



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: _____
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?



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: _____
KidsPlay Children's Museum, founded in 2012, occupies properties at 57, 61, and 69 Main Street in Torrington. The primary focus of this energy conservation project is to complete the renovation and integration of 8,000 additional square feet with the installation of energy-efficient lighting throughout 57 Main Street. If well-funded, the project will also include replacing the failing roof of 61 Main St. to improve insulation and reduce heating costs. The Museum will also continue facade improvement by replacing doors and windows with energy-efficient solutions. This expansion allows us to impact even more children with a diverse range of new programming and exhibits.

Need for program: _____
KidsPlay currently operates over 11,000 square feet of hands-on exhibits where children practice pre-academic skills, build curiosity and explore through play. Over the past ten years, the Museum has integrated many energy efficiency measures into the renovation of its facilities. Still, the lighting system of 57 Main requires a total renovation before the Museum's expansion is complete. The Museum will also use energy-efficient solutions to address other building envelope problems, including a failing roof (61 Main) and inefficient windows and doors throughout the campus (57, 61 & 69 Main). These measures improve the Museum's long-term financial sustainability by making infrastructure improvements that lower energy use.

Neighborhood area to be served: _____
KidsPlay has welcomed over 275,000 visitors from the northwest corner and beyond. The Museum enriches Torrington's educational landscape for families from a variety of socio-economic, cultural, and educational backgrounds. Families frequently use KidsPlay as a neutral space between home, work, and school where they can come together to learn and connect. In its first ten years of operation, KidsPlay has brought tangible improvements to downtown Torrington and has continually expanded its offerings of challenging and engaging informal learning opportunities including new programs and exhibits. This project will strengthen the capacity of the Museum to serve our region as a space for community learning.

Plan to implement the program: _____
If funded, the Museum will engage the appropriate contractors to carry out the energy conservation upgrades. The Museum Director, the Exhibits and Facilities Manager and the Physical Environment Committee would oversee the administration of the program.

Timetable:Program start date: 1/1/2022Program completion date: 12/31/2023

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 \$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:

a) Salaries - Museum Director/Facilities Manager \$5,000.00

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$155,000.00

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

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If **Yes**, date post-project audit due:

Date

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

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 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C KIDSPRAY CHILDREN'S MUSEUM, INC.
61 MAIN ST
TORRINGTON, CT 06790

D Employer identification number

E Telephone number
860-618-7700

G Gross receipts \$ 717,717.

F Name and address of principal officer: KENNETH MERZ
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒
H(b) Are all subordinates included? If "No," attach a list. See instructions Yes ☐ No ☐

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2012

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	14
4	14
5	22
6	35
7a	0.
7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	798,479.	644,289.
9 Program service revenue (Part VIII, line 2g)	206,090.	62,497.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	583.	348.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,925.	10,583.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,035,077.	717,717.
13 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)	362,261.	349,483.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,721.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	320,240.	272,925.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	682,501.	622,408.
19 Revenue less expenses. Subtract line 18 from line 12	352,576.	95,309.
20 Total assets (Part X, line 16)	Beginning of Current Year 2,040,903.	End of Year 2,122,845.
21 Total liabilities (Part X, line 26)	798,599.	783,690.
22 Net assets or fund balances. Subtract line 21 from line 20	1,242,304.	1,339,155.

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: KENNETH MERZ
Type or print name and title: PRESIDENT

Date: _____

Paid Preparer Use Only

Print/Type preparer's name: ROBERT E. KING, CPA
Preparer's signature: ROBERT E. KING, CPA
Date: _____
Check ☐ if self-employed PTIN: _____
Firm's name: KING, KING & ASSOCIATES, CPAS
Firm's EIN: _____
Firm's address: 170 HOLABIRD AVE
WINSTED, CT 06098
Phone no.: (860) 379-0215

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form 990 (2020)



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 job opportunities, as well as supporting them throughout the employment process.

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 diagnosis 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 offer them an opportunity to apply for a scholarship in order to obtain the necessary schooling to obtain the certificate, including high school/college diplomas.

Timetable:Program start date: July 1, 2022Program completion date: June 30, 2024

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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>BRS - vocational service fees</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$300,000.00</u>

Total Funding:**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Staffing - Salary & Fringe</u>	<u>\$213,000.00</u>
b) <u>Client Opportunity Fund</u>	<u>\$15,000.00</u>
c) <u>Transportation</u>	<u>\$10,000.00</u>
d) <u>Electronic Health Record</u>	<u>\$10,000.00</u>
Administrative expenses - itemized description:	
a) <u>Facilities</u>	<u>\$12,000.00</u>
b) <u>Supplies & communication</u>	<u>\$10,000.00</u>
c) <u>A&G</u>	<u>\$30,000.00</u>
d) _____	_____
	<u>\$300,000.00</u>

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:	_____
	<u>City of Torrington</u>
Mailing address:	_____
	<u>140 Main Street, Torrington, CT 06790</u>
Name of municipal liaison:	<u>Maurette Wall</u>
Telephone number:	<u>(860) 489-2228</u>
Fax number:	<u>(860) 489-2541</u>
Email address:	<u>maurette_wall@torringtonct.org</u>

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

Date

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceReturn of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
PRIME TIME HOUSE, INC.
836 MAIN STREET
TORRINGTON, CT 06790

D Employer identification number

E Telephone number

(860) 618-2479

G Gross receipts \$ 1,663,278.

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.PRIMETIMEHOUSE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	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).....
	4 Number of independent voting members of the governing body (Part VI, line 1b).....
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....
	6 Total number of volunteers (estimate if necessary).....
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....
	7b Total unrelated business taxable income from Form 990-T, Part I, line 11.....
Revenue	8 Contributions and grants (Part VIII, line 1h).....
	9 Program service revenue (Part VIII, line 2g).....
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....
Expenses	13 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).....
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....
	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).....
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12.....
	20 Total assets (Part X, line 16).....
	21 Total liabilities (Part X, line 26).....
	22 Net assets or fund balances. Subtract line 21 from line 20.....

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			
	CHRISTINA EMERY Type or print name and title	EXECUTIVE DIR.			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT E. KING, CPA	ROBERT E. KING, CPA			
	Firm's name ▶ KING, KING & ASSOCIATES, CPAS				Firm's EIN ▶
	Firm's address ▶ 170 HOLABIRD AVE WINSTED, CT 06098				Phone no. (860) 379-0215

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form 990 (2020)



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.

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: _____

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

Timetable:Program start date: July 1, 2022Program completion date: June 30, 2022

The program completion date must not be more than two years from the program start date. A certified post-project 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	<u>\$75,000.00</u>
Other funding sources - itemized sources:	
a) <u>Federal and state grants</u>	<u>\$1,123,160.00</u>
b) <u>Contributions</u>	<u>\$615,000.00</u>
c) <u>Fundraising events</u>	<u>\$87,500.00</u>
d) <u>Other</u>	<u>\$455,154.00</u>
	<u>\$2,355,814.00</u>

Total Funding:**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Program services expenses</u>	<u>\$2,088,891.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Administrative costs</u>	<u>\$23,558.00</u>
b) <u>Fundraising expenses</u>	<u>\$188,465.00</u>
c) <u>Insurance audit</u>	<u>\$54,900.00</u>
d) _____	_____
	<u>\$2,355,814.00</u>

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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ 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.)

Return of Organization Exempt From Income Tax

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

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

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

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

C SUSAN B. ANTHONY PROJECT, INC.
179 WATER STREET
TORRINGTON, CT 06790

D Employer identification number

E Telephone number
(860) 489-3798

G Gross receipts \$ 2,707,780.

F Name and address of principal officer: JEANNE S. FUSCO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒
H(b) Are all subordinates included? Yes ☐ No ☐
 If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SBAPROJECT.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1983 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROMOTES SAFETY, HEALING AND GROWTH FOR ALL SURVIVORS OF DOMESTIC AND SEXUAL ABUSE AND ADVOCATES FOR THE AUTONOMY OF WOMEN AND THE END OF INTERPERSONAL VIOLENCE.

2 Check this box ☐ 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 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 35

6 Total number of volunteers (estimate if necessary) 6 38

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	2,030,785.	2,654,192.
9 Program service revenue (Part VIII, line 2g) 9	6,296.	4,810.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	5,100.	3,511.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	36,858.	28,465.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	2,079,039.	2,690,978.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	1,368,420.	1,383,266.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) 16b	155,077.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	396,047.	390,397.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	1,764,467.	1,773,663.
19 Revenue less expenses. Subtract line 18 from line 12 19	314,572.	917,315.
20 Total assets (Part X, line 16) 20	Beginning of Current Year 5,023,200.	End of Year 6,376,003.
21 Total liabilities (Part X, line 26) 21	370,036.	148,879.
22 Net assets or fund balances. Subtract line 21 from line 20 22	4,653,164.	6,227,124.

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: JEANNE S. FUSCO Date: 1-21-2022
 JEANNE S. FUSCO EXECUTIVE DIR.
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: ROBERT E. KING, CPA Preparer's signature: ROBERT E. KING, CPA Date:
 Firm's name: KING, KING & ASSOCIATES, CPAS
 Firm's address: 170 HOLABIRD AVE WINSTED, CT 06098
 Check ☐ if self-employed PTIN:
 Firm's EIN:
 Phone no.: (860) 379-0215



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;
- ☒ 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): Other important programs in Northwest Connecticut

Description of program: Our mission 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 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) Corporate 192,308.64

b) Employee and Individual 383,042.89

c) _____

d) _____

Total Funding: 575,351.53

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Community Partner Allocations 314,222.27

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) United Way Budget 261,129.26

b) _____

c) _____

d) _____

Total Proposed Expenditures: 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 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.

NM-OI

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.)

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																											
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name and address of principal officer: KEVIN SULLIVAN SAME AS C ABOVE</td> <td colspan="2">D Employer identification number</td> </tr> <tr> <td colspan="2" rowspan="2"> UNITED WAY OF NORTHWEST CONNECTICUT, INC P.O. BOX 1001, 333 KENNEDY DR R101 TORRINGTON, CT 06790 </td> <td colspan="2">E Telephone number 860-489-4131</td> </tr> <tr> <td colspan="2">G Gross receipts \$ 685,729.</td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: KEVIN SULLIVAN SAME AS C ABOVE </td> <td colspan="2"> 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. </td> </tr> <tr> <td colspan="2"> 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 </td> <td colspan="2">H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.NORTHWESTUNITEDWAY.ORG</td> <td colspan="2">L Year of formation: 1942</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td colspan="2">M State of legal domicile: CT</td> </tr> </table>	C Name and address of principal officer: KEVIN SULLIVAN SAME AS C ABOVE		D Employer identification number		UNITED WAY OF NORTHWEST CONNECTICUT, INC P.O. BOX 1001, 333 KENNEDY DR R101 TORRINGTON, CT 06790		E Telephone number 860-489-4131		G Gross receipts \$ 685,729.		F Name and address of principal officer: KEVIN SULLIVAN SAME AS C ABOVE		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.		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		H(c) Group exemption number ▶		J Website: ▶ WWW.NORTHWESTUNITEDWAY.ORG		L Year of formation: 1942		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CT	
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Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	4	18
	4	5	18
	5	6	14
	6	7a	115
	7a	7b	0.
Revenue			Prior Year
			Current Year
	8	9	665,920.
	9	10	657,020.
	10	11	23,306.
	11	12	87.
Expenses			227.
	12	13	21,400.
	13	14	5,316.
	14	15	687,547.
	15	16a	685,729.
	16a	17	455,806.
	17	18	328,863.
	18	19	197,221.
	19	20	172,976.
	20	21	44,774.
Net Assets or Fund Balances			96,425.
	21	22	129,312.
	22	23	749,452.
	23	24	631,151.
		-61,905.	54,578.
		Beginning of Current Year	End of Year
24	25	814,611.	677,572.
25	26	573,235.	330,786.
26	27	241,376.	346,786.

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
	KEVIN SULLIVAN		TREASURER
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature
	ROBERT E. KING, CPA		ROBERT E. KING, CPA
	Firm's name ▶ KING, KING & ASSOCIATES, CPAS		Date
	Firm's address ▶ 170 HOLABIRD AVE		Check <input type="checkbox"/> if PTIN
	WINSTED, CT 06098		self-employed
		Firm's EIN ▶	Phone no. (860) 379-0215
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			