

Department of Revenue Services  
State of Connecticut  
(Rev. 02/20)



Municipality: Torrington

## Form NAA-01

### 2020 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: 2020 United Way of Northwest Connecticut's 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): \$ 150,000.00

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): All other United Way Sponsored Activities

Description of program: Our mission is helping people in Northwest CT care for one another. The United Way is committed to using all resources available to create a measurable impact on Northwest connecticut in areas of the regions greatest needs. We support quality programs delivered by United Way Community Partners that responds to the Community Impact areas of Financial Stability, Health and Education and we will rally and engage Community Leaders and Advocate for those causes and work to solve thoes issues on a local, regional and state level.

Need for program: To allocate funds and empower Community Partners and Community Leaders to solve Community Impact areas of concern to the United Way Board of Directors.

Neighborhood area to be served: 25 local municipalities located in Litchfield County and Northwest CT.

Plan to implement the program: We engage at minimum over 30 programs and activities approved by the United Ways Board of Directors. We monitor and track results and we implement corrective action plans to organizations not acheiving high standard demanded by the BOD's

**Timetable:**

Program start date: 12/01/2021

Program 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>\$190,000.00</u>
b) <u>Individual and Employee</u>	<u>\$385,000.00</u>
c) _____	_____
d) _____	_____

**Total Funding:** \$575,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Community Partner Allocation</u>	<u>\$255,364.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>United Way Budget</u>	<u>\$269,206.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$575,000.00

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program:	_____
	City of Torrington
Mailing address:	140 Main Street
	Torrington, CT 06790
Name of municipal liaison:	Maurette Wall
Telephone number:	860 — 489 — 2228
Fax number:	860 — 489 — 2541
Email address:	maurette_wall@torringtonct.org

<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.

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **2019**, and ending **2019**

<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> UNITED WAY OF NORTHWEST CONNECTICUT, INC P.O. BOX 1001, 333 KENNEDY DR R101 TORRINGTON, CT 06790	<b>D</b> Employer identification number  <b>E</b> Telephone number 860-489-4131  <b>G</b> Gross receipts \$ <b>713,187.</b>
<b>F</b> Name and address of principal officer: <b>FRANK RAMSEY</b> SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> 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>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <a href="http://WWW.NORTHWESTUNITEDWAY.ORG">WWW.NORTHWESTUNITEDWAY.ORG</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: <b>1942</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	<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) .....	3 20	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	4 20	
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	5 3	
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	6 150	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	7b 0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	Prior Year 917,758. Current Year 665,920.	
	<b>9</b>	Program service revenue (Part VIII, line 2g) .....		
	<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.	
	Expenses	<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) ▶ <u>75,114.</u>		
	<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.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) .....	Beginning of Current Year 871,810. End of Year 814,611.	
	<b>21</b>	Total liabilities (Part X, line 26) .....	621,004. 573,235.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	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 <small>Type or print name and title</small>	TREASURER	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	ROBERT E. KING, CPA	ROBERT E. KING, CPA	5/20/20
	Firm's name ▶ KING, KING & ASSOCIATES, CPAS	Check <input type="checkbox"/> if self-employed	PTIN
	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

