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2022 JUN 17 A 11:39

Donna Laich
BRANFORD TOWN CLERK

Representative Town Meeting
June 8, 2022
Meeting Minutes

Moderator: Dennis Flanigan	Clerk: Donna Laich
Majority Leader: Ray Ingraham	Minority Leader: Tracy Everson

The RTM convened on Wednesday, June 8, 2022 at 8:00 p.m. at Branford Fire Headquarters, 45 North Main Street, to consider and act upon the following matters:

1. Roll Call:

Representatives present: Amore, Anderson, Barron, Black, Bonenberger, Brooks, Everson, Erlanger, Flanigan, Hentschel, Hynes, Ingraham, Kelly, Laich, Maresca (zoom), Prete, Shrestha, Sires, Stepanek, Sullivan, Torelli (zoom), Twohill, Verderame, Witkowski (zoom), Wells.

Representatives absent: Alfone, Conklin, Greenberg, Healy, and Riccio.

Ex Officios present: 1st Selectman Cosgrove, Clerk Arpin

2. Approval of the minutes of the previous meeting:

Rep. Ingraham made a motion to approve the minutes of the April RTM meeting, 2nd by Rep Prete. The minutes were unanimously approved.

3. Reception of communications, reports of committees, and citizen petitions:

Representative Laich, RTM clerk, read a letter from Representative Sullivan regarding a request for continued availability of online meetings with written procedures regarding virtual meetings (see attached letter).

4. To consider, and if appropriate, approve changing the position of Branford Tax Collector from an elected official to an appointed position:

Rep. Black asked to re-refer this item as it was not heard in committee due to the lack of a quorum at their last committee meeting. The motion to re-refer was 2nd by Rep. Sullivan and approved unanimously in a voice vote.

5. To consider, and if appropriate, approve the recommendation of the Board of Finance that the RTM evaluate the request to fund the positions of Registrar of Voters on a full-time basis beginning January 1, 2023 for each year of their two-year term of office at a rate of pay recommended by the Human Resources Department and approved by the RTM. This recommendation will be made pursuant to an analysis of the department's operations and staffing requirements:

Rep. Verderame reported the Administrative Services committee met and voted unanimously to re-fer this item. She motioned for approval; the item was unanimously re-referred in a voice vote.

6. **To consider, and if appropriate, approve a “Third Amendment to Lease” agreement between the Town of Branford and J&J Blasting for an additional three-year lease extension:**

Rep. Verderame gave a brief description of the lease extension and moved for approval. The lease extension was approved with 1 abstention in a voice vote.
7. **To consider, and if appropriate, approve an “Amendment to Lease” agreement between the Town of Branford and Zambelli Fireworks for an additional three-year lease extension:**

Rep. Verderame gave a brief summary of this lease extension. She stated it passed committee 6-1 and moved for approval. Rep. Everson presented a minority report with concerns related to public safety. Moderator Flanigan noted that Zambelli was not awarded the contract for the Branford Fireworks this year. This item passed (1 no) in a voice vote.
8. **To consider, and if appropriate, adjust to align with Connecticut’s Constitution rule A236-2. RTM Clerk Rule 2.2 dealing with absences of RTM member:**

Rep. Black summarized the current rule and the reasons for asking to repeal this rule. He stated the repeal of this rule passed unanimously at a special Rules and Ordinances committee meeting and moved the item for approval. After brief concerns voiced by Rep. Sullivan, the repeal of this rule passed unanimously in a voice vote.
9. **To consider, and if appropriate, approve the Town of Branford participating in the Neighborhood Assistance Tax Credit Program:**

Rep. Verderame reported that this item passed unanimously in committee. The item includes applications from CT. Hospice and the Community Dining Room. After brief comments from RTM representatives, the motion to approve each application individually passed with 1 abstention, in a voice vote.
10. **Any other business to come before the RTM:**
 - a. Rep. Twohill mentioned the recent fire at Branford Building Supplies. He praised the Branford Fire Department and all the volunteers (from a variety of towns) for an excellent job. The main building is now open thanks to the quick response.
 - b. Rep. Ingraham asked for a moment of silence for Vinny Thomas (U.S. Veteran).
 - c. Rep. Prete stated that the Blackstone Library will be hosting a birthday party on June 25th on the library grounds for the it’s 125th birthday. All are welcome.
 - d. Rep. Brooks referred to Rep. Sullivan’s letter read today regarding virtual meetings and hopes that future meetings scheduled will be respectful of everyone’s time.
 - e. Rep. Everson reminded people that although 2.5 million dollars from ARPA funds have been already committed to projects, 5 million dollars remain. She encouraged residents to voice requests for ideas on how to best use these funds.
 - f. Resident Jerolman commented on his concerns with the recent approval of the Board of Education budget by the RTM. He suggested the RTM hold a confidence/no confidence vote in order to send an accurate message to the Board of Education. Moderator Flanigan stated the RTM will not hold a vote and this is not under the jurisdiction of the RTM.
 - g. The moderator reminded us that June is dog licensing month. He also reminded us the Branford Festival is on for Father’s Day weekend.

11. Adjournment - 8:32

Motion to adjourn by Rep. Ingraham, 2nd by Rep. Torelli. The motion passed unanimously in a voice vote.

AMENDMENT TO LEASE

THIS AMENDMENT TO LEASE ("Amendment") dated as of _____, 2022 by and between TOWN OF BRANFORD, a Connecticut municipality, having an address of 1019 Main Street, Branford, CT 06405 ("Landlord"), and ZAMBELLI FIREWORKS, a Pennsylvania Corporation, with a principal business address of 120 Marshall Drive, Warrendale, Pennsylvania ("Tenant").

WHEREAS, Landlord and Tenant entered into a certain lease dated May 25, 2021 (the "Lease") for the use and occupancy of a certain piece and parcel of real property known as Stony Creek Quarry and more particularly described in Exhibit A to the Lease for a term (the "Term") commencing on May 14, 2021 (the "Commencement Date") and ending at 12 o'clock midnight May 14, 2022;

WHEREAS, the parties now wish to amend the Lease to provide for a renewal term of three (3) additional years on the same terms and conditions included in the Lease as provided for in Section 3.2 of the Lease and to eliminate the provision providing for additional renewal terms.

NOW, THEREFORE, the parties agree as follows:

1. Landlord and Tenant agree that the Term of the Amended Lease shall be extended for a period of three (3) years, commencing on May 14, 2022 (the "Renewal Term Commencement Date") and expiring on May 14, 2025 (the "Expiration Date").

2. Section 3.1 of the Lease is hereby deleted

3. Except as specifically set forth in this Amendment, all terms used in this Amendment shall have the meanings ascribed to them in the Amended Lease.

4. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one instrument. Signature pages may be detached from multiple separate counterparts and attached to a single counterpart so that all signature pages are physically attached to the same document. Facsimile signatures and electronic signatures shall be deemed to be original signatures and pdf electronic transmissions of any executed counterpart of this Amendment and/or retransmission of any executed facsimile or pdf electronic transmission shall be deemed to be the same as the delivery of an executed original. This Amendment shall not be effective unless and until it has been executed by all of the parties hereto.

Except to the extent modified herein, the Lease between the parties dated May 25, 2021, is hereby ratified and shall remain in full force and effect.

IN WITNESS WHEREOF, Landlord and Tenant have respectively signed and sealed this Second Amendment to Lease as of the ____ day of _____, 2022

Witnessed as to Landlord by:

LANDLORD
TOWN OF BRANFORD

By: _____
James B. Cosgrove
Its First Selectman
Duly Authorized

James B. Cosgrove
BRANFORD TOWN CLERK

2022 MAY -6 A 10:07

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Witnessed as to Tenant by:

TENANT
ZAMBELLI, FIREWORKS

By: _____

Its _____
Duly Authorized

STATE OF CONNECTICUT)
)
COUNTY OF NEW HAVEN) ss: Branford _____, 2022

Personally appeared, James B. Cosgrove, First Selectman of the Town of Branford, signer and sealer of the foregoing instrument and acknowledged the same to be his free act and deed.

Commissioner of the Superior Court/
Notary Public
My Commission Expires:

STATE OF CONNECTICUT)
)
COUNTY OF NEW HAVEN) ss: Branford _____, 2022

Personally appeared, _____, _____ of, Zambelli Fireworks, signer and sealer of the foregoing instrument, and acknowledged the same to be his free act and deed as such.

Commissioner of the Superior Court/
Notary Public
My Commission Expires:

SECOND AMENDMENT TO LEASE

THIS SECOND AMENDMENT TO LEASE ("Second Amendment") dated as of June ^{October} ~~15~~ 2018 by and between TOWN OF BRANFORD, a Connecticut municipality, having an address of 1019 Main Street, Branford, CT 06405 ("Landlord"), and J&J BLASTING CORPORATION, a Connecticut corporation, with a principal business address of ~~144~~ ¹³⁵ Duck Hole Road, Madison, CT 06443 ("Tenant").

WHEREAS, Landlord and Tenant entered into a certain lease dated November 6, 2012 (the "Lease") for the use and occupancy of a certain piece and parcel of real property known as Stony Creek Quarry and more particularly described in Exhibit A to the Lease for a term (the "Term") commencing on July 1, 2012 (the "Commencement Date") and ending at 12 o'clock midnight three (3) years after the Commencement Date on June 30, 2015;

WHEREAS, the parties entered into an Amendment to Lease dated November 24, 2015 (the "First Amendment"), pursuant to which Section 3.2 of the Lease was deleted in its entirety and the term of the Lease was extended for a three-year period commencing on July 1, 2015 and expiring on June 31, 2018. The Lease, as amended by the First Amendment is referred to herein as the "Amended Lease".

WHEREAS, the parties now wish to enter into a second amendment to the Lease in order to extend the term for three (3) additional years on the same terms and conditions included in the Amended Lease.

NOW, THEREFORE, the parties agree as follows:

1. Landlord and Tenant agree that the Term of the Amended Lease shall be extended for a period of three (3) years, commencing on July 1, 2018 (the "Renewal Term Commencement Date") and expiring on June 30, 2021 (the "Expiration Date").

2. At the end of Section 3.1 Term, after "2015" and before the period, insert the following. "; provided, however, that the parties hereto may by mutual agreement extend the Term (or any extended term) for periods not to exceed three (3) years."

3. Except as specifically set forth in this Amendment, all terms used in this Amendment shall have the meanings ascribed to them in the Amended Lease.

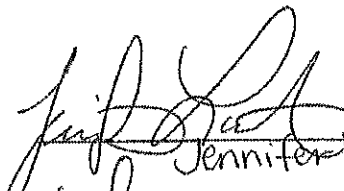
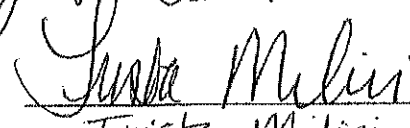
4. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one instrument. Signature pages may be detached from multiple separate counterparts and attached to a single counterpart so that all signature pages are physically attached to the same document. Facsimile signatures and electronic signatures shall be deemed to be original signatures and pdf electronic transmissions of any executed counterpart of this Amendment and/or retransmission of any executed facsimile or pdf electronic transmission shall be deemed to be the same as the delivery of an executed original. This Amendment shall not be effective unless and until it has been executed by all of the parties hereto.

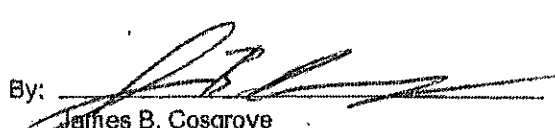
Except to the extent modified herein, the Lease between the parties dated November 6, 2012, is hereby ratified and shall remain in full force and effect.

IN WITNESS WHEREOF, Landlord and Tenant have respectively signed and sealed this Second Amendment to Lease as of the ^{October} ~~15~~ day of June, ~~2018~~.

Witnessed as to Landlord by:

LANDLORD
TOWN OF BRANFORD


Jennifer Lawler

Trista Milici

By: 
James B. Cosgrove
Its First Selectman
Duly Authorized

Witnessed as to Landlord by:

TENANT
J&J BLASTING CORPORATION

Tatiana Bicutelli
Tatiana Bicutelli

By: JEROME E Cox
Its PRES
Duly Authorized

William Frank
William Frank

STATE OF CONNECTICUT)
) ss: Branford
COUNTY OF NEW HAVEN)

October
June 15, 2018

Personally appeared, James B. Cosgrove, First Selectman of the Town of Branford, signer and sealer of the foregoing Instrument and acknowledged the same to be her free act and deed as such Manager and the free act and deed of the limited liability company, before me.

Trista Milici
Commissioner of the Superior Court
Notary Public
My Commission Expires:
TRISTA MILICI
NOTARY PUBLIC

STATE OF CONNECTICUT)
) ss: Branford
COUNTY OF NEW HAVEN)

STATE OF CONNECTICUT Oct 10 2018
MY COMMISSION EXPIRES MAY 31, 2023
June, 2018

Personally appeared, JEROME E Cox, PRES of J&J Blasting Corporation, signer and sealer of the foregoing instrument, and acknowledged the same to be his free act and deed as such Manager and the free act and deed of the limited liability company, before me.

Kristen M Kilbride
Commissioner of the Superior Court/
Notary Public
My Commission Expires:

KRISTEN M. KILBRIDE
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 1/31/2021

Lisa Arpin

From: Trista Milici
Sent: Thursday, May 5, 2022 4:56 PM
To: Dennis Flanigan; Donna Laich
Cc: Lisa Arpin
Subject: Referral Zambelli Lease Extension
Attachments: Zambelli - Amendment to Lease 2022-2025 Final DRAFT.pdf; Zambelli Lease 2021-2022 Executed.pdf

Good afternoon Dennis,

Please see the attached memo from First Selectman Cosgrove requesting a referral for the Amendment to Lease Agreement between the town and Zambelli Fireworks. The current lease expires this month. The amendment is for a three year extension on the current lease agreement.

Attached please find a copy of the 2021-2022 lease and the proposed amendment.

Thank you.

T

*Trista Milici, Executive Assistant
Selectman's Office
Town of Branford
P.O. Box 150
Branford, CT 06405
203-315-0620 direct*

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2022 MAY - 6 A 10:08
Lisa Arpin
BRANFORD TOWN CLERK

RECEIVED

2022 MAY -6 A 10: 08

Nai E. Arpin
BRANFORD TOWN CLERK

LEASE AGREEMENT

This **LEASE** is made as of the 25 day of May, 2021, by and between The Town of Branford, Connecticut, a Township located in the State of Connecticut, County of New Haven (hereinafter "**LANDLORD**"), and Zambelli Fireworks, a Pennsylvania Corporation with an address of 120 Marshall Drive, Warrendale, Pennsylvania 15086 (hereinafter "**TENANT**").

WITNESSETH:

WHEREAS, LANDLORD is the fee simple owner of certain real property located in the State of Connecticut, County of New Haven, Township of Branford, legally described in EXHIBIT "A" attached hereto and made a part hereof, together with all improvements located thereon and the appurtenances thereunto belonging (collectively the "Premises"); and

WHEREAS, LANDLORD has agreed to lease the Premises to **TENANT** and **TENANT** has agreed to lease the Premises from **LANDLORD** on the terms stated herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, **LANDLORD** and **TENANT** hereby covenant and agree as follows:

1. **PREMISES:** **LANDLORD** leases the Premises to **TENANT**, and **TENANT** leases the Premises from **LANDLORD**. **TENANT** may use the Premises for the purpose of storing consumer and display fireworks (collectively, "Articles Pyrotechnic") as well as all vehicles, tools and materials

associated with Articles Pyrotechnic and pyrotechnic displays on the Premises, and to conduct business therefrom for the term of this Agreement, unless sooner terminated or extended. All other use of Premises shall require the **LANDLORD'S** prior written consent, which shall not be unreasonably withheld.

2. **RENT:** The Tenant shall pay the Landlord, in advance, as rent for the Premises Two Thousand dollars (\$2,000.00) per year.

3. **TERM:**

3.1. **Term:** The Term of this Lease shall be one (1) year, commencing on May 14, 2021, and ending at midnight on May 14, 2022.

3.2. **Options:** At **LANDLORD'S** sole and exclusive discretion, **LANDLORD** may extend to **TENANT** an option to renew this Lease under terms and conditions satisfactory to **LANDLORD**.

4. **DELIVERY AND ACCEPTANCE OF PREMISES:** **TENANT** has inspected and knows the condition of the Premises, and accepts the same in their present condition. **TENANT** acknowledges that **LANDLORD** has made no warranties or representations concerning the Premises.

5. **UTILITIES:** **TENANT** agrees to furnish all necessary utilities and pay all applicable charges for those used at the Premises.

6. **TAXES:** At or before the execution of the Lease, **TENANT** shall have paid to the Town of Branford all taxes due and owing to the Town of Branford, if any. **TENANT** shall pay or cause to be paid when due all personal property, sales, use and other taxes, now or hereafter imposed by any federal, state, or local government on the Premises or on the ownership, lease, sale,

possession or use of the Premises. Upon reasonable demand, **TENANT** shall provide **LANDLORD** with proof of all payments.

7. **INSURANCE**: The following provisions shall apply:

7.1. **TENANT** shall, at **TENANT'S** expense, obtain or cause to be obtained and keep in force during the entire term of this Lease a Commercial General Liability policy which should include \$1,000,000 occurrence limit/& \$2,000,000 aggregate from an insurer licensed in the State of Connecticut with an AM Best Rating of A- or better to the **LANDLORD**. The **TENANT** shall also provide an Umbrella policy not less than \$4,000,000 per occurrence. **TENANT** shall name the **LANDLORD** and Stony Creek Quarry Corporation and such other person or entity as designated by Landlord as additional insured including a thirty (30) day notice of cancellation. The Tenant will include a waiver of segregation for all matters including primary and non-contributory endorsements, possibly relating to the Landlord.

7.2. No such policy shall be cancelable or subject to reduction of coverage or other modification except after thirty (30) days prior written notice to **LANDLORD**. **TENANT** shall not do or permit to be done anything which shall invalidate the insurance policies referred to in this Lease. If **TENANT** does or permits to be done anything which shall increase the cost of the insurance policies, then **TENANT** shall forthwith upon demand reimburse **LANDLORD** for any additional premiums attributable to any act or omission or operation of **TENANT** causing such increase in the cost of insurance.

8. **LIENS AND ENCUMBRANCES**: This Lease shall be subject and

subordinate to any present or future mortgages, deeds of trust, and other liens or encumbrances executed or consented to by **LANDLORD**, which do not materially adversely affect **TENANT'S** use of the Premises. The holder of any such mortgage, deed of trust, lien or encumbrance may notify in writing of its interest, and in such event **TENANT** shall send copies of all notices or communications regarding this Lease to the holder of the mortgage, deed of trust, lien or encumbrance. Such holder shall be entitled to take any action or exercise any rights reserved under this Lease. **TENANT** shall, within ten (10) days after receipt of a request therefor, execute and deliver to **LANDLORD** and the holder of such a mortgage, deed of trust, lien or other encumbrance, an estoppel certificate and/or agreement evidencing the subordination of this Lease as described above, which estoppel certificate and/or agreement shall be in form satisfactory to **LANDLORD** and such holder.

8.1. **TENANT** shall not encumber or permit the encumbrance of the Premises or this leasehold estate by any mortgage, deed of trust, assignment, security interest, lien or other charge, without **LANDLORD'S** prior written consent, which consent shall not be unreasonably withheld.

8.2. This Lease does not require **TENANT** to improve the Premises or construct any improvements or additions on the Premises. Any improvements or additions to the Premises which **TENANT** might make or permit are for the sole use of **TENANT**. **TENANT** is not, and shall not be deemed to be, the agent of **LANDLORD** in contracting or arranging for any improvements to the Premises or any construction on the Premises. Additional

provisions relating to alterations and improvements are contained in Section 11 of this Lease.

8.3. **TENANT** shall promptly pay all bills for labor done or material or equipment supplied for any construction or repair work done on the Premises. **TENANT** shall defend and indemnify **LANDLORD** from all liability, damages or expense resulting from any mechanic's lien claims affecting the Premises.

9. **MAINTENANCE AND REPAIR:** **LANDLORD** shall maintain in the normal course the main Town Roads which provide access to the Premises.

9.1. **TENANT** shall have the obligation of maintaining all portions of the Premises which **LANDLORD** is not specifically obligated to maintain under the above section or its agreements with **OTHER TENANTS**. **TENANT** shall maintain and keep in good working order all equipment, fixtures, and systems on the Premises, and shall perform routine repair and maintenance on the same.

10. **USE OF PREMISES:** **TENANT** may use the Premises for any purpose set forth in Section 1 of this Lease. **TENANT** shall not, however, commit or allow any waste, nuisance, or other such act or omission to occur on the Premises. Any cessation of operations at the Premises which does not last for more than twelve (12) months shall not be considered waste or abandonment.

10.1. **TENANT** shall fully comply with all federal, state and local laws and regulations. **TENANT** shall notify **LANDLORD** of any allegation

that **TENANT'S** operations are in violation of any federal, state and local requirements. **TENANT** will make all reasonable efforts necessary to resolve said violation in an effort to bring **TENANT** into compliance within said requirement within a reasonable timeframe.

10.2. **TENANT** shall indemnify and hold harmless **LANDLORD** from and against any and all damage, expense, claim, liability or loss, for any non-compliance or nonconformance of this Lease or the Leased Premises except for any and all damage, expense, claim, liability or loss, for any non-compliance or non-conformance of **LANDLORD'S OTHER TENANTS** or to the extent caused by the gross negligence or will full misconduct of the **LANDLORD**.

11. **ALTERATIONS**: At its sole expense, **TENANT** may, but is not required to, make improvements, alterations or additions to the Premises. Any alterations shall be of good workmanship and materials which shall be used for and in the **TENANT'S** ordinary course of business.

12. **ASSIGNMENT OR SUBLEASE**: **TENANT** shall not assign this Lease without **LANDLORD'S** prior written consent, which consent shall not unreasonably be withheld.

13. **INSPECTION**: **LANDLORD** and its agents may enter the Premises at reasonable hours to examine the same and do anything required of **LANDLORD** by this Lease.

14. **EMINENT DOMAIN**: If any part of the Premises affecting **TENANT'S** operations is taken under the power of eminent domain, conveyed

in lieu of condemnation, or acquired for any public or quasi-public use, this Lease may be terminated by either party. The parties shall make their individual claims for the award, which shall be distributed according to law.

15. **DEFAULT BY LANDLORD:** **TENANT** shall give **LANDLORD** written notice of any default by **LANDLORD**. If (a) the default is not cured within thirty (30) days after **LANDLORD** receives the written notice, or (b) **LANDLORD** does not within that thirty (30) day time period take actions which, if continued with reasonable diligence, will cure the default, then **TENANT** at its election may declare this Lease terminated after an additional period of thirty (30) days. If this Lease is rightfully terminated in accordance with this section, rent shall be paid only to the end of the second thirty (30) day period.

16. **DEFAULT BY TENANT:** The following provisions shall govern default by the **TENANT**:

16.1. **TENANT** will be in default under this Lease upon the happening of any one or more of the following events:

16.1.1. Failure of **TENANT** to make any payment required to be made as and when due and such failure shall continue for a period of thirty (30) days after written notice by **LANDLORD** to **TENANT** that such payment was due.

16.1.2. Failure of **TENANT** to comply with any term, provision or covenant of this Lease other than a default pursuant to 16.1.1 and such failure shall continue for a period of thirty (30) days after written

notice by **LANDLORD** to **TENANT**, provided that if more than thirty (30) days is reasonably required to cure, **TENANT** shall not be in default if the curing is prosecuted to completion with due diligence.

16.1.3. **TENANT** abandons the Premises, or **TENANT'S** leasehold interest in the Premises is attached or taken under any court order or writ of execution.

16.2. If **TENANT** defaults, **LANDLORD** may enforce its rights by an action for rent and possession, unlawful detainer, or other legal remedy. **TENANT** agrees to remain liable for and shall pay **LANDLORD** rent to the end of the then-applicable term of this Lease or up until the point in time that the Premises has been relet to a new tenant. **LANDLORD**, upon **TENANT'S** default, shall have the right, without terminating this Lease, to make alterations and repairs for the purpose of reletting the Premises. **LANDLORD** may relet or attempt to relet the Premises or any part of the Premises for the remainder of the then-applicable Lease term or for any longer or shorter period as opportunity may offer, to such persons and at such rent as may be obtained. Nothing in this Lease shall require **LANDLORD** to relet or make any attempt to relet the Premises, and any reletting shall be done by **LANDLORD** as agent for **TENANT**. In the event the Premises is relet to a new tenant, **TENANT** shall be released from all further liabilities and obligations required under the terms of this Agreement.

16.3. At **LANDLORD'S** election, **LANDLORD** may cure any default of **TENANT** by expending funds or by any other actions. If **LANDLORD**

takes any such actions, **TENANT** will promptly, upon demand, reimburse **LANDLORD** for all of **LANDLORD'S** expenses.

16.4. **LANDLORD** shall be entitled to recover from **TENANT** all of **LANDLORD'S** expenses in exercising any of its rights under this Lease, including without limitation **LANDLORD'S** reasonable attorney's fees.

17. **WAIVERS**: Any waiver, consent or approval on the part of **LANDLORD** or **TENANT** must be in writing, and shall be effective only to the extent specifically set forth in the writing. No delay or omission by **LANDLORD** or **TENANT** in the exercise of any right or remedy with respect to any one occasion shall impair **LANDLORD'S** and/or **TENANT'S** ability to exercise the right or remedy in the same or on another occasion.

18. **NOTICES**: All notices or other communications shall be in writing signed by the sender, and shall either be (a) personally delivered or (b) mailed by certified mail, at or to the following addresses:

LANDLORD: The Town of Branford, CT
Town Hall, Attention: First Selectman
1019 Main Street
Branford, Connecticut 06405

TENANT: Zambelli Fireworks
Attention: Robert Haller
120 Marshall Drive
Warrendale, PA 15086

18.1. Either party may change the address by written notice to the other. Notices shall be effective when received (if personally delivered) or when deposited in the United States Mail (if mailed by certified mail).

19. **QUIET ENJOYMENT**: Neither **LANDLORD** nor **LANDLORD'S**

successors or assigns will disturb **TENANT** in its quiet enjoyment of the Premises. **TENANT** shall not disturb **OTHER TENANTS** in their quiet enjoyment of the Premises.

20. **INDEMNITY**: **TENANT** shall indemnify and hold harmless **LANDLORD** from and against any and all damage, expense, claim, liability or loss, for any non-compliance or nonconformance of this Lease or the Leased Premises except for any and all damage, expense, claim, liability or loss, for any non-compliance or non-conformance of **OTHER TENANTS** or to the extent caused by the gross negligence or will full misconduct of the **LANDLORD**.

21. **ATTORNMEN**: **TENANT** agrees to and does attorn to any successor to **LANDLORD'S** interest in all or any part of the Premises, including without limitation any purchaser at any foreclosure sale of all or any part of the Premises.

22. **SUCCESSORS AND ASSIGNS**: This Lease shall inure to the benefit of and be binding upon the heirs, estates, executors, administrators, receivers, custodians, successors and (in the case of **TENANT**, permitted) assigns of the respective parties.

23. **AMENDMENTS**: This Lease represents the entire understanding of the parties hereto concerning the subject of the Lease. All prior statements, representations, and agreements made between or by the parties with respect to the subject matter of this Lease are superseded hereby and no modifications of any provisions of this Lease shall be effective unless in writing and signed by each party.

24. **WAIVER OF JURY TRIAL:** **TENANT** hereby waives trial by jury in any action or proceeding brought in connection with this Lease or relating to any obligation, duty and/or indebtedness under this Lease or collateral referred to in this Lease.

25. **COMMERCIAL TRANSACTION:** **TENANT** ACKNOWLEDGES THAT THIS LEASE EVIDENCES A COMMERCIAL TRANSACTION AS THAT TERM IS DEFINED IN CONNECTICUT GENERAL STATUTES SECTION 52-278a(a) AND PURSUANT TO CONNECTICUT GENERAL STATUTES SECTIONS 52-278b AND 52-278f, **TENANT** DOES HEREBY WAIVE ITS RIGHTS TO NOTICE AND HEARING PRIOR TO THE ISSUANCE BY THE **LANDLORD** OF ANY PREJUDGMENT REMEDY, AND **TENANT** FURTHER WAIVES ANY RIGHTS AS MAY EXIST UNDER FEDERAL LAWS TO ANY NOTICE AND/OR HEARING PRIOR TO **LANDLORD'S** OBTAINING AND EXERCISING ANY PREJUDGMENT REMEDY.

26. **MISCELLANEOUS:** The following provisions are additional terms of this Lease:

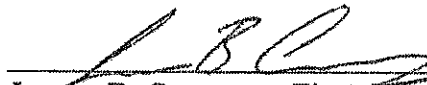
26.1. The captions of the sections of this Lease are inserted for convenience only and shall not be used in the interpretation or construction of any provisions of this Lease.

26.2. If any provision of this Lease is held invalid or unenforceable, the holding shall affect only the provision in question and that provision in other circumstances, and all other provisions of this Lease, shall remain in full force and effect.

26.3. The rule that the terms of an agreement are strictly construed against the drafting party shall have no application to the construction of interpretation of this Lease.

LANDLORD

The Town of Branford

BY: 
James B. Cosgrove, First Selectman

TENANT

Zambelli Fireworks


BY: 
Robert C. Haller, Controller

EXHIBIT A

All that certain piece or parcel of land located in the Town of Branford, County of New Haven, State of Connecticut, known as PARCEL A, having an area of 28,253± square feet as shown on a map entitled "Quarry Lease Lines, Scale 1" = 75", produced by Danuta Szostek, Town of Branford", dated June 15, 2011 (Note: This map is for ease of reference only) as more particularly described as follows:

Beginning at a point on the approximate Southwesterly Lease Line from a point $41^{\circ}17'3.87''N/72^{\circ}44'31.88''W$ Northeasterly to a point $41^{\circ}17'4.47''N/72^{\circ}44'31.52''W$; thence again Northeasterly to a point $41^{\circ}17'6.24''N/72^{\circ}44'33.72''W$; thence again Northeasterly to a point $41^{\circ}17'6.08''N/72^{\circ}44'34.16''W$; thence again Southwesterly to a point $41^{\circ}17'4.54''N/72^{\circ}44'34.66''W$; thence again Northwesterly to a point and place of beginning.

Said PARCEL A is a portion of all that certain piece or parcel of land located in the Town of Branford, County of New Haven, State of Connecticut, consisting of a portion of the land shown on a series of eight (8) maps entitled "Maps Showing Property to be Acquired by the Town of Branford from The Stony Creek Granite Corp., Branford, Connecticut, Scale 1" = 100', July, 1977", prepared by Arthur W. Sjogren, L.S. #5556, said portion being designated on said maps as "Main Quarry Hole Area" ("Stony Creek Quarry"). Said portion consists of approximately fifty (50) acres and is shown on sheets B1, C1 and D1 of said series of maps as referenced in a Quit claim Deed from Stony Creek Granite Corporation to the Town of Branford, dated December 28, 1977 and recorded January 4, 1978 in Volume 293 at Page 283.

The LANDLORD also grants to the TENANT, its successors and assigns in common with other Tenants of other portions of said "Stony Creek Quarry", the right of ingress and egress to said parcel of land on foot or with vehicles on the road leading thereto from Leetes Island Road, which road is designated on said maps as Quarry Road. This grant of ingress and egress includes the portion of said parcel of land reserved to the LANDLORD.

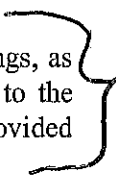
M. Rule 1.13. The Moderator shall determine the appropriate committee to which any matter shall be referred subject to the provisions of § A236-4.

§ A236-2. RTM Clerk.

A. Rule 2.1. The RTM Clerk shall keep an accurate record of attendance at all meetings, of all members, both regular and ex officio. Such record shall be a part of the minutes of the meeting.



B. Rule 2.2. When any member has failed to attend three consecutive regular meetings, as defined under § A236-8D, Rule 8.4, the RTM Clerk shall so certify in writing to the Moderator, who shall immediately declare a vacancy in said member's seat, as provided by the Charter, and shall call for an election to fill said vacancy.



C. Rule 2.3. The RTM Clerk shall keep accurate minutes of the proceedings of the RTM, using such stenographic assistance or such recording devices as the RTM may provide.

D. Rule 2.4. The RTM Clerk shall prepare the minutes of each meeting and shall deliver said minutes to the Town Clerk not later than seven days after said meeting. The Town Clerk shall distribute said minutes to the RTM members with the call for the next regularly scheduled meeting. The minutes shall be posted on the Town's website. [Amended 3-10-2021]

E. Rule 2.5. The RTM Clerk shall receive and open all mail or other communications addressed to the RTM. If action prior to the next meeting is indicated upon any communication received, the RTM Clerk shall refer the matter to the Moderator immediately.

F. Rule 2.6. The RTM Clerk shall furnish the Town Clerk with a copy or brief statement of each ordinance adopted, amended or repealed by the RTM not later than 12:00 noon of the third day following action of the RTM thereon.

§ A236-3. Order of business.

A. Rule 3.1. The regular order of business shall be as follows:

- (1) Roll call.
- (2) Approval of the minutes of previous meeting.
- (3) Reception of communications.
- (4) Reports of committees.
- (5) Citizens' petitions.
- (6) Business on the agenda.
- (7) Other business.

B. Rule 3.1.1. Approval of the minutes of the previous meeting or meetings shall be required only at regularly scheduled meetings.

A236-2. RTM Clerk (B). Rule 2.2
Repealed by RTM vote
June 8, 2022

OFFICE OF THE TREASURER
BRANFORD, CONNECTICUT



1019 MAIN STREET
POST OFFICE BOX 150
BRANFORD, CT 06405

TEL: (203) 488-8394
FAX: (203) 315-3736
www.branford-ct.gov

To: RTM Members
From: James Finch, Finance Director
Re: Neighborhood Assistance Act Tax Credit Program

Please find attached two applications for your approval and submission to the State of Connecticut under the Neighborhood Assistance Act Tax Credit Program. (NAA)

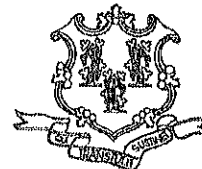
As you may be aware, The NAA is designed to provide funding for municipal and tax exempt organizations by providing corporations a business tax credit for businesses who make cash contributions to these entities.

The program has several statutory limits, including the following:

- A business is limited to receiving \$150,000 in tax credit annually.
- A non-profit organization is limited to receiving \$150,000 in aggregate contributions. The minimum contribution on which credit can be granted is \$250.
- The program has a **five** million dollar cap, which, if exceeded, results in proration of approved donations.

As there are no local taxpayer dollars required, I ask that you approve all of the applications and list them separately in your minutes.

Department of Revenue Services
State of Connecticut
(Rev. 02/22)



Municipality: Branford

Form NAA-01

**2022 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

The Connecticut Hospice, Inc.

Address: 100 Double Beach Road, Branford, CT 06405

Federal Employer Identification Number: 060878822

Program title: Shading Patients' Rooms

Name of contact person: Joseph Mooney, CFO

Telephone number: (203) 315-7676

Email address: jmooney@hospice.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 40,000.00

<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>
--

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: _____
Upgrade screening shades in patient rooms to support optimum efficient of cooling & heating units.

There are approximately 90 (130 total on hospital floor) windows that face the water of which 80 need to be updated. Oldest shades first, warmer rooms next (typically 4-bed), then single rooms.

Need for program: _____
Connecticut Hospice's direct waterfront location provides patients, families and staff with incredible views that help create peace and calm in an otherwise stressful time. However, this location also has the challenges of the weather. The sunrise each morning is amazing for 90% of the patient rooms, but some rooms run extra warm and the cooling unit needs to be run more than it should. And, when it is extra windy, the heat needs to be used.
Screen shades allow for light to filter into room but cuts down on the heat of the sun and the cold from wind

Neighborhood area to be served: _____
The Connecticut Hospice, 100 Double Beach Rd., Branford, CT, as well as the Branford-based vendor who is familiar with facility & needs.

Plan to implement the program: _____
Rooms with oldest or broken shades will be the first to be replaced
Next warmest rooms (4-bed typically)
Single rooms

Timetable:

Program start date: 10/1/22

Program completion date: 6/1/23

The program completion date must not be more than two years from the program start date. A certified post-project audit is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$40,000.00

Other funding sources - itemized sources:

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

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

- a) Purchase and Installation of 80 shades \$40,000.00
- b) (based on \$500 per shad) _____
- c) _____
- d) _____

Administrative expenses - itemized description:

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

Total Proposed Expenditures: _____

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit
Is a post-project audit required for this proposal?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes , date post-project audit due:

Date

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program. This audit must be submitted to the municipality no later than three months after the program completion date.

For Further Information

Email inquiries to:

- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)

EXTENDED TO AUGUST 16, 2021

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

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 THE CONNECTICUT HOSPICE, INC.		D Employer identification number 06-0878822	
	Doing business as		E Telephone number 203-315-7500	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 DOUBLE BEACH ROAD	G Gross receipts \$ 21,740,901.	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)	
	City or town, state or province, country, and ZIP or foreign postal code BRANFORD, CT 06405-4003		H(c) Group exemption number ▶	
F Name and address of principal officer: JOE MOONEY SAME AS C ABOVE				
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: ▶ N/A				
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: 1971	
			M State of legal domicile: CT	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE ADULT PALLIATIVE AND HOSPICE CARE TO PATIENTS AND THEIR FAMILIES.		
	2	Check this box <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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	329
	6	Total number of volunteers (estimate if necessary)	6	395
	7a	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)	Prior Year 3,108,147.	Current Year 2,227,126.
	9	Program service revenue (Part VIII, line 2g)	17,710,303.	18,637,080.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,083.	38,832.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,327.	803,064.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,002,860.	21,706,102.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	16,120,100.	12,285,814.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,364.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,327,929.	7,253,850.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,448,029.	19,539,664.
19	Revenue less expenses. Subtract line 18 from line 12	-1,445,169.	2,166,438.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 20,538,071.	End of Year 22,229,224.
	21	Total liabilities (Part X, line 26)	16,420,688.	15,941,744.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,117,383.	6,287,480.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JOE MOONEY, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY 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. (203) 781-9600	
	Firm's address ▶ 555 LONG WHARF DRIVE NEW HAVEN, CT 06511				

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

Town of Branford



2022 Neighborhood Assistance Act Application

OFFICE OF THE TREASURER
BRANFORD, CONNECTICUT

1019 MAIN STREET
POST OFFICE BOX 150
BRANFORD, CT 06405



TEL: (203) 488-8394
FAX: (203) 315-3736
www.branford-ct.gov

To: All Parties Interested in 2022 Neighborhood
Assistance Act Tax Credit Program

From: James P. Finch Jr. Finance Director/Municipal Liaison

Date: April 27, 2022

Re: 2022 Applications

I am writing to inform you that Town of Branford will be participating in the Neighborhood Assistance Act for 2022. Please find attached application forms or if you prefer you can access these forms at the Department of Revenue Services website.

Enclosed you will find application materials for the 2022 Neighborhood Assistance Act Tax Credit Program. If your organization is interested in participating in the program, please complete the application and return it to me no later than **June 3, 2022**.

I would ask that you carefully read the Instructions for completing the application. Please note that I have completed most of Part IV Municipal Information. However, you should determine if a Post Project Audit is required and fill in that section on the bottom of page 4.

Incomplete applications and applications received after the due date of June 3, 2022 will not be included in Branford's submission to the Department of Revenue Services.

Should you have any questions or comments with regard to the application or timetable, please feel free to contact me at 203-315-0663.

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, *2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will not be accepted. For where to direct inquiries, see *For Further Information* below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program. This audit must be submitted to the municipality no later than three months after the program completion date.

For Further Information

Email inquiries to:

- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- 860-297-5687
- 860-297-4911 (TTY, TDD, and Text Telephone users only, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)



Municipality: Branford

Form NAA-01

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form must be completed and submitted to your municipality for approval. All items must be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. Do not submit this form directly to the Department of Revenue Services.

Part I — General Information

Name of tax exempt organization/municipal agency: Community Dining Room, Inc.

Address:

30 Harrison Avenue, Branford, CT 06405

Federal Employer Identification Number: 22-3037133

Program title: CDR Nutritional Support Programs

Name of contact person: Judith Barron

Telephone number: 203 488 9750 ext. 4

Email address: jbarron@communitydiningroom.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 15,000.00

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

Yes

No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: Daily Lunch Program, Homebound Delivery, Tuesday Family Dinners, Wednesday and Friday Night Take-out, Healthy Snack Packs, Diaper Bank open to all with no cost.

Need for program: Promotes better health and alertness for students. Food and socialization promotes and improves both physical and mental health for all ages participating. Food at no cost allows individuals and families to stretch an already strained budget. Families are further financially strained from the impact of the pandemic and struggling to get ahead.

Neighborhood area to be served: Branford, North Branford, East Haven, Guilford

Plan to implement the program: This support allows for current programs to continue and help close the gap on unforeseen circumstances such as the food inflation cost.

Timetable:

Program start date: on-going programs

Program completion date: _____

The program completion date must not be more than two years from the program start date. A certified post-project audit is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$15,000.00

Other funding sources - Itemized sources:

a) In-kind food donations \$181,266.00

b) Donated labor \$188,909.00

c) grants & fundraising \$224,500.00

d) Unsolicited donations \$126,500.00

Total Funding: \$533,363.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Food \$17,500.00

b) Labor \$253,852.00

c) Packaging \$88,545.20

d) Equipment \$90,000.00

Administrative expenses - itemized description:

a) Bookkeeping \$4,000.00

b) Custodial \$19,720.00

c) Insurances \$13,700.00

d) Misc. expenses (office, fundraising, marketing etc.) \$47,500.00

Total Proposed Expenditures: \$534,817

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 Branford
Mailing address: _____ PO Box 150 1019 Main Street
Name of municipal liaison: <u>James Finch</u>
Telephone number: <u>203-315-0663</u>
Fax number: _____
Email address: <u>jfinch@branford-ct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--



Extended to November 15, 2021

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2020 calendar year, or tax year beginning and ending

Header section containing organization name (COMMUNITY DINING ROOM, INC.), EIN (7133), address (30 Harrison Avenue, Branford, CT 06405), and principal officer (JOSEPH CALAMITA).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission (SOUP KITCHEN), revenue (Total 647,508), expenses (Total 413,631), and net assets (Total 1,327,868).

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.

Signature block containing officer signature (JOSEPH CALAMITA, TREASURER) and preparer information (Camille R. Murphy, CPA).

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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

1 Briefly describe the organization's mission: PROVIDING FOOD, SUPPORT AND COMPANIONSHIP TO OUR SHORELINE NEIGHBORS BY FEEDING THE HUNGRY AND HELPING WITH OTHER BASIC HUMAN NEEDS BY PROMOTING PUBLIC AWARENESS OF THE IMPACT OF HUNGER AND ISOLATION IN OUR SOCIETY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 266,956. including grants of \$) (Revenue \$ 16,822.) COMMUNITY DINING ROOM, INC. PROVIDES APPROXIMATELY 55,000 MEALS PER YEAR TO MORE THAN 100 NEEDY PERSONS, FREE OF CHARGE. ADDITIONALLY, A LEVEL OF EMPTIONAL AND PRACTICAL SUPPORT IS PROVIDED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 266,956.

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)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational structure.

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

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 X

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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
7b	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?		
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.		
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
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
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		

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 Joe Calamita - 203-208-0572
21 Business Park Drive, BRANFORD, CT 06405

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) CAROLYN RAMBUS CO-CHAIRPERSON	0.00	X		X				0.	0.	0.
(2) TONY PINTO President	0.00	X		X				0.	0.	0.
(3) RITA FOSTER SECRETARY	0.00	X		X				0.	0.	0.
(4) JOSEPH CALAMITA TREASURER	0.00	X		X				0.	0.	0.
(5) JOHN OPIE DIRECTOR	0.00	X						0.	0.	0.
(6) SKIP FERRY DIRECTOR	0.00	X						0.	0.	0.
(7) DIANE PAPPACODA DIRECTOR	0.00	X						0.	0.	0.
(8) DAN ARMIN DIRECTOR	0.00	X						0.	0.	0.
(9) DYALN MINTER DIRECTOR	0.00	X						0.	0.	0.

(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			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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

	Yes	No
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Part VIII 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					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	630,686.				
	g	Noncash contributions included in lines 1a-1f	168,173.				
	h	Total. Add lines 1a-1f	630,686.				
Program Service Revenue	Business Code						
	2 a	Home Deliveries - Othe	2,260.	2,260.			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	2,260.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	16,611.	16,611.			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			7b	2,049.			
	b	Less: cost or other basis and sales expenses	7c	-2,049.			
	c	Gain or (loss)					
d	Net gain or (loss)		-2,049.	-2,049.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions	647,508.	16,822.	0.	0.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1				
2				
3				
4				
5				
6				
7	146,010.	58,404.	87,606.	
8	2,277.		2,277.	
9	4,452.	1,781.	2,671.	
10	11,948.	4,779.	7,169.	
11				
a				
b				
c	3,324.		3,324.	
d				
e				
f	4,694.		4,694.	
g				
12	3,575.		3,575.	
13	6,063.		6,063.	
14				
15				
16	15,691.	14,122.	1,569.	
17				
18				
19				
20				
21				
22	354.		354.	
23	3,507.	2,209.	1,298.	
24				
a	168,173.	168,173.		
b	32,055.	6,177.	25,878.	
c	10,578.	10,578.		
d	733.	733.		
e	197.		197.	
25	413,631.	266,956.	146,675.	0.
26				

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	83,603.	1	204,305.
	2	Savings and temporary cash investments	622.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,233.		
	10b	Less: accumulated depreciation	654.		
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	919,042.	12	1,147,754.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,685.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,014,885.	16	1,358,638.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		23	
	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	0.	25	30,770.
	26	Total liabilities. Add lines 17 through 25	0.	26	30,770.
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	1,014,885.	27	1,327,868.
	28	Net assets with donor restrictions		28	
	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	1,014,885.	32	1,327,868.
33	Total liabilities and net assets/fund balances	1,014,885.	33	1,358,638.	

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	647,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	413,631.
3	Revenue less expenses. Subtract line 2 from line 1	3	233,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,014,885.
5	Net unrealized gains (losses) on investments	5	79,106.
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	1,327,868.

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 checked="" type="checkbox"/> Cash <input 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? 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		X
2b	Were the organization's financial statements audited by an independent accountant? 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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? 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		

Form 990 (2020)

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

2020

Open to Public Inspection

Name of the organization: **COMMUNITY DINING ROOM, INC.** Employer identification number: ****-***7133**

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	552,568.	366,888.	407,633.	365,976.	630,686.	2323751.
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						
4 Total. Add lines 1 through 3	552,568.	366,888.	407,633.	365,976.	630,686.	2323751.
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)						
6 Public support. Subtract line 5 from line 4.						2323751.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	552,568.	366,888.	407,633.	365,976.	630,686.	2323751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,574.	11,615.	17,347.	25,001.	16,612.	80,149.
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)						
11 Total support. Add lines 7 through 10						2403900.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	96.67	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.80	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 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 line 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

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).		
1		

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?		
1		
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).		
2		
3 By reason of the relationship described in line 2, above, 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.		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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.		
2a		
b Did the activities described in line 2a, above, 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
3a		
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.		
3b		

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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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.)

Area with multiple horizontal lines 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

2020

Name of the organization

COMMUNITY DINING ROOM, INC.

Employer identification number

-*7133

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

COMMUNITY DINING ROOM, INC.

** - *** 7133

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	Community Foundation of GNH 70 AUDUBON STREET NEW HAVEN, CT 06510	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Seedlings Foundation 984 Main Street Branford, CT 06405	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	The Echlin Foundation PO Box 456 Guilford, CT 06437	\$ 16,000.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY DINING ROOM, INC.

** - ***7133

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

COMMUNITY DINING ROOM, INC.

-*7133

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

(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

(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

(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

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

2020

Open to Public Inspection

Name of the organization

COMMUNITY DINING ROOM, INC.

Employer identification number

-*7133

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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).
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.
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?
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(c) above satisfy the requirements of section 170(f)(4)(B)(i) and section 170(f)(4)(B)(ii)?
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:
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:

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

Schedule D (Form 990) 2020

032051 12-01-20

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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				
b Buildings				
c Leasehold improvements		4,927.	308.	4,619.
d Equipment		2,306.	346.	1,960.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (E), line 10c.)				6,579.

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) Charles Schwab	1,147,754.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,147,754.	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) PPP LOAN	30,770.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,770.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for values.

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.

Table with 5 main rows and sub-rows (a-c) for adjustments. Columns include line numbers and a shaded area for values.

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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMUNITY DINING ROOM, INC.

Employer identification number

**** - *** 7133**

Part I	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				
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	481	168,173.	
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 V, Donee Acknowledgement **29**

	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) 2020

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

2020

Open to Public Inspection

Name of the organization

COMMUNITY DINING ROOM, INC.

Employer identification number

-*7133

Form 990, Part VI, Section B, line 11b:

THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW

Form 990, Part VI, Section C, Line 19:

DOCUMENTS AVAILABLE UPON REQUEST.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Code	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Capital Improvements - 2018	07/14/18	SL	40.00	16	4,927.				4,927.	185.		123.	308.
2	STOVE	07/15/13	SL	10.00	HT17	2,306.				2,306.	115.		231.	346.
* Total 990 Page 10 Depr														
						7,233.				7,233.	300.		354.	654.

(D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**BRANFORD REPRESENTATIVE TOWN MEETING
LEGAL NOTICE AND CALL**

RECEIVED

2022 JUN - 1 P 4: 17

Wai E Arpin
BRANFORD TOWN CLERK

The RTM will be convened on Wednesday, June 8, 2022 at 8:00 p.m at Branford Fire Headquarters, 45 North Main Street, to consider and act upon the following matters:

1. Roll Call.
2. Approval of the minutes of the previous meeting.
3. Reception of communications, reports of committees, and citizen petitions.
4. To consider, and if appropriate, approve changing the position of Branford Tax Collector from an elected official to a hired appointment.
5. To consider, and if appropriate, approve the recommendation of the Board of Finance that the RTM evaluate the request to fund the positions of Registrar of Voters on a full-time basis beginning January 1, 2023 for each year of their two-year term of office at a rate of pay recommended by the Human Resources Department and approved by the RTM. This recommendation will be made pursuant to an analysis of the department's operations and staffing requirements.
6. To consider, and if appropriate, approve a "Third Amendment to Lease" agreement between the Town of Branford and J&J Blasting for an additional three-year lease extension.
7. To consider, and if appropriate, approve an "Amendment to Lease" agreement between the Town of Branford and Zambelli Fireworks for an additional three-year lease extension.
8. To consider, and if appropriate, adjust to align with Connecticut's Constitution rule A236-2. RTM Clerk Rule 2.2 dealing with absences of RTM member.
9. To consider, and if appropriate, approve the Town of Branford participating in the Neighborhood Assistance Tax Credit Program.
10. Any other business to come before the RTM.
11. Adjournment.

Dated this 24th day of May, 2022
Dennis T. Flanigan, Moderator