



Municipality: Torrington

**Form NAA-01**  
**2023 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: \_\_\_\_\_  
EdAdvance

Address: PO Box 909, 355 Goshen Road, Litchfield, CT 06759-0909

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

Program title: Energy Efficiency Upgrade at EdAdvance Regional Learning Center (f.k.a. East School)

Name of contact person: Richard Carmelich

Telephone number: (860) 567-0863

Email address: carmelich@edadvance.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: \_\_\_\_\_

EdAdvance, one of the state's six Regional Educational Service Centers (RESCs), operates early childhood, special education, and adult education programs at the EdAdvance Regional Learning Center (f.k.a. East School), 215 Hogan Drive, where a plan for an energy conservation project is currently underway. Specifically for this request, we plan to replace 144 windows.

Need for program: \_\_\_\_\_

The project is needed due to the age and lack of energy efficiency of this former Torrington elementary school building, which originally opened in 1976. Window replacement is a critical part of a comprehensive building-wide energy conservation plan.

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

The area to be served is the East Side of Torrington, where the project is located at 215 Hogan Drive.

Plan to implement the program: \_\_\_\_\_

Plans for the energy conservation upgrades were approved in early 2023 and implementation of the project began on 4-20-2023.

**Timetable:**Program start date: 04/20/2023  
MM - DD - YYYYProgram completion date: 10/20/2023  
MM - DD - YYYYPost-project audit due date: 01/20/2024  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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, no later than three months after the program 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) Agency-funded bank loans \$259,885.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$409,885.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) 144 energy-efficient replacement windows + installation \$409,885.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) EdAdvance Chief Operations Officer for Project Management \$30,000.00b) Facilities Manager \$10,000.00c) Fiscal Services \$10,000.00d) Legal consultation \$15,000.00**Total Proposed Expenditures:** \$474,885.00

## 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

## **2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional 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 the Department of Revenue Services (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, no later than three months after the program completion date.

### **Additional Information**

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



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

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

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

**C** Name of organization**EDADVANCE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**355 GOSHEN ROAD, P.O. BOX 909**

City or town, state or province, country, and ZIP or foreign postal code

**LITCHFIELD, CT 06759****F** Name and address of principal officer: **JOHN KISSKO****SAME AS C ABOVE****D** Employer identification number**E** Telephone number**860-567-0863****G** Gross receipts \$ **36,978,114.****H(a)** Is this a group returnfor 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.EDADVANCE.ORG****K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **REGIO** **L** Year of formation: **1972** **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: <b>REGIONAL EDUCATIONAL SERVICE CENTER PROVIDING EDUCATIONAL TRAINING AND RELATED SERVICES TO 30</b>		
	<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)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>742</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>35</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>13,760,692.</b>	<b>14,651,936.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,969,887.</b>	<b>22,310,112.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,081.</b>	<b>16,066.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>22,594,591.</b>	<b>24,322,698.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>9,431,561.</b>	<b>11,461,333.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>32,026,152.</b>	<b>35,784,031.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,721,508.</b>	<b>1,194,083.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>20,506,260.</b>	<b>21,022,588.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,090,452.</b>	<b>10,412,697.</b>
			<b>9,415,808.</b>	<b>10,609,891.</b>

**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.

Signature of officer: **RICHARD CARMELICH** Date: **5/2/2023**  
 Type or print name and title: **RICHARD CARMELICH, CHIEF OPERATIONS OFFICER**

**Paid** Print/Type preparer's name: **MELANIE BALLESTAS** Preparer's signature: **MELANIE BALLESTAS** Date: **05/01/23** Check ☐ PTIN ☐ self-employed

**Preparer Use Only** Firm's name: **CLIFTONLARSONALLEN** Firm's EIN: **---**  
 Firm's address: **29 SOUTH MAIN STREET, 4TH FLOOR**  
**WEST HARTFORD, CT 06107** Phone no.: **(860) 561-4000**

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





Municipality: Torrington

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

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**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: Safe & Sustainable: Building a Family Friendly Space

Name of contact person: Ella Fraunhofer

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: \_\_\_\_\_

The primary focus of this energy conservation project is to continue to upgrade and improve the energy efficiency of KidsPlay's campus in Torrington's Downtown Historic and Cultural Districts. KidsPlay is nearing the completion of its renovation and integration of 57 Main Street, a project which involves making energy-efficient improvements to a formerly-disused building with decades of deferred maintenance. Now, KidsPlay is seeking to fund the efficient lighting for 57 Main Street and the replacement of the failing roof and inefficient doors and windows of 61 Main Street to improve insulation and reduce heating costs.

Need for program: \_\_\_\_\_

KidsPlay Children's Museum, founded in 2012, operates 11,000 square feet of hands-on exhibits at 57, 61, and 69 Main Street in Torrington. This campus, located in the heart of downtown, is on track to serve approximately 50,000 visitors in 2023. The Museum is home to a variety of educational programs and partner programs, such as Torrington Public Schools outreach programs like Birth to Graduation and the Community Family Learning Center Resource Library. The improvement of the Museum's energy efficiency contributes to a more financially and environmentally sustainable complex for use by KidsPlay's visitors and partners.

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

KidsPlay serves visitors and community members from throughout Connecticut, the tri-state area, and beyond, with 31% of visitors in 2022 coming from Torrington itself. The Museum enriches Torrington's educational landscape for families from a variety of socio-economic, cultural, and educational backgrounds. Families use KidsPlay as a neutral space between home, work, and school, and KidsPlay's presence in downtown Torrington consistently brings new people into the area. This project will strengthen KidsPlay's capacity to serve as a space for community learning and engagement.

Plan to implement the program: \_\_\_\_\_

If funded, the Museum will engage the appropriate contractors to carry out the energy conservation upgrades to the roof, doors, and windows. The Museum Director, the Exhibits and Facilities Manager, and the Physical Environment Committee will oversee the administration of the program.

**Timetable:**Program start date: 01/01/2023  
MM - DD - YYYYProgram completion date: 12/31/2024  
MM - DD - YYYYPost-project audit due date: 03/31/2024  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
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, no later than three months after the program completion date.

**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>General Operating Funds</u>	<u>\$15,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Funding:</b>	<u>\$15,000.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Construction (LED lighting, roof, storefront, insulation)</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Salaries (Museum Director, Exhibits &amp; Facilities Manager)</u>	<u>\$15,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$165,000.00</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: 860-489-2526

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)

- ▶ 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.

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning , 2021, 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 \$ 1,011,199.

**F** Name and address of principal officer: BRIAN MCCORMICK  
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: ▶ 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: KIDSPRAY CURRENTLY OPERATES OVER 11,000 SF OF INTERACTIVE, HANDS-ON EXHIBITS DESIGNED TO ENGAGE CHILDREN AGES 1 - 10 IN CREATIVE LEARNING THROUGH PURPOSEFUL PLAY. KIDSPRAY PRESENTS LEARNING CONCEPTS IN WAYS THAT ARE MEANINGFUL AND ACCESSIBLE TO YOUNG CHILDREN.

**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) 14

**4** Number of independent voting members of the governing body (Part VI, line 1b) 14

**5** Total number of individuals employed in calendar year 2021 (Part V, line 2a) 17

**6** Total number of volunteers (estimate if necessary) 35

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

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

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) 644,289.	644,289.	897,501.
<b>9</b> Program service revenue (Part VIII, line 2g) 62,497.	62,497.	112,233.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 348.	348.	479.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,583.	10,583.	986.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 717,717.	717,717.	1,011,199.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<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) 349,483.	349,483.	367,465.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 68,874.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 272,925.	272,925.	268,364.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 622,408.	622,408.	635,829.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 95,309.	95,309.	375,370.
<b>20</b> Total assets (Part X, line 16) 2,122,845.	2,122,845.	2,496,243.
<b>21</b> Total liabilities (Part X, line 26) 783,690.	783,690.	778,974.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 1,339,155.	1,339,155.	1,717,269.

## 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: BRIAN MCCORMICK  
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

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

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





**Municipality:** Torrington

**Form NAA-01**  
**2023 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: Pathways to Independence

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): \$ 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): job training/education for individuals with mental illness

Description of program: \_\_\_\_\_

Prime Time House helps adults with mental illness find pathways to independence through employment. We offer workforce incentive counseling to educate individuals the impact work may have on their existing benefits and to work on a plan to become financially independent. Our Career Counselors provide pre-vocational training, resume and interview prep, assistance with job applications, and on-the-job-training. Individuals that participate in our Clubhouse engage in work-ordered day activities to build confidence and learn vocational skills.

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 at 15%. Clients utilizing our programs have an employment rate of 45%, allowing these individuals to experience a sense of purpose, the chance to be part of the community, opportunities for financial growth, and a paycheck.

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

Prime Time House is located in Torrington. In addition to our campus, we provide career counseling at the Torrington American Job Center. Funding would benefit adults over the age of 18 that have a diagnosis of a serious mental illness. The majority of or clients reside in Torrington and are at or below poverty level.

Plan to implement the program: \_\_\_\_\_

We have programs in place to help individuals secure employment and/or further their vocational training. We partner with BRS to provide vocational support including evaluation, assessment, interview preparation, job development, job coaching, and on-the-job training. Our certified Workforce Incentive Counselor helps pave the way to financial independence by providing one-on-one counselling regarding the impact of employment on public benefits. Our "Prime Minds" program provides individuals with mental illness the opportunity to improve cognitive skills needed for employment through 6-week group training.

**Timetable:**Program start date: 07/01/2023  
MM - DD - YYYYProgram completion date: 06/30/2025  
MM - DD - YYYYPost-project audit due date: 09/30/2025  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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, no later than three months after the program completion date.

**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) BRS - vocational service fees \$ 105,000.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$ 180,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Staffing - salary & fringe \$ 107,000.00b) Client Opportunity fund \$ 15,000.00c) Transportation \$ 10,000.00d) Electronic Health Record \$ 5,500.00

Administrative expenses - itemized description:

a) Facilities \$ 10,000.00b) Supplies & Communication \$ 7,500.00c) A&G \$ 25,000.00

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$ 180,000.00

## 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

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

## **2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional 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 the Department of Revenue Services (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, no later than three months after the program completion date.

### **Additional Information**

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



**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.

**2021****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022**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 \$ 1,905,492.**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.PRIMETIMEHOUSE.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1986**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: SEE SCHEDULE O	
	<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)	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	11
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	24
	<b>6</b>	Total number of volunteers (estimate if necessary)	75
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,544,637. Current Year: 1,691,802.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	87,577. 153,277.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,404. -5,126.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,468. 41,204.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,663,278. 1,881,157.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	<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)	730,884. 947,920.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	358,543. 465,079.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,089,427. 1,412,999.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	573,851. 468,158.
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 814,899. End of Year: 1,274,509.
	<b>21</b>	Total liabilities (Part X, line 26)	56,224. 47,676.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	758,675. 1,226,833.

**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	
	CHRISTINA EMERY		EXECUTIVE DIR.	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	ROBERT E. KING, CPA	ROBERT E. KING, CPA		
	Firm's name ▶ KING, KING & ASSOCIATES, CPAS			
	Firm's address ▶ 170 HOLABIRD AVE WINSTED, CT 06098	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**  
**2023 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, 53 women and 47 children were given safe shelter at the Susan B. Anthony Project shelter and transition house. Counselors answered 2,216 calls to the crisis line. Court advocates assisted victims in civil and criminal court an average of 169 times every month. Counselors helped 260 individuals who were victims of sexual assault. Community prevention programs were provided to 1,626 children in grades K-12, and an additional 175 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: 07/01/2023  
MM - DD - YYYY  
Program completion date: 06/30/2024  
MM - DD - YYYY  
Post-project audit due date: 09/30/2024  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
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, no later than three months after the program completion date.

**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>State and Federal grants</u>	<u>\$1,059,160.00</u>
b) <u>Contributions</u>	<u>\$696,500.00</u>
c) <u>Fundraising events</u>	<u>\$87,500.00</u>
d) <u>Other</u>	<u>\$269,400.00</u>
<b>Total Funding:</b>	<u>\$2,187,560.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Program services expense</u>	<u>\$2,353,814.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Administrative cost</u>	<u>\$30,000.00</u>
b) <u>Fundraising expense</u>	<u>\$28,000.00</u>
c) <u>Insurance/audit</u>	<u>\$55,000.00</u>
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$2,466,814.00</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 M. 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

## **2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional 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 the Department of Revenue Services (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, no later than three months after the program completion date.

### **Additional Information**

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



**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.

**2021****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022**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 \$ 2,222,818.

**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**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1983**M** State of legal domicile: CT**Part I Summary**

Activities & Governance	<b>1</b>	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.		
	<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)	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	30
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	80
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,654,192.	2,154,351.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,810.	4,900.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,511.	3,856.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,465.	25,772.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,690,978.	2,188,879.
	<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)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,383,266.	1,434,809.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	175,887.	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,397.	431,530.
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,773,663.	1,866,339.
	<b>20</b>	Total assets (Part X, line 16)	917,315.	322,540.
	<b>21</b>	Total liabilities (Part X, line 26)		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
		6,376,003.	6,129,233.	
		148,879.	106,490.	
		6,227,124.	6,022,743.	

**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	
	JEANNE S. FUSCO		EXECUTIVE DIR.	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	ROBERT E. KING, CPA	ROBERT E. KING, CPA		
	Firm's name ▶	KING, KING & ASSOCIATES, CPAS		
	Firm's address ▶	170 HOLABIRD AVE WINSTED, CT 06098		
			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

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

#### Part I — General Information

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

The West Cornwall Public Library Association

Address: 415 Sharon Goshen Turnpike, West Cornwall, CT 06796

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

Program title: Energy Efficiency Upgrade

Name of contact person: Libby Mitchell

Telephone number: 203-536-1712

Email address: westcornwallunion@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 88,750

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:

We need to replace two very old furnaces in our building. The oil tanks associated with those furnaces are so old that the oil delivery service will no longer deliver oil to us so we have been without heat for over two months. We want to convert to propane and install two energy efficient propane furnaces, insulate the building and replace the upstairs windows.

We want to install a solar system so that we can offset the use of fossil fuels in the entire building.

### Need for program:

Our building at 415 Sharon Goshen Turnpike is a community center to Litchfield county. We have a high speed internet work space that is open to the public by reservation to any individual from any town in our county. We have a retail store that will accept any product from any farm, artist, artisan, baker or cook and we sell the products in a two day farmers market and return 90% of the proceeds to the vendor. We have a wellness collective upstairs that welcomes any person from our area to have yoga and fitness classes both as a teacher and a participant.

### Neighborhood area to be served:

We have vendors and teachers and farmers and artists and artisans from Cornwall, Salisbury, Goshen, Torrington, Sharon, Lakeville, Falls Village. We serve any person who wishes to take a class or shop at our two day farmers market. Our use of the word "local" is a very wide net and we encourage any person to reach out to come to a class or be a vendor in our market.

### Plan to implement the program:

We plan to raise funds through grant writing and fundraising. We have local residents and board members who are willing to match funds that we can raise through our grant writing efforts.

**Timetable:**

Program start date: 9/1/2023  
MM - DD - YYYY  
Program completion date: 9/1/2024  
MM - DD - YYYY  
Post-project audit due date: 10/01/2024  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
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, no later than three months after the program completion date.

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

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

**Sources of Revenue:**

NAA funds requested	<u>\$88,750</u>
Other funding sources - itemized sources:	
a) <u>Solar Tax Credits</u>	<u>\$11,250</u>
b) <u>NAA funds from last year</u>	<u>\$8,000</u>
c) _____	_____
d) _____	_____
<b>Total Funding:</b>	<u>\$108,000</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Two Energy Efficient Furnaces with A/C coils installed</u>	<u>\$30,000</u>
b) <u>Replacement Windows in upstairs room</u>	<u>\$21,000</u>
c) <u>Insulation in Attic</u>	<u>\$11,000</u>
d) <u>Solar System</u>	<u>\$45,000</u>
Administrative expenses - itemized description:	
a) <u>Consulting Fees</u>	<u>\$1,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$108,000</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: 860-489-2526

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

## **2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional 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 the Department of Revenue Services (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, no later than three months after the program completion date.

### **Additional Information**

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation

2021

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2021 or tax year beginning , 2021, and ending , 20

The West Cornwall Public Library  
Association Incorporated  
PO Box 4  
West Cornwall, CT 06796G Check all that apply: Initial return ☐ Amended return ☐  
Final return ☐ Name change ☐  
Address change ☐H Check type of organization: ☐ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☒ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, column (c), line 15) \$ 503,807.  
J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_ (Part I, column (d), must be on cash basis.)A Telephone number (see instructions) (203) 356-1712  
C If exemption application is pending, check here ☐  
D 1 Foreign organizations, check here ☐  
2 Foreign organizations meeting the 85% test, check here and attach computation ☐  
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐  
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc. received (attach schedule)	8,426.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. E				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income from Part IV, line 2		3,791.		
	8 Net short-term capital gain				
	9 Income modifications				
Operating and Administrative Expenses	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	See Statement 1	10,980.	15,079.	0.
	12 Total. Add lines 1 through 11	19,406.	18,870.		
	13 Compensation of officers, directors, trustees, etc.	23,500.			
	14 Other employee salaries and wages	919.			
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch.)	See St. 2	2,328.		
	c Other professional fees (attach sch.)				
	17 Interest				
	18 Taxes (attach schedule)(see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	22,022.			
	21 Travel, conferences, and meetings				
22 Printing and publications					
23 Other expenses (attach schedule)	See Statement 3	8,110.			
24 Total operating and administrative expenses. Add lines 13 through 23	56,879.				
25 Contributions, gifts, grants, etc.					
26 Total expenses and disbursements. Add lines 24 and 25	56,879.	0.	0.	0.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-37,473.				
b Net investment income (if negative, enter -0-)		18,870.	0.		
c Adjusted net income (if negative, enter -0-)			0.		



**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

OMB No. 1545-0047

**2021**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/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2021 or tax year beginning , 2021, and ending , 20

The West Cornwall Public Library  
Association Incorporated  
PO Box 4  
West Cornwall, CT 06796

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

H Check type of organization: ☐ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☒ Other: taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 15) ☐ J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
▶ S 503,807. (Part I, column (d), must be on cash basis.)

A Employer identification number \_\_\_\_\_  
B Telephone number (see instructions) (203) 356-1712  
C If exemption application is pending, check here. ☐  
D 1 Foreign organizations, check here ☐  
2 Foreign organizations meeting the 85% test, check here and attach computation ☐  
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐  
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	8,426.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .				
	5 a Gross rents . . . . .				
	b Net rental income or (loss) . . . . .				
	6 a Net gain or (loss) from sale of assets not on line 10 . . . . .				
	b Gross sales price for all assets on line 6a . . . . .				
	7 Capital gain net income (from Part IV, line 2) . . . . .		3,791.		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10 a Gross sales less returns and allowances . . . . .				
b Less: Cost of goods sold . . . . .					
c Gross profit or (loss) (attach schedule) . . . . .					
11 Other income (attach schedule) . . . . .	See Statement 1	10,980.	15,079.		
12 Total. Add lines 1 through 11. . . . .	19,406.	18,870.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. . . . .	23,500.			
	14 Other employee salaries and wages . . . . .	919.			
	15 Pension plans, employee benefits . . . . .				
	16 a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach sch.) . . . . .	See St. 2	2,328.		
	c Other professional fees (attach sch.) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule/see instr.) . . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	22,022.			
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	See Statement 3	8,110.		
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	56,879.			
	25 Contributions, gifts, grants, and . . . . .				
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	56,879.	0.	0.	0.	
27 Subtract line 26 from line 12: . . . . .					
a Excess of revenue over expenses and disbursements . . . . .	-37,473.				
b Net investment income (if negative, enter -0-) . . . . .		18,870.	0.		
c Adjusted net income (if negative, enter -0-) . . . . .					



	2021	2020	Diff
<b>REVENUE PER BOOKS</b>			
Contributions, gifts, and grants.....	8,426	7,734	692
Dividends & interest from securities.....	0	13,656	-13,656
Net gain (loss) - noninv. assets/disp.....	0	24,024	-24,024
Other income.....	10,980	5,420	5,560
Total revenue.....	19,406	0	19,406
<b>EXPENSES PER BOOKS</b>			
Compensation of officers, dir, etc.....	21,500	5,225	18,275
Other employee salaries and wages.....	919	0	919
Accounting fees.....	2,328	875	1,453
Other professional fees.....	0	55	-55
Taxes.....	0	100	-100
Occupancy.....	22,022	36,631	-14,609
Other expenses.....	8,110	3,591	4,519
Total operating/administrative exp.....	56,879	0	56,879
Total expenses.....	56,879	46,477	10,402
Excess of revenue over expenses.....	-37,473	-19,667	-17,806
<b>NET INVESTMENT REVENUE</b>			
Capital gain net income.....	3,791	24,024	-20,233
Other income.....	15,079	0	15,079
Total revenue.....	18,870	0	18,870
<b>NET INVESTMENT EXPENSES</b>			
Accounting fees.....	0	100	-100
Total operating/administrative exp.....	0	0	0
Total expenses.....	0	0	0
Net investment income.....	18,870	0	18,870
<b>TAX COMPUTATION</b>			
Tax on net investment income.....	262	0	262
Tax on investment income.....	262	0	262
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Tax due.....	262	0	262
Overpayment.....	0	0	0
<b>TAX RATES</b>			
Marginal tax rate.....	1.0%	0.0%	1.0%
Effective tax rate.....	1.4%	0.0%	1.4%
<b>ADJUSTED NET INCOME REVENUE</b>			
Total revenue.....	0	0	0
<b>ADJUSTED NET INCOME EXPENSES</b>			
Total operating/administrative exp.....	0	0	0
Total expenses.....	0	0	0



	2021	2020	Diff
<b>ADJUSTED NET INCOME EXPENSES</b>			
Adjusted net income.....	0	0	0
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>			
Total operating/administrative exp.....	0	0	0
 Total expenses and disbursements.....	 0	 0	 0
<b>NET ASSETS OR FUND BALANCES</b>			
Net assets/fund bal. at beg. of year.....	524,663	0	524,663
Excess of revenue over expenses.....	-37,473	0	-37,473
Other increases.....	16,617	0	16,617
Net assets/fund bal. at end of year.....	503,807	0	503,807

