Protection Committee Joint Report
Proposed Revision to the Retirement Plan for Non-Union Supervisory Employees
May 19, 2021**

RTM Members Present:

Employee Compensation Committee (7 of 9)

Louis Mall, Chair; Peter Gold; Jimmy Izzo; Rick Jaffe; Jay Keenan; Nicole Klein; Sal Liccione

Finance Committee (6 of 9)

Jeff Wieser, Chair; Seth Braunstein; Rick Jaffe; Nicole Klein; Stephen Shackelford; Cathy Talmadge

Public Protection Committee (8 of 9)

Jimmy Izzo, Chair; Candace Banks; Seth Braunstein; Andrew Colabella; Kristan Hamlin; Rick Jaffe; Dick Lowenstein; Louis Mall

Other Presenters in Attendance:

Ralph Chetcuti, Personnel / Human Resources Director, Town of Westport

Gary Conrad, Finance Director, Town of Westport

Floyd Dugas, Attorney, Berchem, Moses & Devlin and labor council for the Town

Foti Koskinas, Chief, Police Department

Others in Attendance

Nick Marsan, Lieutenant, Fire Department

David Farrell, Captain, Police Department

Matthew Gouveia, Lieutenant, Police Department

Ryan Paulsson, Captain, Police Department

Eric Woods, Lieutenant, Police Department

Velma Heller, Moderator, RTM

The RTM Employee Compensation, Finance, and Public Protection committees met together via Zoom to consider the following:

“To make a recommendation to the RTM to take such action as the meeting may determine, upon a request by the Finance Director and the Personnel/Human Resources Director, to revise the Retirement Plan for Non-Union Supervisory Employees of the Town of Westport to include current management of the Police and Fire Departments.”

We are near the culmination of a process that has been in planning and development for several years.

We are asked to approve a proposed revision to the above-named Retirement Plan to allow certain of our Fire and Police Department management to be covered by the Retirement Plan, and to receive benefits under the plan. These members will no longer have future benefits accrue under other Westport pension plans. The impetus for the proposed revision is a perceived need to acknowledge the contribution of these individuals to their departments, and to the town, thereby helping Westport to maintain a strong level of management in our Fire and Police Departments.

Without the proposed revision, management personnel in our Fire and Police Departments, classified as “exempt” employees, are not eligible for compensation for overtime. In the recent past, also excluded from the Retirement Plan, some of our formerly “exempt” Fire Department management personnel elected to join the union in order to qualify for overtime pay and other benefits. It is considered by Police Chief Koskinas, Human Resources Director Chetcuti, and Finance Director Conrad that approving the proposed Retirement Plan revisions, thereby including our remaining Fire and Police management personnel in the Retirement Plan, will be:

- Substantially less costly to the Town than paying overtime and other union benefits, should those non-union Police management personnel elect to join the union;
- A strong and definite benefit in the Town’s effort, not only to hire the best Public Protection people, but also to retain them.

In short, approval of the proposed Retirement Plan revisions is one of the steps our Town must take to encourage qualified Public Protection personnel to join Westport’s workforce, and to remain with Westport.

The annual cost of extending the Retirement Plan to the seven Police and one Fire Department personnel who would qualify is expected to be approximately \$215,000 in fiscal year 2022. Chief Koskinas, one of the guest speakers who discussed the plan, is not among the Police Department management personnel who could be impacted by the proposed revisions.

Questions

- Do our three presenting Town employee guests recommend approval? Answer: All three Town employee guest speakers with knowledge and expertise in this matter, Chief Koskinas, Human Resources Director Chetcuti, and Finance Director Conrad, expressed strong recommendations in favor.
- Would the Fire Department management personnel who joined the union be able to leave the union and elect to join the revised Retirement Plan? If so, would it be cost effective for the Town of Westport? Answer: Once the union is involved, it’s not that simple.

Reservations expressed by Committee members included the following:

- The text of the proposed revisions was not delivered timely to the members of the three RTM committees. Several members from all three committees expressed reservations at not having been given adequate time to review the details of the proposed revisions. Other committee members put trust in the strong and unanimous recommendations of our experts in this complex and sensitive matter.

Motions for all three Committees in favor of recommending approval of the proposed revisions, all made by Rick Jaffe, and seconded by Sal Liccione (EE Comp), Seth Braunstein (Finance), and Andrew Colabella (Pub Protection) passed as follows:

- Employee Compensation: 6 – 0 in favor, with one abstention (Gold)
for the stated purpose of wanting to read the documents more carefully
- Finance: 5 – 0 in favor, with one abstention (Braunstein)
for the stated purpose of reading through and understanding the documents in detail
- Public Protection: 5 – 0 in favor, with three abstentions (Braunstein, Hamlin, Lowenstein)
one of which (Braunstein) was for the stated purpose of reading through and understanding the documents in detail

Respectfully submitted,

Rick Jaffe, RTM 1

BACK UP MATERIAL
RTM ITEM # 3

**RETIREMENT PLAN FOR
NON-UNION AND NON-SUPERVISORY EMPLOYEES
OF THE TOWN OF WESTPORT, CONNECTICUT
As Amended and Restated Effective as of July 1, 2019
2019 Amendment and Restatement**

Table of Contents

	<u>Page</u>
ARTICLE 1	
DEFINITIONS	
DEFINITIONS	1
ARTICLE 2	
ELIGIBILITY	
2.1 IN GENERAL	9
2.2 REEMPLOYMENT FOLLOWING RETIREMENT	9
ARTICLE 3	
RETIREMENT DATES	
3.1 NORMAL RETIREMENT.....	10
3.2 DEFERRED RETIREMENT	10
ARTICLE 4	
PENSION BENEFITS	
4.1 NORMAL OR DEFERRED RETIREMENT PENSION	11
4.2 MAXIMUM PENSION.....	11
4.3 MINIMUM PENSION	11
4.4 COVERAGE UNDER MEDICAL PLAN FOR PARTICIPANTS RETIRING BEFORE NOVEMBER 1, 2005	11
4.5 4.4A CONTINUED COVERAGE UNDER MEDICAL PLAN FOR PARTICIPANTS RETIRING ON OR AFTER NOVEMBER 1, 2005	12
4.6 [INSERT HEADING]	Error! Bookmark not defined.
4.7 LIMITS ON BENEFITS	13
ARTICLE 5	
FORM OF RETIREMENT PAYMENT AND ELECTION PROCEDURES	
5.1 RETIREMENT PAYMENT FORMS	14
5.2 ELECTION AND REVOCATION OF OPTIONAL FORMS	14
5.3 DEATH OF JOINT ANNUITANT	14
5.4 UNCLAIMED BENEFITS.....	14
5.5 DIRECT ROLLOVERS OF ELIGIBLE ROLLOVER DISTRIBUTIONS.....	15
5.6 QUALIFIED MILITARY SERVICE.....	16

Table of Contents

Page

**ARTICLE 6
DISABILITY BENEFITS**

6.1	ELIGIBILITY AND DURATION	17
6.2	AMOUNT OF BENEFIT	17
6.3	DETERMINATION OF DISABILITY BENEFITS BY PENSION COMMITTEE.....	18
6.4	ELECTION AS TO FORM OF PAYMENT	18

**ARTICLE 7
VESTED BENEFITS AND DEATH BENEFITS**

7.1	VESTED BENEFITS	19
7.2	DEATH BENEFITS PRIOR TO RETIREMENT.....	19
7.3	DEATH BENEFITS AFTER RETIREMENT	20

**ARTICLE 8
REQUIRED DISTRIBUTIONS**

8.1	7A.1 GENERAL RULES	21
8.2	7A.2 TIME AND MANNER OF DISTRIBUTION	21
8.3	7A.3 DETERMINATION OF AMOUNT TO BE DISTRIBUTED EACH YEAR.....	22
8.4	7A.4 REQUIREMENTS FOR ANNUITY DISTRIBUTIONS COMMENCING DURING A PARTICIPANT'S LIFETIME	22
8.5	7A.5 REQUIREMENTS FOR MINIMUM DISTRIBUTIONS WHERE PARTICIPANT DIES BEFORE DATE DISTRIBUTIONS BEGIN	23
8.6	7A.6 LIFE EXPECTANCY	23
8.7	7A.7 DEFINITIONS	23

**ARTICLE 9
CONTRIBUTIONS AND PENSION FUND**

9.1	PARTICIPANT CONTRIBUTIONS	25
9.2	EMPLOYER CONTRIBUTIONS	25
9.3	PENSION FUND	25
9.4	RESTORATION OF FORFEITURE	25

Table of Contents

	<u>Page</u>
ARTICLE 10	
ALIENATION, FACILITY OF PAYMENT AND REEMPLOYMENT	
10.1 ALIENATION.....	27
10.2 FACILITY OF PAYMENT.....	27
10.3 SUSPENSION OF BENEFITS	27

ARTICLE 11	
ADMINISTRATION OF PLAN	
11.1 PENSION COMMITTEE.....	28
11.2 MEETINGS OF PENSION COMMITTEE	28
11.3 COMPENSATION OF PENSION COMMITTEE	28
11.4 AUTHORITY, POWERS AND DUTIES OF PENSION COMMITTEE	28
11.5 MODIFICATION OF PLAN	30
11.6 PROTECTION OF PENSION COMMITTEE.....	30
11.7 REVIEW PROCEDURES OF PENSION COMMITTEE.....	31
11.8 FINAL AND BINDING DECISIONS OF PENSION COMMITTEE	32

ARTICLE 12	
RETIREE MEDICAL EXPENSES	
12.1 EFFECTIVE DATE	33
12.2 PAYMENT OF RETIREE MEDICAL EXPENSES	33
12.3 SEPARATE ACCOUNT.....	33
12.4 KEY EMPLOYEE.....	33
12.5 CO-ORDINATION WITH OTHER COVERAGE.....	34
12.6 USE OF FORFEITURES	34
12.7 EXCESS PENSION ASSETS.....	34
12.8 DEFINITIONS	35
12.9 ANNUAL LIMITATIONS.....	35

ARTICLE 13	
AMENDMENT, TERMINATION, BENEFIT LIMITATIONS, MERGER AND APPROVAL OF PLAN	
13.1 AMENDMENT OF PLAN.....	37

Table of Contents

	<u>Page</u>
13.2 TERMINATION OR PARTIAL TERMINATION OF PLAN.....	37
13.3 ALLOCATION OF ASSETS UPON PLAN TERMINATION.....	37
13.4 INVALID PROVISIONS.....	38
13.5 NO GUARANTY OF EMPLOYMENT; EFFECT OF DENIAL OF BENEFITS.....	38
13.6 USAGE.....	38
13.7 ELECTION FOR CERTAIN PARTICIPANTS TO BE COVERED UNDER PLAN AS AMENDED AND RESTATED EFFECTIVE AS OF NOVEMBER 1, 2005	Error! Bookmark not defined.

PREAMBLE

The Retirement Plan for Non-Union and Non-Supervisory Employees of the Town of Westport (the "Plan") was originally adopted on July 1, 1981. It was subsequently amended effective as of July 1, 1986, effective as of July 1, 1998, effective as of November 1, 2005 and effective as of November 1, 2013. In accordance with Section 13.1 of the Plan, the Town of Westport, Connecticut hereby amends and restates the Plan to read as follows effective as of July 1, 2019 for persons who are actively employed on or after that date, except as otherwise provided herein. The purpose of this amendment and restatement is to reflect applicable amendments required under the 2015 Cumulative List (IRS Notice 2015-84), the 2016 Required Amendments List (IRS Notice 2016-80) and the 2017 Required Amendments List (IRS Notice 201-72). If any provision of the Plan should be subject to more than one interpretation, such provision shall be interpreted in a manner which shall be consistent with the Plan being regarded as a qualified pension plan and the Trust being exempt from tax as aforesaid.

ARTICLE 1 DEFINITIONS

As used herein, the words and phrases below shall have the following meanings:

1.1 "Actuarial Equivalent" or "Equivalent Actuarial Value" means a benefit of equivalent value when computed on the basis of the rate of interest of 7% and mortality rates in accordance with the 1983 Group Annuity Mortality Table (unisex based on 50% male/50% female).

1.2 "Actuary" means the Enrolled Actuary retained by the Pension Committee in connection with the administration of the Plan.

1.3 "Approved Absence" means the period during which a Participant is on leave of absence approved in writing by the Employer. Approved Absence shall also include the period during which the Participant is in military service with the Armed Forces of the United States (including Coast Guard and Merchant Marine Service) if he has reemployment rights under applicable laws and complies with the requirements of the law as to reemployment.

1.4 "Average Final Compensation" means, with respect to a Participant, the greater of (a) his Compensation during the calendar year in which his Compensation was the highest, or (b) his final 12 months of Compensation.

1.5 "Code" means the Internal Revenue Code of 1986, as amended.

1.6 "Compensation" means, with respect to a Participant, the following:

(A) For all purposes other than Section 4.6, the basic salary regularly paid by the Employer to such Participant,

(1) Exclusive of any overtime pay, bonuses, gratuities, commissions, retainer fees, benefits, severance pay, allowance for expenses or other special remuneration paid to such Participant; and

(2) Increased by any “pick-up” contributions with respect to such Participant which are designated as Employer contributions in accordance with Section 414(h)(2) of the Code.

(B) For purposes of Section 4.6, such Participant’s wages for the Plan Year paid by the Employer of the type reported in Box 1 of Form W-2. Such wages shall include amounts within the meaning of Section 3401(a) of the Code plus any other amounts paid to him by the Employer for which the Employer is required to furnish a written statement under Sections 6041(d) and 6051(a)(3) of the Code, determined without regard to any rules that limit the amount required to be reported based on the nature or location of the employment or services performed,

(1) Exclusive of any amounts paid or reimbursed by the Employer for moving expenses which the Employer reasonably believes at the time of such payment to be deductible by the Employee under Section 217 of the Code;

(2) Increased by the amount of any contributions made by the Employer under any salary reduction or similar arrangement to: (a) a qualified cash or deferred arrangement under Code Section 401(k); (b) a simplified employee pension plan described in Section 408(k) of the Code; (c) a SIMPLE arrangement under Code Section 408(p); (d) an annuity contract described in Section 403(b) of the Code; (e) a deferred compensation plan within the meaning of Section 457(b) of the Code; (f) a cafeteria plan under Code Section 125; and (g) a deferred compensation plan under Code Section 457; and

(3) Increased by any amounts contributed or deferred by the Employer at his election and which is not includable in his gross income under Section 132(f)(4) of the Code.

Compensation shall be limited as follows:

(X) In addition to any other applicable limitations set forth in the Plan and notwithstanding any other provision in the Plan to the contrary, for Plan Years beginning after January 1, 1989, and prior to January 1, 1994, the annual Compensation of each Participant taken into account under the Plan shall not exceed \$200,000, as adjusted by the Secretary for increases in the cost of living at the same time and in the same manner as under Section 415(d) of the Code (the “TRA 1986 Limit”). The cost-of-living adjustment for a calendar year shall apply to any period (a “Determination Period”) not exceeding 12 months, over which Compensation is determined, beginning in such calendar year. If a Determination Period consists of fewer than 12 months, the TRA 1986 Limit shall be multiplied by a fraction whose numerator is the number of months in the Determination Period and whose denominator is 12. If Compensation for any prior Determination Period is taken into account in determining any Participant’s benefits accruing in any Plan Year beginning after January 1, 1989, and prior to January 1, 1994, the Compensation for such prior Determination Period shall be subject to the TRA 1986 limit in effect for such prior Determination Period. For purposes of the preceding sentence, for Determination Periods beginning before the first day of the Plan Year beginning on or after January 1, 1989, the TRA 1986 Limit shall be \$200,000.

(Y) In addition to any other applicable limitations set forth in the Plan and notwithstanding any other provision in the Plan to the contrary, for Plan Years beginning on or after January 1, 1994, the annual Compensation of each Participant taken into account under the Plan shall not exceed \$150,000, as adjusted by the Secretary for increases in the cost of living in accordance with Section 401(a)(17)(B) of the Code (the "OBRA 1993 Limit"). The cost-of-living adjustment for a calendar year shall apply to any Determination Period beginning in such calendar year. If a Determination Period consists of fewer than 12 months, the OBRA 1993 Limit shall be multiplied by a fraction whose numerator is the number of months in the Determination Period and whose denominator is 12. If Compensation for any prior Determination Period is taken into account in determining any Participant's benefits accruing in the current Plan Year, the Compensation for such prior Determination Period shall be subject to the OBRA 1993 Limit in effect for such prior Determination Period. For purposes of the preceding sentence, for Determination Periods beginning before the first day of the Plan Year beginning on or after January 1, 1994, the OBRA 1993 Limit shall be \$150,000.

Notwithstanding the preceding provisions, the annual Compensation of each Participant taken into account in determining benefit accruals in any Plan Year beginning after December 31, 2001, shall not exceed \$200,000. The \$200,000 limit in the preceding sentence shall be adjusted for cost-of-living increases in accordance with Section 401(a)(17)(B) of the Code. The cost-of-living adjustment in effect for a calendar year applies to annual Compensation for the determination period that begins with or within such calendar year.

Effective for Limitation Years beginning after July 1, 2007, there shall be included in a Participant's Compensation for purposes of Subsections (A) and/or (B) above, as the case may be, any payment after termination of his employment only if such payment (i) is regular compensation for services during his regular working hours, or compensation for services outside such regular working hours (such as overtime), bonuses or other similar payments; (ii) would have been paid to him before termination of employment if he had continued in employment with the Employer and if so paid, would have been included in "Compensation" under said Subsections (A) and/or (B), as the case may be; and (iii) is paid by the later of 21/2 months after termination of employment or the end of the Limitation Year including the date of termination of employment.

1.7 "Credited Service" means Years of Service during which a Participant is eligible for the Plan in accordance with the eligibility provisions set forth in Article 2, including any applicable probationary period, and during which such Participant makes the required contributions as set forth in Article 9.

(A) Prior to January 1, 2012, if such Participant was a participant in another pension plan to which the Town contributed immediately prior to such Participant's participation in this Plan, his years of Credited Service under this Plan shall include his years of credited service under such other plan, provided that all such Participant's contributions to such other plan with Interest are transferred to this Plan (the "Transfer"). The provisions of this Section 1.7 shall not apply to a Participant unless he shall have waived in writing the right to receive any benefit under such other plan. Such waiver must have been filed with the Town's Personnel Department no later than the later to occur of (1) 90 days after November 1, 2005 or (2) the date such Participant begins participation in this Plan. If the total of such Participant's contributions

to such other plan exceeds the total of what such Participant would have contributed to this Plan had he participated in this Plan during the time he was a participant in such other plan, after the Transfer the excess amount shall be applied against contributions otherwise required from such Participant under this Plan and until such excess amount has been fully so applied such Participant shall not be required to contribute to this Plan.

(B) The Pension Committee, at its sole discretion, may allow a Participant to buy back all or part of his prior service which is Governmental and Other Related Service (as defined in Section 1.17) under the following provisions:

(1) For Governmental and Other Related Service immediately prior to employment with the Town: For any prior service allowed to be credited by the Town, such Participant must pay into the Town Plan (as hereinafter defined) the amount he would have paid in contributions for any such period had the Employee been a participant in the Town Plan, plus Interest thereon from the date of such prior service credit to the date payment is made to the Plan.

(2) For Governmental and Other Related Service not immediately prior to employment with the Town: For any prior service allowed to be credited by the Town, such Participant must pay into the Town Plan, an amount equal to the sum of Clauses (a) and (b) below:

(a) The amount he would have paid in contributions for any such period had the employee been a Participant in the Town Plan, plus Interest thereon from the date of such prior service credit to the date payment is made to the Plan.

(b) The amount the Town would have contributed for any such period had the employee been a Participant in the Town Plan, plus interest thereon from the date of such prior service credit to the date payment is made to the Plan. Interest on amounts described in this Section 1.7(2)(b) shall be calculated at the rate of assumed investment income used by the Actuary in determining Plan costs for investment purposes.

Payment of the required amount must be completed at least one year prior to such Participant's termination of employment on account of retirement or otherwise.

(3) A Participant may buy back up to 10 years of Governmental and other Related Service. The service which is bought back by a Participant pursuant to this Section 1.7 shall not be taken into account in determining his Normal Retirement Date under Section 3.1 nor his vested interest under Section 7.1(A).

(4) A Participant's pension attributable to years of Governmental and other Related Service bought back by him shall be treated as vested upon his having completed the vesting requirement in Section 7.1(A).

(5) Such Participant need not have been a participant in the plan of the other employer, but he must have been holding a position that would have qualified him for participation in the Town Plan if the Town were such other employer.

(6) Any benefits determined under the Town Plan shall be offset by any benefits to which such Participant is entitled from another employer's plan to the extent any Credited Service is granted under this provision.

(7) For the purposes of this Section 1.7, "Town Plan" shall mean this Plan for prior service on or after July 1, 1981 and the Retirement Plan for Municipal Employees of the Town for prior service before July 1, 1981.

(8) A Participant desiring to buy back prior service pursuant to this Section 1.7 shall submit a written request therefor to the Town's Personnel Department, which shall forward such request to the Pension Committee for its approval or disapproval in its sole discretion. Such request must be submitted no later than 30 days after the successful completion of his 6-month probationary period. The decision of the Pension Committee as to such a Participant's request shall be conclusive and binding on such Participant and, if any, his spouse, Joint Annuitant, and Designated Beneficiary. If the Pension Committee approves such a request by a Participant, he shall have 90 days from the date of approval to pay to the Plan the required amount of contributions and Interest, as determined by the Town's Finance Department.

(9) If a Participant's employment with the Town should terminate for any reason prior to the time he is fully vested under Section 7.1(A), the amount paid by such Participant pursuant to this Section 1.7 shall be returned to him, together with Interest thereon.

1.8 "Deferred Retirement Date" means the date specified in Section 3.2.

1.9 "Dependent" means a Participant's child (including an adopted child) who has not attained age 21. A person who is a Dependent under the preceding sentence shall cease to be a Dependent upon attaining age 21.

1.10 "Designated Beneficiary" means the beneficiary designated by a Participant, subject to change from time to time by such Participant, on forms provided by the Pension Committee; provided, however, that if there be no Designated Beneficiary at the date of death of the Participant (e.g., due to the earlier death of the Designated Beneficiary or due to failure of the Participant to designate a beneficiary) then the Pension Committee shall, for any death benefit that may be available under the Plan (other than a monthly benefit payable to any Joint Annuitant or surviving spouse), designate a beneficiary from the following list taken in priority order:

- (A) the Participant's legal spouse, or, if none survives;
- (B) the Participant's lineal descendants (including any children legally adopted) per stirpes; or if none survives;
- (C) the Participant's parents, share and share alike; or if none survives;
- (D) the Participant's estate,

subject to Sections 10.2 and 11.8. In the event any amount shall become payable from the Plan to a Designated Beneficiary or the executor or administrator of any deceased person and if, after written notice from the Pension Committee mailed to such person's last known address,

such person or such executor or administrator shall not have presented himself to the Pension Committee within two years after the mailing of such notice, the Pension Committee shall distribute such amount due to such Beneficiary or such executor or administrator among one or more of the spouse and blood relatives of such deceased person designated by the Pension Committee.

1.11 “Disabled” means, with respect to a Participant, having a Disability.

1.12 “Disability” means, with respect to a Participant, the inability to perform the duties of any occupation for which he is reasonably fitted by reason of training, education or experience.

1.13 “Effective Date” means July 1, 2019, as to Participants actively employed on or after that date, except as otherwise provided herein. The Original Effective Date was July 1, 1981.

1.14 “Employee” means any person who is employed on a permanent basis by the Town, Library, or Board of Education who is in a non-supervisory position as determined by the Employer, and who is not covered by a collective bargaining agreement, and excluding any teacher or other Employee who is eligible for membership in the Connecticut State Teachers Retirement System or is covered by the pension system established by Special Act No. 430 or its successor. The term “Employee” shall not include a “leased employee,” meaning, with respect to the Employer, any person (other than an employee of the Employer) who pursuant to an agreement between the Town and any other person has performed services for the Employer (or for the Employer and related persons determined in accordance with Section 414(n)(6) of the Code) and such services are performed under primary direction or control by the Employer.

1.15 “Employer” means the Town of Westport, Connecticut.

1.16 “Enrolled Actuary” means a person designated as an Enrolled Actuary by the Joint Board for Enrollment of Actuaries.

1.17 “Governmental And Other Related Service”, as used in Section 1.7 means, with respect to a Participant, employment with a municipal, state or federal government, or agency thereof, which is related, by nature of the work and the duties performed, to the work for which such Employee is hired by the Town; and which could reasonably be expected to have helped to prepare such Participant for his present job responsibilities with the Town.

1.18 “Interest,” when used in connection with a Participant’s contributions, means such rate per annum as may from time to time be fixed by the Town. Interest on a Participant’s Contributions during a Plan Year accrues from July 1 of the following Plan Year to the first of the month in which the pension payments commence, or death or termination of Service occurs, unless some other applicable date is specified in the Plan.

1.19 “Joint Annuitant” means the person designated by a Participant to receive benefits pursuant to Section 5.1(B)(1).

1.20 “Limitation Year” means the period July 1 to June 30.

1.21 “Medical Plan” means, collectively, the plan or plans maintained by the Town pursuant to which medical, prescription drug and/or dental benefits are made available to particular Employees, Retirees and their respective spouses and eligible Dependents. If any such plan is referred to herein by name, such reference shall also include any comparable successor plan.

1.22 “Normal Retirement” means termination of employment (except by death) of a Participant on the first day of the month coincident with or next following his Normal Retirement Date as set forth in Article 3.

1.23 “Participant” means an Employee satisfying the eligibility requirements set forth in Article 2.

1.24 “Pension Committee” means the Chairman of the Board of Finance, the First Selectman or First Selectwoman, one Elector appointed by the Board of Selectmen and one Participant of the Plan appointed by the First Selectman or First Selectwoman. The term of appointment of the Elector shall be 3 years.

1.25 “Pension Fund” means the trust forming a part of the Plan, as described in Article 9.

1.26 “Plan” means the Retirement Plan for Non-Union and Non-Supervisory Employees of the Town of Westport, Connecticut, as amended and restated as set forth herein, or as may be amended from time to time.

1.27 “Plan Year” means July 1 to June 30.

1.28 “Qualified Military Service” means any service in the “uniformed services” (as defined in Chapter 43 of Title 38, United States Code) by any individual if such individual is entitled to reemployment rights under such chapter as to such service.

1.29 “Retiree” means a Participant who retires on or after his Normal Retirement Date and who is eligible for pension benefits under the Plan.

1.30 “Retirement Date” means the date as of which a Participant’s Normal or Deferred Retirement occurs under the Plan.

1.31 “Retirement Option” means the optional forms of pension as provided in Article 5.

1.32 “RTM” means the Representative Town Meeting of the Town.

1.33 “Secretary” means the Secretary of the Treasury.

1.34 “Service” means the period during which a person is in the status of an Employee, including Approved Absence.

1.35 "Spouse" means any individual to whom the Participant is legally married under the laws of the state or country in which the marriage was celebrated, without regard to whether such marriage is recognized under the laws of the state or country in which the Participant resides.

1.36 "Town" means the Town of Westport in the County of Fairfield, State of Connecticut.

1.37 "Trustee" means such person or persons as trustee or trustees of the Pension Fund, as may be appointed by the Pension Committee.

1.38 "Vested Participant" means a Participant who has completed at least 10 Years of Service and is vested according to Section 7.1(A) but is not yet eligible for Retirement under Article 3.

1.39 "Year of Service" means, with respect to an Employee, a 12-consecutive-month period commencing with such Employee's date of employment and succeeding 12-consecutive-month periods during which such Employee was employed by the Employer. Each completed month of employment shall constitute 1/12 of a Year of Service. In the case of Employees who regularly work 9 months or more but less than 12 months per year, continuous employment for the period of approximately 9 months, which constitutes the entire school year of an Employee's normal work year, shall be deemed to constitute a Year of Service (with partial years to be credited based on complete months at the rate of 1/9 year per complete month). Upon retirement or other termination of employment, a Participant who has accrued at least 60 days of unused sick leave shall be entitled to use such accrual, up to a maximum of 120 days, as an additional fractional Year of Service, as follows:

<u>Accrued Unused Sick Days</u>	<u>Additional Fractional Year of Service</u>
At least 60 days but less than 80 days	1/4
At least 80 days but less than 100 days	1/3
At least 100 days but less than 120 days	5/12
120 or more days	1/2

**ARTICLE 2
ELIGIBILITY**

2.1 IN GENERAL.

(A) Each Employee shall become a Participant of the Plan provided he:

- (1) Works 20 or more hours per week on a consistent basis;
- (2) Works 9 months or more per year;
- (3) Has completed the probationary period required for his job classification; and
- (4) Is not a participant of another retirement plan to which the Employer contributes.

(B) Participation in the Plan is mandatory, except that an Employee hired at age 60 or over has the option of not participating.

(C) Notwithstanding the preceding provisions of this Section 2.1, no Employee who is hired or rehired on or after January 1, 2012 shall become a Participant.

2.2 REEMPLOYMENT FOLLOWING RETIREMENT.

A Retiree receiving a pension under the Plan who again becomes a Participant following his reemployment by the Town shall not have his pension discontinued.

**ARTICLE 3
RETIREMENT DATES**

3.1 NORMAL RETIREMENT.

A Participant's Normal Retirement Date is the first of the month coincident with or next following:

- (A) Age 55 and completion of at least 10 Years of Service; or
- (B) Completion of 25 Years of Service with no age requirement.

For purposes of this Section 3.1, "Years of Service" do not include any Credited Service bought back pursuant to Section 1.7.

3.2 DEFERRED RETIREMENT.

A Participant may defer retirement beyond his Normal Retirement Date. A Participant's Deferred Retirement Date is the first day of the month following termination of employment after Normal Retirement Date.

**ARTICLE 4
PENSION BENEFITS**

4.1 NORMAL OR DEFERRED RETIREMENT PENSION.

The monthly pension payable at a Participant's Normal Retirement Date or Deferred Retirement Date shall equal (i) 2% of the Participant's monthly Average Final Compensation multiplied by the number of his completed years and months (each month counting as 1/12 of a year) of Credited Service, including any Credited Service granted under the provisions of Section 1.7, to a maximum of 20 years; plus (ii) 2.25% of the Participant's monthly Average Final Compensation multiplied by the number of his completed years and months (each month counting as 1/12 of a year) of Credited Service in excess of 20; less (iii) the amount of monthly pension benefit that such Participant is entitled to receive from another plan in which he participated, payable at its normal retirement date, to the extent any Credited Service is granted under this Plan for participation in such other plan.

4.2 MAXIMUM PENSION.

In no instance may the sum of (i) a Participant's monthly pension benefit from this Plan, (ii) his monthly pension benefit from any other Town retirement plan and (iii) his monthly pension benefit from another plan (other than a Town retirement plan) if Credited Service is granted under this Plan with respect to such other plan, as provided in Section 1.7, exceed 100% of such Participant's monthly Average Final Compensation.

4.3 MINIMUM PENSION.

Notwithstanding anything to the contrary contained herein, the minimum monthly pension payable at Normal Retirement Date or Deferred Retirement Date under the Plan for a Participant who has completed at least 10 Years of Service shall be \$83.33 per month, or \$1,000 per year.

4.4 COVERAGE UNDER MEDICAL PLAN FOR PARTICIPANTS RETIRING BEFORE NOVEMBER 1, 2005.

Each Participant retiring before November 1, 2005 shall be entitled to continue his coverage under the Medical Plan in effect at the time of his retirement for himself and his spouse and eligible Dependents by paying the total cost of such coverage until July 1 following the attainment of age 49 and thereafter by paying 50% of the cost of such coverage.

4.5 CONTINUED COVERAGE UNDER MEDICAL PLAN FOR PARTICIPANTS RETIRING ON OR AFTER NOVEMBER 1, 2005.

Notwithstanding Section 4.4, the following provisions concerning coverage under the Town's Medical Plan shall apply to all Participants retiring on or after November 1, 2005 and who are immediately entitled to benefits under this Plan, and to the spouses and eligible Dependents of such Participants:

(A) Each Retiree shall be entitled to continue his coverage for himself and his spouse and eligible Dependents under the Town's Medical Plan in effect at the time of his retirement by paying the total cost of such coverage until the July 1 following the attainment of age 49. Effective as of July 1 following his attainment of age 49, such Retiree shall pay 40% of the cost of such coverage, as determined based upon the "allocation rate," except that the cost of coverage for any year shall not increase by more than 10% over the cost of coverage for the preceding year.

(B) In the event of a Retiree's death, his surviving spouse and surviving eligible Dependents shall pay 40% of the cost of coverage for them, as determined based upon the "allocation rate," except that the cost of coverage for any year shall not increase by more than 10% over the cost of coverage for the preceding year. For purposes of this Section 4.5, the term "Retiree" also includes a Participant with respect to whom a death benefit is payable pursuant to Section 7.2(A).

(C) At such time as such Retiree or the spouse of a Retiree reaches the age of eligibility for Medicare (even if such Retiree or spouse is not eligible for Medicare):

(1) Such Retiree or spouse shall no longer be able to participate in the Medical Plan, except as provided in Section 4.5(C)(3) and (4), then covering him and, provided that he has applied and been granted coverage under Medicare Part A and Part B, he shall instead be eligible to enroll in the Blue Cross/Blue Shield Century Carve Out Plan. Retirees and spouses shall pay 40% of the cost for such Blue Cross/Blue Shield Century Carve Out Plan, except that the cost of coverage for any year shall not increase by more than 10% over the cost of coverage for the preceding year. The term "Blue Cross/Blue Shield Century Carve Out Plan" includes any other health plan which the Town may offer in its place from time-to-time.

(2) Such Retiree or spouse shall be responsible for payment of the full premiums for any Medicare coverage, including without limitation Part B coverage and also Part A coverage (unless such Retiree or spouse is entitled to Part A coverage without the payment of premiums).

(3) Such Retiree or spouse may continue to be covered for the dental benefits under the Town's Medical Plan and the premium which he shall pay for such coverage shall be the amount he would be required to pay under Section 4.5(A) as if he had not reached the age of eligibility for Medicare, except that the cost of coverage for any year shall not increase by more than 10% over the cost of coverage for the preceding year. This Section 4.5(C)(3) shall apply only to a Retiree or spouse who was covered for such dental benefits at the time of such Retiree's retirement.

(4) Such Retiree or spouse may continue to be covered for the prescription drug benefits under the Town's Medical Plan and the premium which he shall pay for such coverage shall be the amount he would be required to pay under Section 4.5(A) as if he had not reached the age of eligibility for Medicare, except that the cost of coverage for any year shall not increase by more than 10% over the cost of coverage for the preceding year. This Section 4.5(C)(4) shall apply only to a Retiree or spouse who was covered for such prescription drug benefits at the time of such Retiree's retirement.

(D) A Retiree and the spouse of a Retiree shall be treated separately for purposes of this Section 4.5. For purposes of this Section 4.5, if a person is the spouse of a Retiree at the time of the Retiree's retirement, (i) such person shall continue to be treated as a spouse notwithstanding the termination of the marriage of such Retiree and spouse by reason of the death of such Retiree and (ii) such person shall not continue to be treated as a spouse in the event of the termination of the marriage of such Retiree and spouse by reason of divorce.

4.6 LIMITS ON BENEFITS.

Notwithstanding any other provision of the Plan, the benefits of a Participant hereunder shall be subject to the following limitation: The maximum Annual Benefit payable to a Participant under the Plan, and under any other defined benefit plan sponsored by the Employer (or any entity aggregated with the Employer pursuant to Section 414 of the Code), for any Limitation Year shall not exceed the limitation set forth in Section 415(b) of the Code. For purposes of Sections 415(b)(2)(E)(i) and Section 415(b)(2)(E)(iii) of the Code, the interest rate shall be 5% per annum, compounded annually. The term "Annual Benefit" shall mean a benefit payable annually in the form of a qualified joint and survivor annuity as defined in Section 417(b) of the Code and Treas. Reg. Sec. 1.401(a)-20, Q & A-25 (with no ancillary benefits) under a plan to which employees do not contribute and under which no rollover contributions are made.

ARTICLE 5
FORM OF RETIREMENT PAYMENT AND ELECTION PROCEDURES

5.1 RETIREMENT PAYMENT FORMS.

(A) The normal form of payment to a Retiree is a standard life annuity, payable monthly for his life. This benefit ceases with the death of the Retiree. Should the Retiree die before receiving benefits equal to his accumulated Employee contributions plus Interest, such remaining amount shall be paid in a lump sum to the Retiree's Designated Beneficiary.

(B) The following options, under each of which the amount of payment is the Equivalent Actuarial Value of the payment under the normal form, are available:

(1) Joint and Survivor Life Annuity: An annuity, under which payments are made to the Retiree until death, then continue to a specified Joint Annuitant (in same or reduced amount) until death of such Joint Annuitant. Should the Retiree and the Joint Annuitant both die before receiving benefits in the aggregate equal to the Retiree's accumulated Employee contributions plus Interest, such remaining amount shall be paid in a lump sum to the Retiree's Designated Beneficiary.

(2) Period Certain (5, 10 or 20 years) and Life Annuity: Payments are guaranteed for the lifetime of the Retiree with the provision that not less than 60, 120, or 240 equal monthly payments shall be made as designated by the Retiree, to him or a Designated Beneficiary. Should both parties die before receiving the guaranteed number of payments, the commuted value of the balance of the guaranteed payments shall be paid in a lump sum amount to the estate of the last survivor.

5.2 ELECTION AND REVOCATION OF OPTIONAL FORMS.

At least 3 months prior to his Retirement Date, a Participant should notify the Pension Committee of his anticipated Retirement Date. Subsequently, the Participant shall be notified of the benefit available under the various optional forms of payment as described in Section 5.1 and shall make an election. A Participant may revoke an election made by him at any time prior to his Retirement Date and make a new election subject to the limitations herein.

5.3 DEATH OF JOINT ANNUITANT.

If a Participant elects a joint and survivor annuity and the Joint Annuitant dies prior to the commencement of benefits, then the Participant shall receive his pension in the form of a life annuity.

5.4 UNCLAIMED BENEFITS.

The Pension Committee having made reasonable attempts to locate any Participant or beneficiary during the 7-year period following the date of first notice, may thereafter direct any benefit that may be due to be canceled.

5.5 DIRECT ROLLOVERS OF ELIGIBLE ROLLOVER DISTRIBUTIONS.

Notwithstanding any other provision of the Plan to the contrary which would otherwise limit a Distributee's election under this Section 5.5, a Distributee may elect, at the time and in the manner permitted by the Plan Administrator, to have any portion of an Eligible Rollover Distribution paid directly to an Eligible Retirement Plan specified by the Distributee in a Direct Rollover. For purposes of this Section 5.5:

(A) "Direct Rollover" means a payment by the Plan to the Eligible Retirement Plan specified by a Distributee.

(B) "Distributee" means a Participant who is an Employee or former Employee. In addition, (1) such a Participant's spouse or former spouse who is the alternate payee under a "qualified domestic relations order," as defined in Section 414(p) of the Code, and (2) the surviving spouse of a deceased Participant who was an Employee or former Employee, are Distributees with regard to the interest of such spouse or former spouse in the Plan. A distributee includes the Participant's or former Participant's nonspouse designated beneficiary, in which case, the distribution can only be transferred to a traditional or Roth IRA established on behalf of the nonspouse designated beneficiary for the purpose of receiving the distribution.

(C) "Eligible Retirement Plan" means an individual retirement account described in Section 408(a) of the Code, an individual retirement annuity described in Section 408(b) of the Code, an annuity plan described in Section 403(a) of the Code, or a qualified trust described in Section 401(a) of the Code, which accepts a Distributee's Eligible Rollover Distribution. However, in the case of an Eligible Rollover Distribution to a Distributee who is surviving spouse, an "Eligible Retirement Plan" means an individual retirement account or individual retirement annuity. The term "Eligible Retirement Plan" shall also include (i) an annuity contract described in Section 403(b) of the Code, (ii) an eligible plan which is maintained under Section 457(b) of the Code and which is maintained by a state or political subdivision of a state or instrumentality of a state and which agrees to separately account for amounts transferred to such plan from this Plan and (iii) a Roth IRA described in Code Section 408A. The definition of "Eligible Retirement Plan" shall apply in the case of a distribution to a surviving spouse of a Participant or to a spouse or former spouse of a Participant who is an alternate payee under a "qualified domestic relations order," as defined in Section 414(p) of the Code.

(D) "Eligible Rollover Distribution" means any distribution of all or any portion of the balance to the credit of the Distributee under the Plan, except that an Eligible Rollover Distribution shall not include: (1) any distribution which is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the Distributee or the joint lives (or joint life expectancies) of the Distributee and the Distributee's Designated Beneficiary, or for a specified period of 10 years or more; (2) any distribution to the extent such distribution is required under Section 401(a)(9) of the Code; and (3) the portion of any distribution which is not includible in gross income. The enumeration in the preceding sentence of any form of payment shall not imply that any person has the right to receive benefits under the Plan in such form unless otherwise specifically provided under the Plan. The term "Eligible Rollover Distribution" shall also include a direct trustee-to-trustee

transfer of all or any portion of a distribution from the Plan from the benefit of a deceased Participant to an individual retirement account described in Code Section 408(a), or an individual retirement annuity described in Code Section 408(b) (other than an endowment contract), established for the purposes of receiving such distribution or portion thereof on behalf of an individual who is a Designated Beneficiary, within the meaning of Section 8.7(B), who is not the surviving spouse of such Participant.

If, pursuant to Section 7.1, a distribution of more than \$1,000 is payable to a Participant whose employment has terminated, and such Participant does not elect to receive such distribution directly or, pursuant to this Section 5.5, to have such distribution paid to an Eligible Retirement Plan in a direct rollover, the Pension Committee shall cause such distribution to be paid in a direct rollover to an individual retirement account described in Section 408(a) of the Code or to an individual retirement annuity described in Section 408(b) of the Code.

5.6 QUALIFIED MILITARY SERVICE.

(A) Notwithstanding any provision of this Plan to the contrary, contributions, benefits and service credit as to Qualified Military Service shall be provided in accordance with Section 414(u) of the Code.

(B) Effective as to deaths occurring on or after January 1, 2007, in the case of a Participant who dies while performing Qualified Military Service, his survivors shall be entitled to any additional benefits (other than benefit accruals related to the period of Qualified Military Service) that may be provided under the Plan had he then resumed and terminated employment on account of death.

ARTICLE 6
DISABILITY BENEFITS

6.1 ELIGIBILITY AND DURATION.

A Participant who becomes Disabled and remains continuously Disabled for a period of at least 6 months shall be eligible for a Disability benefit. The Disability benefit shall commence after 6 months of Disability and be payable monthly during the time the Participant is Disabled and until the latest of the following shall occur:

- (A) The Participant's attainment of age 65;
- (B) The Participant's attainment of his Normal Retirement Date; or
- (C) 5 years from the commencement of Disability benefits.

During the period of Disability, Credited Service for the Disabled Participant shall continue to accrue and no contributions under Article 9 shall be required from him; provided, however, that during such period the benefit payable to him pursuant to Section 6.2 shall not increase on account of such Credited Service, and instead such Credited Service during the period of Disability shall be taken into account in determining the amount of his benefit payable under the Plan following the termination of his Disability benefit.

6.2 AMOUNT OF BENEFIT.

The amount of the monthly Disability benefit shall be the greater of:

(A) 50% of the Participant's monthly Compensation immediately prior to the onset of Disability; or

(B) The amount of the pension computed under Section 4.1 based upon such Participant's Credited Service and Average Final Compensation, as if such pension were payable beginning at the onset of Disability,

reduced by any amounts paid or payable to the Participant from the following sources:

- (C) Disability benefits under any plan sponsored by the Employer;
- (D) Any wages or salary paid to the Participant attributable to periods of time when the Participant is receiving benefits hereunder;
- (E) Retirement benefits under this or any other plan to which the Employer contributes; and
- (F) Benefits under the Social Security or Railroad Retirement Acts.

6.3 DETERMINATION OF DISABILITY BENEFITS BY PENSION COMMITTEE.

The Pension Committee shall utilize such outside professional counsel as it deems necessary to assist it in determining a Participant's initial and continuing eligibility for Disability benefits. The decision of the Pension Committee shall be final.

6.4 ELECTION AS TO FORM OF PAYMENT.

Prior to the commencement of Disability benefits to a Participant, he shall elect a form of payment option under Section 5.1 as if he were retiring and receiving a pension pursuant to Section 4.1. The election which he shall make shall also apply to any normal retirement benefits payable under the Plan after the cessation of his Disability benefits if he does not return to active employment with the Employer following such cessation of his Disability benefits; accordingly, the form of payment option elected by such a Participant under Section 5.1 may not thereafter be changed for any reason.

ARTICLE 7
VESTED BENEFITS AND DEATH BENEFITS

7.1 VESTED BENEFITS.

The following provisions shall apply to a Participant who terminates employment for any reason other than death or Disability prior to his Normal Retirement Date:

(A) Such Participant shall be vested in his accrued pension determined in accordance with Section 4.1 after the completion of 10 Years of Service. Credited Service bought back pursuant to Section 1.7(B) shall not be taken into account in determining whether a Participant has completed 10 Years of Service for vesting purposes.

(B) A Vested Participant shall commence receiving his accrued pension determined in accordance with Section 4.1 at his Normal Retirement Date. Alternatively, a Vested Participant may elect to receive, upon termination of employment, his contributions with Interest in full satisfaction of his claims against the Plan.

(C) A Participant who terminates employment for any reason other than death or Disability prior to his Normal Retirement Date and is not vested in any portion of his accrued pension benefit pursuant to Section 7.1(A), shall receive his contributions with Interest in full satisfaction of his claims against the Plan.

7.2 DEATH BENEFITS PRIOR TO RETIREMENT.

(A) The death benefit of a Participant, whether or not actively employed by the Town, who dies prior to his Normal Retirement Date but on or after the date he had completed 10 or more years of Credited Service, excluding Credited Service bought back pursuant to Section 1.7(B) and who is survived by a spouse, or eligible Dependent or Dependents, shall be as follows:

(1) If the Participant is survived by a spouse, the survivor shall be entitled to receive an annual benefit, payable in equal monthly installments, equal to the greater of Clauses (i) and (ii) below:

(a) 50% of the Participant's Average Final Compensation as of the date of his death. In the event the Participant has not completed 25 years of Credited Service to the date of his death, such benefit shall be reduced by 1-1/2% for each year of Credited Service less than 25 years (adjusted for completed months in excess of completed years).

(b) The monthly pension computed under Section 4.1 based on the Participant's years of Credited Service and monthly Average Final Compensation as of the date of his death.

In the event the surviving spouse is more than 5 years younger than the deceased Participant, the benefits determined under this Section 7.2(A)(1) shall be reduced by 1/6 of one 1% for each month his age is more than 5 years younger than the Participant's age.

This death benefit shall be payable to the surviving spouse for life.

(2) If the Participant is survived by one or more eligible Dependents but no spouse, the death benefit determined under Section 7.2(A)(1) (one benefit per family) shall be payable monthly pro rata to those of such eligible Dependents who are under 21 years of age until the youngest eligible Dependent reaches age 21.

Notwithstanding the preceding provisions of this Section 7.2(A), no such death benefit shall be less than the Actuarial Equivalent of such Participant's contributions, with Interest thereon to the date of such Participant's death.

(B) The death benefit of a Participant, whether or not actively employed by the Town, who dies prior to his Normal Retirement Date and

(1) On or after the date he had completed 10 or more years of Credited Service, excluding Credited Service bought back pursuant to Section 1.7(B), but who is not survived by a spouse, or eligible Dependent or Dependents; or

(2) Before the date he had completed 10 or more years of Credited Service, excluding Credited Service bought back pursuant to Section 1.7(B),

shall be an amount equal to such Participant's contributions, with Interest thereon to the date of such Participant's death. Such death benefit shall be paid to such Participant's Designated Beneficiary.

7.3 DEATH BENEFITS AFTER RETIREMENT.

No further benefits shall be payable on behalf of a Retiree after his death, except as may be provided under an optional benefit form elected in accordance with Article 5.

**ARTICLE 8
REQUIRED DISTRIBUTIONS**

8.1 GENERAL RULES.

The provisions of this Article 8 shall take precedence over any inconsistent provisions of the Plan.

All distributions required under this Article 8 shall be determined and made in accordance with the Treasury regulations under Code Section 401(a)(9).

8.2 TIME AND MANNER OF DISTRIBUTION.

(A) A Participant's entire vested interest in the Plan, as determined pursuant to Section 7.1(A), shall be distributed, or begin to be distributed, to him no later than his Required Beginning Date.

(B) If a Participant dies before distributions begin, his entire vested interest in the Plan shall be distributed, or begin to be distributed, no later than as follows:

(1) If such Participant's surviving spouse is his sole Designated Beneficiary, then distributions to such surviving spouse shall begin by December 31 of the calendar year immediately following the calendar year in which such Participant died, or by December 31 of the calendar year in which the Participant would have attained age 70-1/2, if later.

(2) If such Participant's surviving spouse is not his sole Designated Beneficiary, then distributions to his Designated Beneficiary shall begin by December 31 of the calendar year immediately following the calendar year in which such Participant died.

(3) If there is no Designated Beneficiary as of September 30 of the year following the year of such Participant's death, such Participant's entire vested interest in the Plan shall be distributed by December 31 of the calendar year containing the fifth anniversary of such Participant's death.

(4) If such Participant's surviving spouse is his sole Designated Beneficiary and such surviving spouse dies after such Participant but before distributions to such surviving spouse begin, this Section 8.2(B), other than Section 8.2(B)(1), shall apply as if the surviving spouse were the Participant.

For purposes of this Section 8.2(B) and Section 8.5, distributions shall be considered to begin on a Participant's Required Beginning Date, or if Section 8.2(B)(4) applies, the date distributions are required to begin to the surviving spouse under Section 8.2(B)(1). If annuity payments irrevocably commence to a Participant before his Required Beginning Date, or to his surviving spouse before the date distributions are required to begin to such surviving spouse under Section 8.2(B)(1), the date distributions shall be considered to begin is the date distributions actually commence.

Unless a Participant's vested interest in the Plan is distributed in the form of an annuity purchased from an insurance company or in a single sum on or before his Required Beginning Date, as of the first Distribution Calendar Year distributions shall be made in accordance with Sections 8.3, 8.4 and 8.5. If a Participant's interest is distributed in the form of an annuity purchased from an insurance company, distributions thereunder shall be made in accordance with the requirements of Code Section 401(a)(9) and the Treasury regulations.

8.3 DETERMINATION OF AMOUNT TO BE DISTRIBUTED EACH YEAR.

(A) If a Participant's interest is paid in the form of annuity distributions under the Plan, such distributions shall satisfy the following requirements:

(1) The annuity distributions shall be paid in periodic payments made at intervals not longer than one year;

(2) The distribution period shall be over a life (or lives) or over a period certain not longer than the period described in Sections 8.4 or 8.5;

(3) Once payments have begun over a period certain, the period certain shall not be changed even if the period certain is shorter than the maximum permitted; and

(4) Payments shall be non-increasing, or shall increase only to pay increased benefits that result from a Plan amendment.

(B) The amount which must be distributed on or before a Participant's Required Beginning Date, or if such Participant dies before distributions begin, the date distributions are required to begin under Sections 8.2(B)(1) or 8.2(B)(2), is the payment which is required for one Payment Interval. The second payment need not be made until the end of the next Payment Interval even if that Payment Interval ends in the next calendar year. All of a Participant's benefit accruals as of the last day of the first Distribution Calendar Year shall be included in the calculation of the amount of the annuity payments for Payment Intervals ending on or after his Required Beginning Date.

(C) Any additional benefits accruing to a Participant in a calendar year after the first Distribution Calendar Year shall be distributed beginning with the first Payment Interval ending in the calendar year immediately following the calendar year in which such amount accrues.

8.4 REQUIREMENTS FOR ANNUITY DISTRIBUTIONS COMMENCING DURING A PARTICIPANT'S LIFETIME.

If a Participant's vested interest in the Plan is being distributed in the form of a joint and survivor life annuity for the joint lives of the Participant and a non-spouse Joint Annuitant, annuity payments to be made on or after the Participant's Required Beginning Date to the Designated Beneficiary after the Participant's death must not at any time exceed the applicable percentage of the annuity payment for such period that would have been payable to the Participant using the table set forth in Q&A-2 of Treasury Regulation Section 1.401(a)(9)-6T.

8.5 REQUIREMENTS FOR MINIMUM DISTRIBUTIONS WHERE PARTICIPANT DIES BEFORE DATE DISTRIBUTIONS BEGIN.

(A) If a Participant dies before the date distribution of his vested interest in the Plan begins and there is a Designated Beneficiary, such Participant's entire vested interest shall be distributed, beginning no later than the time described in Sections 8.2(b)(1) or 8.2(b)(2), over the life of the Designated Beneficiary or over a period certain not exceeding:

(1) Unless the Annuity Starting Date is before the first distribution calendar year, the life expectancy of such Designated Beneficiary determined using his age as of his birthday in the calendar year immediately following the calendar year of such Participant's death; or

(2) If the Annuity Starting Date is before the first Distribution Calendar Year, the life expectancy of such Designated Beneficiary determined using his age as of his birthday in the calendar year which contains the Annuity Starting Date.

(B) If a Participant dies before the date distribution of his entire vested interest in the Plan begins and there is no Designated Beneficiary as of September 30 of the year following the year of such Participant's death, distribution of such Participant's entire vested interest in the Plan shall be completed by December 31 of the calendar year containing the fifth anniversary of such Participant's death.

(C) If a Participant dies before the date distribution of his entire vested interest in the Plan begins and his surviving spouse is the Participant's sole Designated Beneficiary, and such surviving spouse dies before distributions to such surviving spouse begin, this Section 8.5 shall apply as if such surviving spouse were the Participant, except that the time by which distributions must begin shall be determined without regard to Section 8.2(B)(1).

8.6 LIFE EXPECTANCY.

For purposes of this Article 8, life expectancy shall be computed by use of the Single Life Table in Treasury Regulation Section 1.401(a)(9)-9.

8.7 DEFINITIONS.

For purposes of Sections 8.1 to 8.6:

(A) "Annuity Starting Date" means: (1) The first day of the first period for which an amount is payable as an annuity or other distribution under the Plan; or (2) In the case of a benefit not payable in the form of an annuity, the first day on which all events have occurred which entitle the recipient to such benefit.

(B) "Designated Beneficiary" means the individual who is designated as the beneficiary under Section 1.6 of the Plan and is the "designated beneficiary" under Code Section 401(a)(9) and Treasury Regulation Section 1.401(a)(9)-4, Q&A-1.

(C) “Distribution Calendar Year” means a calendar year for which a minimum distribution is required under this Article 8. For distributions beginning before a Participant’s death, the first Distribution Calendar Year shall be the calendar year immediately preceding the calendar year which contains his Required Beginning Date. For distributions beginning after a Participant’s death, the first Distribution Calendar Year is the calendar year in which distributions are required to begin pursuant to Section 8.2(b).

(D) “Payment Intervals” means the periods for which payments are received, such as bi-monthly, monthly, semi-annually or annually.

(E) “Required Beginning Date” means, with respect to a Participant, April 1 of the calendar year following the later of (i) the calendar year in which such Participant attains age 70-1/2 or (ii) the calendar year in which such Participant retires. The benefit of a Participant which does not commence by April 1 of the calendar year following the calendar year in which he attains age 70-1/2 shall be actuarially increased for the period beginning April 1 of the calendar year following the calendar year in which he attains age 70-1/2 and ending on the date after retirement that his benefits commence in an amount sufficient to satisfy the requirements of Section 401(a)(9) of the Code. The amount of actuarial increase payable as of the end of such period shall equal the Actuarial Equivalent of such Participant’s pension benefit which would have been payable as of the date such actuarial increase must commence plus the Actuarial Equivalent of additional benefits accrued after such date, and reduced by the Actuarial Equivalent of any benefits paid after such date.

ARTICLE 9
CONTRIBUTIONS AND PENSION FUND

9.1 PARTICIPANT CONTRIBUTIONS.

(A) Each Employee eligible to participate shall be required as a condition of employment to make contributions to the Plan. Contributions so required are 4% of Compensation. Notwithstanding the preceding sentence, no contributions shall be required with respect to the time a Participant was a probationary Employee.

(B) In accordance with Section 414(h)(2) of the Code, the Employer shall “pick up” the contributions required of Participants hereunder, such that the contributions so picked up shall be considered contributions of the Employer rather than Participant contributions under the Code. Although such contributions are designated as Participant contributions, they shall be treated as being paid by the Employer in lieu of contributions by Participants. No Participant shall have the option of choosing to receive the contributed amounts directly instead of having them paid by the Employer to the Plan.

9.2 EMPLOYER CONTRIBUTIONS.

The Employer shall make such contributions to the Fund for each fiscal year to insure sufficient funds in the Plan to pay all benefits required to be paid by the Plan in that fiscal year.

9.3 PENSION FUND.

Contributions of Participants and the Employer together with any transferred from any other plan or paid into the Plan in accordance with Section 1.7 shall be placed in a trust, referred to hereunder as the “Pension Fund,” to be administered and invested by the Pension Committee or its designated agents in accordance with the terms and provisions of the Plan.

9.4 RESTORATION OF FORFEITURE.

The accrued pension attributable to a terminated Participant shall be restored if such Participant:

(A) Resumes employment with the Employer before the expiration of:

- (1) In the case of layoff, 5 years; or
- (2) In the case of Approved Absence, one year; or
- (3) In the case of termination due to other non-voluntary causes, or to voluntary causes, 5 years from the date of his termination; and

(B) Repays to the Plan, within the first 12 months following reemployment, or within the first 12 months of a revision of this Section 9.4 which would permit, for the first time, restoration of accrued pension to a current employee, the full amount of the total distributions

received pursuant to Section 7.1(B), together with Interest from the date of the distribution to such Participant, to the date of repayment to the Plan by him.

ARTICLE 10
ALIENATION, FACILITY OF PAYMENT AND REEMPLOYMENT

10.1 ALIENATION.

Except as may be contrary to the laws of the United States or any state having jurisdiction in the premises:

(A) No pension or benefit payable at any time under the Plan shall be subject in any manner to alienation, sale, transfer, assignment, pledge, attachment or encumbrance of any kind. Any attempt to alienate, sell, transfer, assign, pledge or otherwise encumber any such pension or benefit, whether presently or thereafter payable, shall be void. No pension or benefit, nor the Plan nor Fund shall, in any manner, be liable for or subject to the debts or liability of any Participant or Retiree or of any Joint Annuitant, surviving spouse or Designated Beneficiary.

(B) If any Participant, Retiree, Joint Annuitant, surviving spouse or Designated Beneficiary shall attempt to, or shall, alienate, sell, transfer, assign, pledge, or otherwise encumber his benefits under the Plan or any part thereof, or if by reason of his bankruptcy or other event happening at any time, such benefit would devolve upon anyone else or would not be enjoyed by such Participant, Retiree or Joint Annuitant, surviving spouse or Designated Beneficiary, then the Pension Committee, in its sole discretion may terminate his interest in any such benefit and hold or apply it to or for the benefit of such person, his spouse or children or any of them, in such manner as the Pension Committee, in its sole discretion, may deem proper.

10.2 FACILITY OF PAYMENT.

If the Pension Committee finds that any person to whom a pension or benefit is payable under the Plan is adjudged incompetent or is a minor, then any payment due shall be made payable to the duly appointed guardian, committee or other court appointed representative upon receipt of a valid release. Any such payment shall be a valid and complete discharge of any liability under the Plan in respect of the amount of pension or benefit so paid.

10.3 SUSPENSION OF BENEFITS.

No Participant shall be eligible for any pension benefit payment under this Plan while in the employ of the Employer.

**ARTICLE 11
ADMINISTRATION OF PLAN**

11.1 PENSION COMMITTEE.

(A) The general management and administration of the Plan shall be the responsibility of the Pension Committee.

(B) No person shall act as a member of the Pension Committee unless notice of his appointment has been given in writing by the appointing party to the Pension Committee and the other party.

(C) The Employer may at any time remove for cause a member of the Pension Committee appointed by it, by giving written notice of such action to the Pension Committee and the other party.

(D) Any member of the Pension Committee may resign by written notification of his resignation to the Pension Committee.

11.2 MEETINGS OF PENSION COMMITTEE.

(A) The Pension Committee shall meet at such time and for such periods for the transaction of necessary business as they may decide. All such meetings shall be at the determination of the Pension Committee.

(B) To constitute a quorum for the transaction of business, the attendance of a majority of the members of the Pension Committee shall be required. Decisions of the Pension Committee shall be made only by the concurring vote of a majority of all the members present.

11.3 COMPENSATION OF PENSION COMMITTEE

The members of the Pension Committee shall receive no compensation from the Pension Fund for any services performed hereunder, but shall be entitled to reimbursement for any reasonable expenses incurred in the performance of their duties.

11.4 AUTHORITY, POWERS AND DUTIES OF PENSION COMMITTEE.

(A) The Pension Committee shall have such powers as are necessary and proper for the administration of the Plan including, but not limited to the following:

(1) To promulgate and establish the rules, regulations and procedures dealing with applications for benefits, determination of eligibility, calculation of benefit amounts and authorization of benefit payments;

(2) To interpret and apply the various provisions of the Plan, which shall be final and binding on Participants, Retirees, Joint Annuitants, surviving spouses and Designated Beneficiaries;

(3) To request of the Town to retain (i) an Actuary for purposes of examining into the actuarial soundness of the Plan, assisting the parties in the establishment of pension benefits, and aid in determining specific questions of individual benefits; (ii) legal counsel to advise the Pension Committee concerning legal issues arising under the Plan; and (iii) investment advisors in connection with the investment of the assets of the Pension Fund;

(4) To request direction from the First Selectman or First Selectwoman, and on receipt of such direction in writing, the Pension Committee shall be entitled to rely and act thereon;

(5) To pay or authorize payment from the Pension Fund all reasonable expenses of administering the Plan, including, but not limited to, all expenses which may be incurred in connection with the establishment of the Plan, the purchase or lease of such office space, materials, supplies and equipment, and the employment of such administrative, legal, expert and clerical assistance as the Pension Committee, in its discretion, finds necessary or appropriate in the performance of its duties;

(6) To delegate any ministerial powers or duties to any agent or employee engaged by the Pension Committee, or to any employee of the Town, or to any one or more of the members of the Pension Committee;

(7) To issue to any Participant upon his request a statement of his standing showing the amount of his contributions, Credited Service and such other pertinent data as the Pension Committee deems proper;

(8) To hear and determine any claims or complaints relating to the administration of the Plan pursuant to Section 11.7;

(9) To advise and inform the Employer as to the details of the administration of the Plan;

(10) To monitor the performance of the Pension Fund; and

(11) To issue directions to its agents as appointed by the Pension Committee pursuant to Section 9.3 as to the making of retirement benefit payments, refunds of contributions, and payment of the expense of administration of the Plan.

(B) The Pension Committee shall maintain accounts showing the fiscal transactions of the Plan, and shall keep in convenient form such data as may be necessary for determination of benefits and actuarial valuations of the assets and liabilities of the Plan;

(C) After considering the recommendations of the Actuary, the Pension Committee shall, from time to time, adopt actuarial tables to be used as the basis for all actuarial calculations. The Actuary shall, as an aid to the Pension Committee in adopting tables and in recommending the contributions payable by the Town to the Plan, make periodic actuarial valuations of the assets and liabilities of the Plan and shall certify to the Pension Committee the recommended tables and rates of contributions.

11.5 MODIFICATION OF PLAN.

The Pension Committee shall have no power to change or modify any provisions of the Plan, except as provided in Section 11.4(A)(4).

11.6 PROTECTION OF PENSION COMMITTEE.

(A) The Pension Committee and each individual member thereof shall be fully protected in acting upon any instrument, certificate, or paper believed by them to be genuine and to be signed or presented by the proper person or persons, and shall be under no duty to make any investigation or inquiry as to any statement contained in any such writing, but may accept the same as conclusive evidence of the truth and accuracy of the statements therein contained. The Pension Committee shall be entitled to rely upon all tables, valuations, certificates and reports furnished by the Actuary; upon all certificates and reports made by any duly appointed advisors acting in the areas of their respective professional expertise and upon all opinions, advises, and certifications given by any duly appointed legal counsel. The Pension Committee and each member thereof shall be fully protected, to the extent permitted by law, against any action taken in good faith in reliance upon any such tables, valuations, certificates, reports, opinions or advises. All actions so taken shall be conclusive upon each of them and upon all persons having any interest under the Plan. No member of the Pension Committee shall be personally liable by virtue of any instrument executed by him or on his behalf as a member of the Pension Committee, or for any mistake or judgment made by himself or any other member thereof or for any neglect, omission or wrongdoing of any other member to the extent permitted by law. Each member of the Pension Committee shall be indemnified by the Plan against expenses reasonably incurred by him in connection with any action to which he may be a party by reason of his membership on the Pension Committee except in relation to matters as to which he shall be adjudged in such action to be liable for gross negligence or willful misconduct in the performance of his duty as a member of the Pension Committee. The foregoing right of indemnification shall be in addition to any other rights to which the Pension Committee may be entitled as a matter of law.

(B) The Pension Committee may from time to time consult with legal counsel and shall be fully protected in acting and relying upon advice of such counsel to the extent permitted by law.

(C) The cost and expenses of any action, suit or proceeding brought by or against the Pension Committee or any of the members thereof (including counsel fees) may be paid from the Pension Fund, except in relation to matters as to which it shall be adjudged in such action, suit or proceeding, that such member of the Pension Committee was acting in bad faith in the performance of his duties hereunder.

(D) The Pension Committee shall not be bound by any notice, direction, requisition, advice or request, unless and until it shall have been received by the Pension Committee.

(E) The Pension Committee may seek judicial protection by any action or proceeding it may deem necessary to settle its accounts, or to obtain a judicial determination or

declaratory judgment as to any question of construction of the Plan or instructions as to any action thereunder.

(F) No person, partnership, corporation or association dealing with the Pension Committee shall be obliged to see to the application of any funds, securities or other property paid or delivered to the Pension Committee as a purchase price or otherwise, or to see that the terms of the Plan have been complied with, or be obliged to inquire into the authority of the Pension Committee, or the necessity or expediency of any act of the Pension Committee, and every instrument effected by the Pension Committee shall be conclusive in favor of any person, partnership, corporation or association relying thereon that:

(1) At the time of the delivery of said instrument the Plan was in full force and effect; and

(2) Said instrument was effected in accordance with the terms and conditions of the Plan; and

(3) The Pension Committee was duly authorized and empowered to execute such instrument.

11.7 REVIEW PROCEDURES OF PENSION COMMITTEE.

(A) Upon the Pension Committee's receipt of a written request for benefits under the Plan as filed by a Participant (or claimant who is a surviving spouse, Joint Annuitant or Designated Beneficiary) on a form furnished for that purpose, the Pension Committee shall act thereon in accordance with the following:

(1) In the event the Pension Committee approves the request, the Participant (or other claimant) shall be so notified within a period not to exceed 90 days from the date of the Participant's (or claimant's) filing of the request; or

(2) In the event the Pension Committee denies the request, in whole or in part, the Participant (or other claimant) shall be so notified by the Pension Committee within a period not to exceed 90 days from the date of the filing of the request by the Participant (or other claimant).

(B) The notice of denial by the Pension Committee shall set forth the reasons for the denial of the request for benefits, citing:

(1) The pertinent provisions of the Plan;

(2) Any interpretation or rule relied upon by the Pension Committee in making its decision;

(3) A description of any additional material or reason required in connection with the request and the reasons therefor;

(4) The right of the Participant (or other claimant) to inspect Plan documents pertinent to the request; and/or

(5) A description of the steps which may be taken by the Participant (or other claimant) to obtain a review of the denial.

11.8 FINAL AND BINDING DECISIONS OF PENSION COMMITTEE.

All decisions of the Pension Committee, including all those made in the interpretation and administration of the Plan, shall be conclusive, final and binding upon all Participants, Retirees, Joint Annuitants, surviving spouses and Designated Beneficiaries. No Participant, Retiree or other person shall have or acquire any right, title or interest in or to the Pension Fund or any portion of the Pension Fund, except by the actual payment or distribution of a portion of the Pension Fund to him under the provisions of the Plan. The determination of the Pension Committee as to the identity of the proper payee of any benefit under the Plan and the amount of such benefit properly payable shall be conclusive, and payment in accordance with such determination shall constitute a complete discharge of all obligations on account of such benefit. Any action to stay, confirm, set aside or modify a decision hereunder shall be brought in the courts of the State of Connecticut.

ARTICLE 12
RETIREE MEDICAL EXPENSES

12.1 EFFECTIVE DATE.

This Article 12 shall apply to Medical Expenses incurred on or after the date specified by resolution of the Pension Committee for implementation of this Article 12.

12.2 PAYMENT OF RETIREE MEDICAL EXPENSES.

The Plan may provide for the payment of any or all Medical Expenses of Retirees and their spouses and eligible Dependents in accordance with Code Section 401(h). Payments will occur within a reasonable time after a Claimant has submitted a claim for payment under the Medical Plan.

12.3 SEPARATE ACCOUNT.

A separate account shall be established and maintained under the Plan with respect to contributions to fund Medical Expenses under the arrangement set forth in this Article 12. Such contributions shall come from the Employer and from Retirees and spouses and eligible Dependents. Such separate account shall be for recordkeeping purposes only, and the Trust Funds allocated to such account need not be separately invested. The Employer's contributions to such separate account shall be reasonable and ascertainable and at the time a contribution to the Plan is made by the Employer, the Employer shall designate that portion of such contribution which is allocable to the funding of Medical Expenses. The aggregate actual contributions to the Plan for Medical Expenses shall not exceed 25% of the total actual contributions to the Plan (other than contributions to fund past service credits) after the date this Article 12 is implemented. It shall be impossible, at any time prior to the satisfaction of all liabilities under the Plan to provide Medical Expenses, for any part of the principal or income of such separate account to be (within the taxable year or thereafter) used for, or diverted to, any purpose other than the providing of Medical Expenses. Notwithstanding the provisions of Section 401(h)(2) of the Code, upon the satisfaction of all liabilities under the Plan to provide Medical Expenses, any amount remaining in such separate account shall be returned to the Employer.

12.4 KEY EMPLOYEE.

In the case of a Retiree who is a "key employee," within the meaning of Section 416(i) of the Code, at any time during the Plan Year or any preceding Plan Year during which contributions were made by the Employer on behalf of him or his spouse and eligible Dependents, if any, a separate account shall be established and maintained for Medical Expenses payable to him (and his spouse and eligible Dependents, if any) and such benefits (to the extent attributable to Plan Years beginning after March 31, 1984, for which such Retiree is a "key employee") shall only be payable to or on behalf of such Retiree (and his spouse and eligible Dependents, if any) from such separate account.

12.5 CO-ORDINATION WITH OTHER COVERAGE.

If Medical Expenses are paid from other sources as well as from the Plan, the benefits payable from the Plan shall be paid before any other sources are used.

12.6 USE OF FORFEITURES.

In the event an individual's interest in such separate account shall be forfeited prior to the termination of the Plan, an amount equal to the amount of such forfeiture shall be applied as soon as possible to reduce the Employer's contributions to the Plan to fund Medical Expenses.

12.7 EXCESS PENSION ASSETS.

There may be transferred to the separate account referred in Section 12.3 "excess pension assets" of the Plan, within the meaning of Section 420(e)(2) of the Code, subject to the following provisions:

- (A) Only one transfer may be made in a taxable year of the Employer.
- (B) The amount transferred shall not exceed the amount which is reasonably estimated to be the amount the Employer will pay out (whether directly or through reimbursement) of such separate account during the taxable year of the transfer for "qualified current retiree health liabilities," within the meaning of Code Section 420(e)(1).
- (C) No such transfer shall be made after December 31, 2013.
- (D) Any assets transferred, and any income allocable to such assets, shall be used only to pay "qualified current retiree health liabilities" for the taxable year of transfer.
- (E) Any amounts transferred to such separate account (and income attributable to such amounts) which are not used to pay "qualified current retiree health liabilities" shall be transferred back to the defined benefit portion of the Plan.
- (F) Amounts paid out of such separate account shall be treated as paid first out of transferred assets and income attributable to such assets.
- (G) The accrued pension benefits for Participants and Beneficiaries of the Plan shall become nonforfeitable as if the Plan had terminated immediately prior to the transfer (or in the case of a Participant who separated during the one-year period ending on the date of transfer immediately before such separation).
- (H) A transfer will be permitted only if the Medical Plan provides that the "applicable employer cost" for each taxable year during the "cost maintenance period" shall not be less than the higher of the "applicable employer costs" for each of the two taxable years immediately preceding the taxable year of the "qualified transfer" within the meaning of Code Section 420(b)(1). For purposes of the preceding sentence:

(1) The term “applicable employer cost” means, with respect to any taxable year, the amount determined by dividing

(a) The “qualified current retiree health liabilities,” within the meaning of Code Section 420(e)(1)(A), of the Employer for such taxable year determined (I) without regard to any reduction under Code Section 420 (e)(1)(B), and (II) in the case of a taxable year in which there was no “qualified transfer,” in the same manner as if there had been such a transfer at the end of the taxable year,

by

(b) The number of individuals to whom coverage for “applicable health benefits,” within the meaning of Code Section 420(e)(1)(C), was provided during such taxable year.

(2) The term “cost maintenance period” means the period of five taxable years beginning with the taxable year in which the “qualified transfer” occurs. If a taxable year is in two or more overlapping “cost maintenance periods,” the preceding sentence shall be applied by taking into account the highest “applicable employer cost” required to be taken into account for purposes of the first sentence of Section 12.7(h) for such taxable year.

(I) The requirements of Code Section 420(c)(3) shall be satisfied separately with respect to individuals eligible for benefits under Title XVIII of the Social Security Act at any time during the taxable year and with respect to individuals not so eligible.

(J) Transferred assets may not be used to provide Medical Expenses for “key employees” and their spouses and eligible Dependents, if any.

12.8 DEFINITIONS.

As used in this Article 12, the following terms shall have the meanings indicated:

(A) “Claimant” means a Retiree, or his spouse or eligible Dependent child, who has submitted a claim for benefits under the Medical Plan.

(B) “Medical Expense” means an expense which is payable under the Medical Plan and which is an expense for “medical care” under Code Section 213(d)(1).

(C) “Medical Plan” means the plan or plans maintained by the Town, pursuant to which Retirees and their spouses and eligible Dependents receive medical, prescription drug and dental benefits.

12.9 ANNUAL LIMITATIONS.

For any Limitation Year, the Annual Additions on behalf of any Participant shall not exceed, in the aggregate, the lesser of (i) 100% of such Participant’s Compensation for such Limitation Year; or (ii) \$40,000, subject to cost-of-living adjustments under Section

415(d)(1)(C) of the Code. The term "Annual Addition" shall mean, for purposes of this Section 12.9, the sum of the following:

(A) Employer contributions allocable to such Participant for such Limitation Year under any qualified defined contribution plan maintained by the Employer;

(B) Forfeitures, if any, allocable to such person for such Limitation Year under any qualified defined contribution plan maintained by the Employer;

(C) Such person's voluntary non-deductible contributions under any other qualified plan of the Employer for such Limitation Year;

(D) Amounts allocated, after March 31, 1984, to an individual medical account, as defined in Section 415(1)(2) of the Code, which is part of a pension or annuity plan maintained by the Employer; and

(E) Amounts derived from contributions paid or accrued after December 31, 1985, in taxable years ending after said date, which are attributable to post-retirement medical benefits allocated to the separate account of such Participant, under a welfare benefit fund, as defined in Section 419(e) of the Code, maintained by the Employer.

The term "Compensation," for purposes of this Section 12.9, shall mean "Compensation" within the meaning of Section 1.6(B) of the Plan.

**ARTICLE 13
AMENDMENT, TERMINATION, BENEFIT LIMITATIONS, MERGER AND
APPROVAL OF PLAN**

13.1 AMENDMENT OF PLAN.

Only upon the previously written direction from the Town, or to the extent required by any applicable statute, may the Pension Committee revoke, modify, alter or amend the Plan, provided, however, that the Pension Committee shall not be required to adopt any amendment which would conflict with any applicable state or federal legislation or regulation. No amendment shall increase the duties or responsibilities of the Pension Committee without their consent thereto in writing. No amendment shall have the effect of revesting the Employer, in whole or in part, in any of the assets of the Plan or of diverting any part of the assets to purposes other than for the exclusive benefit of the Participants, Joint Annuitants, surviving spouses, and Designated Beneficiaries at any time prior to the satisfaction of all the liabilities under the Plan with respect to such persons. No amendment shall reduce the amount of, or restrict the payment of, vested benefits accrued hereunder prior to the effective date of such amendment, and for this purpose only, vested benefits accrued as of such date shall be deemed to be those payable from the Pension Fund as then constituted in the event each Participant terminated employment on the day immediately preceding the effective date of the amendment.

13.2 TERMINATION OR PARTIAL TERMINATION OF PLAN.

The Plan is voluntary on the part of the Employer. The Employer reserves the right to terminate the Plan, in whole or in part, or the Pension Fund, or both, and to suspend, reduce or discontinue contributions at any time. Upon termination of the Plan, or upon the complete discontinuance of contributions, the accrued benefits of Participants to the date of such termination or discontinuance shall be nonforfeitable to the extent then funded.

13.3 ALLOCATION OF ASSETS UPON PLAN TERMINATION.

(A) In the event of the termination of the Plan, the Pension Committee, after reserving an amount sufficient to pay all expenses of the Plan and Agreement and Declaration of Trust, shall allocate all assets of the Plan or their proceeds in order of preference as hereinafter set forth (but only to the extent that an individual's pension benefit is not fully funded):

(1) The portion derived from a Participant's own contributions, with Interest (if any).

(2) In the case of the pension benefit of a Participant, Joint Annuitant, surviving spouse or Designated Beneficiary, the benefit which was in pay status as of the date of such termination.

(3) To provide benefits to Participants who were eligible to retire in accordance with Article 3 as of the date of such termination.

(4) To all other vested pension benefits (if any) under the Plan.

(5) To all other nonforfeitable pension benefits under the Plan.

(B) If the assets in the Pension Fund applicable to any of the categories listed in Section 13.3(A) are insufficient to provide for all persons listed in such categories, then the assets shall be allocated among those persons in the last category to which the assets are available in the same proportion which the present value, as determined by the Actuary, of each person's benefit bears to the present value of all benefits attributable to that category.

13.4 INVALID PROVISIONS.

If any provision of the Plan is held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provisions hereof, and the Plan shall be construed and enforced as if such invalid or unenforceable provisions had not been included.

13.5 NO GUARANTY OF EMPLOYMENT; EFFECT OF DENIAL OF BENEFITS.

The Employer, in establishing and maintaining this Plan, assumes no responsibility or liability for continued employment of the Participants hereunder. In the event of any denial of benefits hereunder, the Employer shall be held blameless.

13.6 USAGE.

Wherever any words are used herein in the masculine gender they shall be construed as though they were also in the feminine gender, in all cases where they would so apply. Wherever any words are used herein in the singular form, they shall be construed as though they were used in the plural form, and vice versa, in all cases where they would so apply.

Dated this ___ day of _____, 2019.

THE TOWN OF WESTPORT,
CONNECTICUT

By _____
Jim Marpe
First Selectman

The above and foregoing is a true and attested copy of the RETIREMENT PLAN FOR NON-UNION AND NON-SUPERVISORY EMPLOYEES OF THE TOWN OF WESTPORT, CONNECTICUT as amended and restated effective as of July 1, 2019.

Attest: _____
Patricia Strauss
Town Clerk