



Municipality: Torrington

## Form NAA-01

### 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

#### Part I — General Information

Name of tax exempt organization/municipal agency: KidsPlay Children's Museum, Inc.

Address:

61 Main Street, Torrington, CT 06790

Federal Employer Identification Number: \_\_\_\_\_

Program title: KidsPlay Energy Conservation Program

Name of contact person: Eileen Marriott, Museum Director

Telephone number: 860-618-7700 ext. 2225

Email address: director@kidsplaymuseum.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.

6/3/2021 9:51 AM  
RECEIVED FOR RECORD  
TORRINGTON TOWN CLERK

## 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 windows and doors, especially the large storefront windows on Main Street, are a significant part of the building envelope. The Museum seeks to replace doors and windows across all three buildings with energy-efficient solutions to save energy and reduce costs. The Museum would also replace the HVAC System, roof and lighting in 57 Main Street with a systems that are energy efficient and appropriate for the intended use of the property as a venue for purposeful, development play and learning.

Need for program: KidsPlay operates over 11,000 square feet of interactive, hands-on exhibits where children ages 1 to 10 practice pre-academic skills, build curiosity and explore through developmental play. The Museum's 61 Main Street and 69 Main Street facilities both have inefficient windows and doors. The Museum acquired 57 Main Street in 2019, this facility has inefficient windows and doors, dated and inefficient HVAC System, a roof with limited insulation and inefficient lighting. A total renovation of the HVAC, roof and lighting systems will be required to incorporate this space into the growing Museum. These energy conservation projects will also support the financial sustainability of the Museum.

Neighborhood area to be served: KidsPlay has welcomed over 247,000 visitors from Torrington, the northwest corner and beyond. The Museum enriches the educational landscape for families from across the socio-economic, cultural, and educational spectrum. Museums are excellent examples of neutral spaces between home, work, and school where families can come together in community to learn and connect. In its first eight years of operation, KidsPlay has brought tangible improvements to downtown Torrington and has expanded informal learning opportunities. This project will strengthen the capacity of the museum and create a trusted space for community learning.

Plan to implement the program: KidsPlay has monitored temperatures near the windows and doors for the past three winters. The Museum's Physical Environment Committee will work with an architect to determine appropriate energy conservation modifications. If funded, The Museum will engage the appropriate contractors to carry out the energy conservation upgrades. The Museum Director and the Physical Environment Committee would oversee the administration of the program.

**Timetable:**Program start date: 6/1/2021Program completion date: 5/31/2023

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

**Part III — Financial Information****Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) <u>General Operating Funds</u>	<u>\$5,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Funding:</b>	<u>\$155,000</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Construction - windows, door, lighting, HVAC, roof.</u>	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Salaries - Museum Director / Facilities Manager</u>	<u>\$5,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$155,000</u>

## 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

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection****A For the 2019 calendar year, or tax year beginning , 2019, and ending**

<b>B</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		<b>C</b> KIDSPLAY CHILDREN'S MUSEUM, INC. 61 MAIN ST TORRINGTON, CT 06790		<b>D</b> Employer identification number	
				<b>E</b> Telephone number 860-618-7700	
				<b>G</b> Gross receipts \$ 1,058,617.	
		<b>F</b> Name and address of principal officer: KENNETH MERZ SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>J</b> Website: ▶ N/A			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2012		<b>M</b> State of legal domicile: CT	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: KIDSPLAY'S INTERACTIVE EXHIBITS AND PROGRAMS SPARK CURIOSITY AND PRESENT LEARNING CONCEPTS IN WAYS THAT ARE MEANINGFUL TO CHILDREN AGES 1 - 10. THE MUSEUM ENRICHES THE EDUCATIONAL LANDSCAPE WITH PURPOSEFUL, CREATIVE LEARNING THROUGH PLAY.			
	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) 13		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 13		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 25		
	6	Total number of volunteers (estimate if necessary) 55		
<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
	7b	Net unrelated business taxable income from Form 990-T, line 39 0.		
		Prior Year	Current Year	
	8	508,087.	798,479.	
	9	227,155.	206,090.	
	10	495.	583.	
	11	36,606.	29,925.	
	12	772,343.	1,035,077.	
	<b>Expenses</b>	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		339,323.	362,261.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) 66,540.		
17		290,305.	320,240.	
18		629,628.	682,501.	
19		142,715.	352,576.	
<b>Net Assets or Fund Balances</b>	20	Beginning of Current Year	End of Year	
	21	1,692,055.	2,040,903.	
	22	803,256.	798,599.	
		888,799.	1,242,304.	

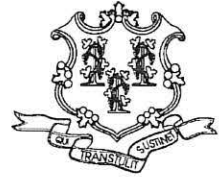
**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer		Date	
	KENNETH MERZ		PRESIDENT	
<b>Paid Preparer Use Only</b>	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 address ▶ 170 HOLABIRD AVE WINSTED, CT 06098-1727	Firm's EIN ▶ Phone no. (860) 379-0215		

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





Municipality: Torrington

**Form NAA-01**  
**2021 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

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

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
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.

6/3/2021 9:51 AM  
RECEIVED FOR RECORD  
TORRINGTON TOWN CLERK

## 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, 45 women and 47 children were given safe shelter at the Susan B. Anthony Project shelter and transition house. Court advocates helped an average of 144 new clients every month. Counselors helped 1,662 individuals who were victims of sexual assault. Counselors answered 1,903 calls to the crisis line. Community prevention programs were provided to 4,464 students in grades K-12, and an additional 847 adult community partners.

Neighborhood area to be served: \_\_\_\_\_

Torrington and the 20 towns in Northwest Connecticut.

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 in our Counseling and Advocacy Center



**Timetable:**Program start date: July 1, 2021Program completion date: June 30, 2022

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

**Part III — Financial Information****Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	<u>\$75,000.00</u>
Other funding sources - itemized sources:	
a) <u>Federal and state grants</u>	<u>\$1,039,146.00</u>
b) <u>Contributions</u>	<u>\$509,500.00</u>
c) <u>Fundraising events</u>	<u>\$80,000.00</u>
d) <u>Other</u>	<u>\$94,937.00</u>
<b>Total Funding:</b>	<u>\$1,798,583.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Program services expenses</u>	<u>\$1,719,899.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Administrative costs</u>	<u>\$19,031.00</u>
b) <u>Fundraising expenses</u>	<u>\$114,186.00</u>
c) <u>Insurance audit</u>	<u>\$49,989.00</u>
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$1,903,105.00</u>

## 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

<b>Post-Project Review</b>
Is a post-project review required for this proposal?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , date post-project review due:
_____
Date

# 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact Information* below.

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

## Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)  
Neighborhood Assistance Act Program  
Attn: Research Unit  
450 Columbus Blvd Ste 1  
Hartford CT 06103-1837

or call **860-297-5687**.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.



# CLIENT COPY

Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

**A** For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b>	<b>D</b> Employer identification number
	SUSAN B. ANTHONY PROJECT, INC. 179 WATER STREET TORRINGTON, CT 06790	<b>E</b> Telephone number: (860) 489-3798
	<b>F</b> Name and address of principal officer: <u>JEANNE S. FUSCO</u>	<b>G</b> Gross receipts \$ <u>2,101,561.</u>
	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

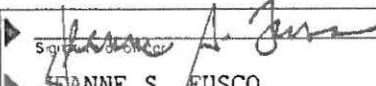
**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 1983 **M** State of legal domicile: CT

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <u>37</u>		
	<b>6</b> Total number of volunteers (estimate if necessary) <u>86</u>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <u>0.</u>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <u>0.</u>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <u>1,666,651.</u>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <u>14,026.</u>	<u>1,666,651.</u>	<u>2,030,785.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>7,590.</u>	<u>14,026.</u>	<u>6,296.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>34,761.</u>	<u>7,590.</u>	<u>5,100.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1,723,028.</u>	<u>34,761.</u>	<u>36,858.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>1,313,076.</u>	<b>Prior Year</b>	<b>Current Year</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>1,368,420.</u>	<u>1,313,076.</u>	<u>1,368,420.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>172,476.</u>	<u>1,368,420.</u>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>433,892.</u>	<u>172,476.</u>	<u>396,047.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>1,746,968.</u>	<u>433,892.</u>	<u>396,047.</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>1,764,467.</u>	<u>1,746,968.</u>	<u>1,764,467.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>-23,940.</u>	<u>1,764,467.</u>	<u>314,572.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>4,284,315.</u>	<u>-23,940.</u>	<u>314,572.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <u>4,480,304.</u>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <u>195,989.</u>	<u>4,480,304.</u>	<u>5,023,200.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>4,284,315.</u>	<u>195,989.</u>	<u>370,036.</u>

### 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.

<b>Sign Here</b>		Date <u>12-04-2020</u>			
	<u>JEANNE S. FUSCO</u> Type or print name and title	<u>EXECUTIVE DIR.</u>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>ROBERT E. KING, CPA</u>	Preparer's signature <u>ROBERT E. KING, CPA</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <u>KING, KING &amp; ASSOCIATES, CPAS</u>				
	Firm's address <u>170 HOLABIRD AVE</u> <u>WINSTED, CT 06098-1727</u>				
	Firm's EIN <u></u>	Phone no. <u>(860) 379-0215</u>			

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 01/21/20

Form 990 (2019)





Municipality: Torrington

## Form NAA-01

### 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

#### Part I — General Information

Name of tax exempt organization/municipal agency: United Way of Northwest Connecticut, Inc.

Address:

333 Kennedy Drive, Suite R101, PO Box 1001 Torrington, CT 06790

Federal Employer Identification Number: \_\_\_\_\_

Program title: 2021 United Way of Northwest Connecticut Annual Campaign

Name of contact person: Owen J. Quinn

Telephone number: 860-489-4131

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.

6/3/2021 2:23 PM  
RECEIVED FOR RECORD  
TORRINGTON TOWN CLERK

## 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): 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 i 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 NWCT 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 UW 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 town in Northwest Connecticut.



**Timetable:**Program start date: 1/1/2021Program completion date: 12/31/2021

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

**Part III — Financial Information****Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Corporate</u>	<u>192,308.64</u>
b) <u>Employee and Individual</u>	<u>383,042.89</u>
c) _____	_____
d) _____	_____
	<u>575,351.53</u>

**Total Funding:****Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Community Partner Allocations</u>	<u>314,222.27</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>United Way Budget</u>	<u>261,129.26</u>
b) _____	_____
c) _____	_____
d) _____	_____
	<u>575,351.53</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

<p align="center"><b>Post-Project Review</b></p> <p align="center">Is a post-project review required for this proposal?</p> <p align="center"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p align="center">If <b>Yes</b>, date post-project review due:</p> <p align="center">_____</p> <p align="center">Date</p>
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## 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact 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 Review:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

### Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)  
Neighborhood Assistance Act Program  
Attn: Research Unit  
450 Columbus Blvd Ste 1  
Hartford CT 06103-1837

or call 860-297-5687.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****A** For the 2019 calendar year, or tax year beginning , 2019, and ending ,

<b>B</b> Check if applicable:		<b>C</b>		<b>D</b> Employer identification number	
<input type="checkbox"/> Address change		UNITED WAY OF NORTHWEST CONNECTICUT, INC P.O. BOX 1001, 333 KENNEDY DR R101 TORRINGTON, CT 06790		<b>E</b> Telephone number	
<input type="checkbox"/> Name change				860-489-4131	
<input type="checkbox"/> Initial return					
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending		<b>F</b> Name and address of principal officer: FRANK RAMSEY SAME AS C ABOVE		<b>G</b> Gross receipts \$ 713,187.	
<b>I</b> 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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.NORTHWESTUNITEDWAY.ORG		<b>H(c)</b> Group exemption number ▶			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1942		<b>M</b> State of legal domicile: CT	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	150
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	917,758.	665,920.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150.	227.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,689.	21,400.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	939,597.	687,547.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	678,202.	455,806.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	191,121.	197,221.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 75,114.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,273.	96,425.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	966,596.	749,452.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-26,999.	-61,905.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	871,810.	814,611.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	621,004.	573,235.
		250,806.	241,376.

**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.

<b>Sign Here</b>	Signature of officer		Date	
	FRANK RAMSEY		TREASURER	
<b>Paid Preparer Use Only</b>	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	5/20/20	
	Firm's name ▶ KING, KING & ASSOCIATES, CPAS	Firm's EIN ▶		
	Firm's address ▶ 170 HOLABIRD AVE WINSTED, CT 06098-1727	Phone no. (860) 379-0215		

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