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

Municipality: Torrington



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

with as much detail as possible. If additional space is needed, attach additional structions before completing. Do not submit this form directly to the 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:
KidsPlay Children's Museum, Inc.
Address: 61 Main Street, Torrington, CT
Federal Employer Identification Number:
Program title: KidsPlay Efficient Lighting, Windows, Doors and Roof Project
Name of contact person: Ella Frauenhofer, Development Assistant
Telephone number: (860) 618-7700
Email address:development@kidsplaymuseum.org
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X 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	e appropriate description of your program:
100% cre	edit percentage
×	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	dit percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for persons with physical disabilities;
	Program serving low-income persons;
7.	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
;	Other (specify):
KidsPlay (The prima additional the projec costs. The energy-eff	Children's Museum, founded in 2012, occupies properties at 57, 61, and 69 Main Street in Torrington. ry focus of this energy conservation project is to complete the renovation and integration of 8,000 square feet with the installation of energy-efficient lighting throughout 57 Main Street. If well-funded, twill also include replacing the failing roof of 61 Main St. to improve insulation and reduce heating Museum will also continue facade improvement by replacing doors and windows with icient solutions. This expansion allows us to impact even more children with a diverse range of new ing and exhibits.
KidsPlay of pre-acade integrated Main requenergy-eff inefficient	program:
Neighbor	hood area to be served:
KidsPlay h Torrington backgrour they can c improvemanting	hood area to be served: las welcomed over 275,000 visitors from the northwest corner and beyond. The Museum enriches is educational landscape for families from a variety of socio-economic, cultural, and educational ids. Families frequently use KidsPlay as a neutral space between home, work, and school where ome together to learn and connect. In its first ten years of operation, KidsPlay has brought tangible ents to downtown Torrington and has continually expanded its offerings of challenging and engaging arning opportunities including new programs and exhibits. This project will strengthen the capacity of m to serve our region as a space for community learning.
Plan to in	nplement the program:
If funded, The Muse	the Museum will engage the appropriate contractors to carry out the energy conservation upgrades. um Director, the Exhibits and Facilities Manager and the Physical Environment Committee would e administration of the program

Program completion date: 12/31/2023	
The program completion date must not be more than two years from the program start date. A ce post-project audit is due to the municipality overseeing implementation no later than three mafter program completion date for all projects receiving \$25,000 or more in NAA funding.	rtified onths
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested \$150,000.00	_
Other funding sources - itemized sources:	
a) General Operating Funds \$5,000.00	-
b)	_
c)	_
d)	
Total Funding: \$155,000.00	
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Construction - windows, doors, lighting, and roof \$150,000.00	
b)	
c)	
d)	
Administrative expenses - itemized description: \$5,000.00	
a) Salaties - Museum Director admites Manager	
b)	_
c)	
Total Proposed Expenditures: \$155,000.00	

Timetable:

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:
City of Torrington
Mailing address:
140 Main Street, Torrington, CT 06790
Name of municipal liaison: Maurette Wall
Telephone number: 860.489.2228
Fax number: 860.489.2541
Email address: maurette_wall@torringtonct.org

Post-Proj	ect Audit						
ls a post-project audit required for this proposal?							
X Yes	No						
If Yes , date post- _l	project audit due:						
Da	te						

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A	For	the 202	20 calend	dar year, or tax y	rear begins	ing		, 202	0, and endi	ng	1 1	, 2		
_	_			C							D Employe	r identific	ation number	
В	Chec	ck if applic		KIDSPLAY C	HTIDRE	J'S MUSE	CUM. INC							
	_	Address of		61 MAIN ST		, 5 11001	,				E Telephor	ne numbei		
		Name cha	-	TORRINGTON	. CT 0	5790					860-	618-	7700	
		Initial ret	nu	101412110200	, -									
		Final return.	/terminated								G Gross re	celpts \$	717,	717.
		Amended	return						_	H(a) Is this	s a group return	for subor	rdinates? Yes	X No
		Application	on pending	F Name and addre		officer: KEN	INETH ME	RZ			all subordinates o," attach a list.			No
				SAME AS C	ABOVE			10476-1011	or 527	If "No	," attach a list.	See instr	uctions	
1	T	ax-exemp	t status:	X 501(c)(3)	501(c) () 	nsert no.)	4947(a)(1)	101 327		p exemption nu	mber ►		
J	٧	Vebsite:	: - N/	Ά								tate of ler	gal domicile: CT	
ĸ	F	orm of org	janization:	X Corporation	Trust	Association	Other ►		L Year of form	ation: ZU.	12 111 3	tate of leg	gar donner OI	
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)Ke	2	2 Chec	ck this bo	ox ► if the o	organizatio	n discontini	led its oper	ations or u	isposed of i	HOIC WILL	25% of its	3		14
ၓ	1	3 Num	ber of vo	ox F	f the gove	ning body	(Part VI, IIII	(Part VI	line 1b)			4		14
ග	4	4 Num	iber of in	idependent votin r of individuals e	g member	s of the gov	(car 2020 (F	Part V line	2a)			5		22
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_	-	b Net	unrelate	u Dusiness taxac	iic iricorrio	1101111					I HOL LCG		Current Ye	
	١.	n Com	tributions	s and grants (Pa	rt VIII. line	1h)		*****			798,4			289.
<u>e</u>		D-0		vice revenue (Pa	art VIIIline	20)	TREESENBERS.				206,0		62,	497.
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Revenue	l	- OIL		in (Part VIII coli	ımn (A) li	nes 5. 6d. 8	3c. 9c. 10c,	and He).		2.2.5	29,9			,717.
	1	2 Tota	d revenu	e - add lines 8	through 11	(must equi	al Part VIII,	column (A), line 12)	***	1,035,0)//.	111,	, 111.
_	1	2 Gra	nte and	similar amounts	paid (Part	IX, column	(A), lines I	-3)				-		
	1	A Ron	ofite nai	d to or for memb	ers (Part I	X, column	(A), line 4).			***			240	102
	1	E Sala	oriae oth	ner compensation	n, employe	e benefits	(Part IX, co	lumn (A), li	ines 5-10) .		362,	261.	349	,483.
8	1	C - Droi	faccional	I fundraising fees	(Part IX.	column (A)	, line 11e).							
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ů.		b Tota	al fundra	ising expenses (Part IX, CC	. 11-11	J 114 246				320,240.		272	,925.
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Department of Revenue Services State of Connecticut (Rev. 02/22)

Municipality: Torrington



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:
Prime Time House, Inc.
Address: 836 Main Street, Torrington, CT 06790
Federal Employer Identification Number:
Program title: Vocational Support for Adults with Mental Illness
Name of contact person: Christina Emery, Executive Director
Telephone number: (860) 756-0429
Email address: _cemery@primetimehouse.org
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
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): Job training/education for individuals with mental illness Description of program: At Prime Time House several programs offer vocational support. The first is in our Clubhouse where Transitional, Supported, and Independent Employment opportunities are offered, specifically designed as vocational rehabilitation programs where members can gain or re-gain the skills and confidence necessary to have a job while employed in a "real world" position. Additionally we have Career Services Supported Employment which builds partnerships throughout Litchfield County to help connect members with lob opportunities, as well as supporting them throughout the employment porcess. Need for program: Clubhouse employment programs are some of the most successful vocational rehabilitation programs in today's community mental health systems. Employment continues to be a high priority for people living with serious mental illness: their employment rate is generally around 15%. Utilizing our programs has enabled an employment rate of 45% among our members, allowing these individuals the critical component to recovery that employment offers: a sense of purpose, the chance to be part of the community, opportunities for growth, as well as a paycheck. Neighborhood area to be served: Prime Time House is located in Torrington. Funding would benefit adults over the age of 18 that have a diagnosos of a serious mental illness. The majority of our clients reside in Torrington and all are at or below poverty level. Plan to implement the program: Prime Time House has a number of vocational programs, all of which are geared towards providing them with job placement and/or further education leading to successful employment. When a member is ready to enter the workforce we help them obtain and retain a suitable job. Help includes resume & cover letter writing, interview preparedness, and job-development for positions. If their interest requires certification classes we

certificate, including high school/college diplomas.

offer them an opportunity to apply for a scholarship in order to obtain the necessary schooling to obtain the

Timetable:	
Program start date: July 1, 2022	
Program completion date: June 30, 2024	
The program completion date must not be more than two years from post-project audit is due to the municipality overseeing implementation from the program completion date for all projects receiving \$25,000 completion date.	
Part III — Financial Information	
Program Budget: Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources: a) BRS - vocational service fees	\$150,000.00
b)	
c)	
d)	\$300,000.00
Total Funding:	
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	\$213,000.00
a) Staffing - Salary & Fringe	\$15,000.00
b) Client Opportunity Fund	\$10,000.00
c) _ Transportation	\$10,000.00
d) Electronic Health Record	4.5,
Administrative expenses - itemized description:	\$12,000.00

a) Facilities

Total Proposed Expenditures:

b) Supplies & communication

c) _ A&G

\$10,000.00

\$30,000.00

\$300,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	_
City of Torrington	_
Malling address:	_
140 Main Street, Torrington, CT 06790	
Name of municipal liaison: Maurette Wall	_
Telephone number: (860) 489-2228	***
Fax number: (860) 489-2541	_
Email address: maurette_wall@lorringtonct.org	=

Post-Project Audit
Is a post-project audit required for this proposal?
Yes No
If Yes, date post-project audit due:
Date

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

loterna	I Feve	nue Service	Go to www.irs.gov/Form990 for instructions and the latest	nding C	/30	, 20	2021
ΔΕ	or th	e 2020 calend	lar year, or tax year beginning 7/01 , 2020, and en	iding 6	D Employer		
		applicable;	C				
ا در	_		PRIME TIME HOUSE, INC.		FF W.L.	number	
	_	šess chong≥	836 MATN STREET	E Telephone number (860) 618-2479			
	Nai	ne change	TORRINGTON, CT 06790		(860)	618	-2479
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	Fina	I retorn/terminated			G Gesare	eipts \$	1,663,278.
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		plication pending	F Name and address of principal officer: CHRISTINA EMERY	Н(Б) для	ali subordinales i No." allech a list. S	soluded?	Yes No
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J			X Corporation Trust Association Other L Year of 6	formation: 1:	9.86 M St	ele of legal	domicile: CT
K		of organization.	A Golposikiii				
Pai	rt I	Summar	y be the organization's mission or most significant activities: <u>SEE_SC</u>	CHEDULE	0		
	1	Briefly descri	be the organization's mission of most specific				
انه							
Activities & Governance							
إي			if the organization discontinued its operations or disposed of	of more tha	an 25% of its r	et asse	ls. 11.1
8	2	Check this b	bling members of the governing body (Part VI, line 1a)				11
9	3	Number of V	bling members of the governing body (Part VI, line 1a). Idependent voting members of the governing body (Part VI, line 1b).			4	22
S	4	Number of It	r of individuals employed in calendar year 2020 (Part V, line 2a)			5	12
豐						6	0.
÷						7a	0.
半	7a	Total unrelat	ed business revenue from Part VIII, coldinit (9), islic d business taxable income from Form 990-T, Part I, line 11			7b	
	ь						Current Year
		SECTION NAMES ARE SOME	s and grants (Part VIII, line 1h)		925,4		1,544,637.
Ф	8	Contribution	vice revenue (Part VIII, line 2g)		91,0		87,577.
Revenue	9	Program ser	ncome (Part VIII, mile 2g)			10.	-2,404.
e ve	10	Investment i	ncome (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,7		33,468.
ŭ	11	Other reven	ue (Part VIII, column (A), lines 3, 60, 60, 30, 100, and lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,053,2	33.	1,663,278.
	12	Total revenu	e - add lines 8 through 11 (thust equal 1 dr 1 thr)				
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefils pai	d to or for members (Part IX, column (A), line 4)	<i>y</i>	742,1	98.	730,884.
	15	Contaction all	por compensation, employee benefits (Part IX, column (A), mice of the	-	, , , , ,		
es	163	Professiona	fundraising fees (Part IX, column (A), line 11e).		ELITIMATE THE TABLE	WIG TOO BY	SA THE REPORT OF THE PARTY OF T
Expenses	100	T 1-1 5 de-	ising expenses (Part IX, column (D), line 25)	Vii.	但是ANDERS HAVE BY	\$1500 E	DESCRIPTION OF A PARTY
×	E	i lotal tunura	issing expenses (Fart IX, column (A), lines 11a-11d, 11f-24e)		321,	571.	358,543.
ш	17	Other exper	ses, Add lines 13-17 (must equal Part IX, column (A), line 25)		1,063,	169.	1,089,427.
	18	Total expen	ses. Add lines 15-17 (must equal part in, column (v)		-10,	536.	573,851.
	19	Revenue les	ss expenses, Subtract line 18 from line 12	Re	glaning of Curre		End of Year
8			70-520-00 000-000-000-000		242,	817.	814,899.
oto	20	Total assets	(Part X, line 16)			993.	56,224.
Assets	21	Total liabilit	ies (Part X, line 26)	(A) (A) (B) (B) (B) (B) (B) (B)	184,		758,675.
Net	22	Net assets	or fund balances. Subtract line 21 from line 20		104,	021.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						ده واي د	to the fermion comment and
F.	al (II	Julynau	Ire Block declare that I have examined this return, including accompanying schedules and statements parer (other than officer) is based on all information of which preparer has any knowledge.	s, and to the b	est of my knowledg	e and belie	it, it is one, conect, and
CON	ier pen-	aities of perjury, I Declaration of pre	perer (other than officer) is based on all information of which preparer has any knowledge.	-			
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	gn	N 011	RISTINA EMERY	E	XECUTIVE	DIK.	
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P	repa	rer Firm's na	me KING, KING & MODOGETTE		Firm's Ell	y 1=	
U	se O	nly Film's ac	dress 170 HOLABIRD AVE		Phone no	100	0) 379-0215
			CT OFOGS	-11-			. X Yes No
NA-	av the	IRS discuss	this return with the preparer shown above? See instructions				Form 990 (2020
8.Y 14	al mic	, ,, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the same to instructions	TEEA01	01L 01/19/21		\

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

Municipality: Torrington



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:					
Susan B. Anthony Project					
Address: 179 Water Street, Torrington, CT 06790					
Federal Employer Identification Number:					
Program title: Community Service for Victims of Domestic Violence and Sexual Assault					
Name of contact person: Ashely Cerruto					
Telephone number: (860) 489-3798					
Email address: _acerruto@sbaproject.org					
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00					
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.					

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: Susan B. Anthony Project provides crisis and non-crisis services to victims of domestic and sexual violence. It also provides community education and outreach to aid in the prevention of domestic and sexual abuse. All of the agency's services are free of charge, and include a 24-hour crisis line, emergency shelter and transitional living programs, court and medical advocacy, support groups and individual counseling. Need for program: Last year, 46 women and 47 children were given safe shelter at the Susan B. Anthony Project shelter and transition house. Counselors answered 2,810 calls to the crisis line. Court advocates assisted an average of 172 new clients every month. Counselors helped 261 individuals who were victims of sexual assault. Community prevention programs were provided to 230 students in grades K-12, and an additional 275 adult community partners. Neighborhood area to be served: The 20 towns in Northwest Connecticut, including Torrington. Plan to implement the program: Direct service response: - 24/7, 365 days for crisis hotline, shelter, and transitional living program

-- Court advocacy in criminal and civil court, Monday - Friday

Part II — Program Information

- Counseling and advocacy of community clients at our Counseling and Advocacy Center

Timetable:	
Program start date: _July 1,2022	
Program completion date: _June 30, 2022	
The program completion date must not be more than two years fron post-project audit is due to the municipality overseeing implement after program completion date for all projects receiving \$25,000 controls.	itation no later than
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$75,000.00
Other funding sources - itemized sources:	
a) Federal and state grants	\$1,123,160.00
b) Contributions	\$615,000.00
c) Fundraising events	\$87,500.00
d) Other	\$455,154.00
Total Funding:	\$2,355,814.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Program services expenses	\$2,088,891.00
b)	\
c)	
d)	
Administrative expenses - itemized description:	
a) Administrative costs	\$23,558.00
b) Fundraising expenses	\$188,465.00
c) Insurance audit	\$54,900.00
d)	

Total Proposed Expenditures:

\$2,355,814.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:City of Torrington
Mailing address:
140 Main Street, Torrington, CT 06790
Name of municipal liaison: Maurette Wall
Telephone number: _860.489.2228
Fax number: _860.489.2541
Email address: maurette_wall@torringtonct.org

	Post-Pr	oject Audit
ls a post-pr	oject audit	required for this proposal?
X	Yes	No
If Ye	es, date pos	st-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.)

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2020 calen	idar year, or tax year beg	inning 7/01	, 2020, a	nd ending	6/3			0 2021
В	Check if a	applicable:	C					D Entploye	r Identific	ation number
	Addre	ress change	SUSAN B. ANTHON	Y PROJECT, INC.						
	Name	e change	179 WATER STREE					E Telephor	e number	
	Initia	al return	TORRINGTON, CT	06790				(860) 48	9-3798
	Final o	return/terminated							S.C S. 19.50	
	1	ended return	I					G Gross re	ceipts \$	2,707,780.
	-	lication pending	F Name and address of princi	ipal officer: JEANNE S.	Elleco		H(a) Is this	a group return		The second secon
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¥	6 T			if necessary)					6	38
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				st equal Part IX, column				1,764,		1,773,663.
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Und	er penaltie	es of perjury. I o	declare that I have examined this	return, including accompanying so on all information of which prepare	chedules and states rer has any knowled	ments, and to doe.	the best of	my knowledg	e and beli	ef, it is true, correct, and
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13000			WINSTED, C	Г 06098				Phone no.	(86)	0) 379-0215
Ma	v the 18	S discuss I	this return with the prepa	rer shown above? See in	structions			11		. X Yes No



Municipality: Torrington

Form NAA-OI

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: United Way of Northwest Connecticut, Inc

Address: PO Box 1001 Torrington, CT 06790

Federal Employer Identification Number:

Program title: 2022 United Way of Northwest Connecticut Annual Campaign

Name of contact person: Owen J. Quinn

Telephone number: 860-489-4131 x 100

Email address: owen@northwestunitedway.org

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

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. S 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over; X _X Job training/education for persons with physical disabilities; X Program serving low-income persons; X Child care services; _____ Establishment of a child day care facility; Open space acquisition fund; or X Other (specify): Other important programs in Northwest Connecticut Description of program: Our misson is helping people in Northwest Connecticut care for one another. The

Description of program: Our misson is helping people in Northwest Connecticut care for one another. The United Way is committed to using all resources available to create a measurable impact on Northwest Connecticut areas of the regions greatest needs. We will support quality programs delivered by United Way Community Partners that respond to our needs. We will engage community leaders in understanding the human service challenges in Northwest Connecticut and will create community solutions.

Need for program: To allocate funds to the 25 participating human service community partners that provide assistance through over 30 funded programs.

Neighborhood area to be served: 16 towns in Northwest Connecticut, including Torrington and Winsted.

Plan to implement the program: We plan to continue to raise funds and allocate funds to the over 30 programs approved by the United Way Board of Directors; and to monitor outcome on a quarterly basis to be sure that all of those in need are being served within the 16 towns in Northwest Connecticut.

Timetable:

Program start date: 1/1/2022

Program completion date. 12/31/2022

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 Ill — Financial Information

Total Proposed Expenditures:

Program Budget:

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

	NAA funds requested	150.000.00
	Other funding sources - itemized sources:	
	a) <u>Corporate</u>	<u>192,308.64</u>
	b) Employee and Individual	383,042.89
	c)	
	d)	
T-4-1	T. 1.	575 251 52
1 otal	Funding:	<u>575,351.53</u>
	Funding: osed Program Expenditures:	<u> 575,351.53</u>
	_	<u> 575,351.53</u>
	Direct operating expenses - itemized description: a) Community Partner Allocations	314,222.27
	Direct operating expenses - itemized description: a) Community Partner Allocations b)	
	Direct operating expenses - itemized description: a) Community Partner Allocations	
	Direct operating expenses - itemized description: a) Community Partner Allocations b)	
	Direct operating expenses - itemized description: a) Community Partner Allocations b) c) d)	
	Direct operating expenses - itemized description: a) Community Partner Allocations b) c) d) Administrative expenses - itemized description: a) United Way Budget b)	314,222.27
	Direct operating expenses - itemized description: a) Community Partner Allocations b) d) Administrative expenses - itemized description: a) United Way Budget	314,222.27
	Direct operating expenses - itemized description: a) Community Partner Allocations b) d) Administrative expenses - itemized description:	314,222.2

575,351.53

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: City of Torrington

Mailing address: 140 Main Street Torrington, CT 06790

Name of municipal liaison: Maurette Wall

Telephone number: 860 – 489 - 2228

Fax number: 860-489-2541

Email address: maurette wall@torringtonct.org

Post- Project Review
Is a post-project review required for this proposal? Yes No If Yes, date post-project review due:
Date

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

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

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NM-OI

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- 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.)

6	

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

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

Open to Public Inspection

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Department of the Treasury Internal Revenue Service

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.

, 2020, and ending A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable: UNITED WAY OF NORTHWEST CONNECTICUT, INC Address change E Telephone number P.O. BOX 1001, 333 KENNEDY DR R101 Name change TORRINGTON, CT 06790 860-489-4131 Initial return Final return/terminated G Gross receipts \$ 685,729. Amended return H(a) Is this a group return for subordinates F Name and address of principal officer: KEVIN SULLIVAN X No Yes H(b) Are all subordinates included?

If "No," altach a list. See instructions SAME AS C ABOVE 4947(a)(1) or) (insert no.) X 501(c)(3) 501(c) (Tax-exempt status: H(c) Group exemption number WWW.NORTHWESTUNITEDWAY.ORG Website: ► L Year of formation: 1942 ${\sf M}$ Stale of legal domicile: ${\sf CT}$ Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 18 Activities & Total number of individuals employed in calendar year 2020 (Part V, line 2a) 14 5 Total number of volunteers (estimate if necessary) 6 115 0. 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11..... Current Year 657,020. Contributions and grants (Part VIII, line 1h)..... 665,920. 23,306. Program service revenue (Part VIII, line 2g)..... 87. 227. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,316. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 21,400. 685,729. 687,547. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 328,863. 455,806 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4) 172,976. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 197,221 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 96,425. 129,312. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 749,452 631,151. Revenue less expenses. Subtract line 18 from line 12..... 54,578. -61,905. Beginning of Current Year End of Year 814,611. 677,572. 330,786. 573,235 346,786. Net assets or fund balances. Subtract line 21 from line 20..... 241,376 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. Signature of officer Sign TREASURER Here KEVIN SULLIVAN Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name self-employed ROBERT E. KING, CPA ROBERT E. KING, CPA Paid KING, KING & ASSOCIATES, CPAS Preparer Firm's name Firm's FIN ▶ Use Only 170 HOLABIRD AVE (860)379-0215 WINSTED, CT 06098 May the IRS discuss this return with the preparer shown above? See instructions