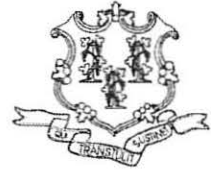


Department of Revenue Services
State of Connecticut
(Rev. 02/20)



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: KidsPlay Children's Museum, Inc.

Address: 61 Main St. Torrington, CT 06790

Federal Employer Identification Number: _____

Program title: Facility and Façade Upgrades for Energy Conservation

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.

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 with energy-efficient solutions to save energy and reduce costs. The Museum would also replace the HVAC System 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 1-10 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 and inefficient lighting. A total renovation of the HVAC 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 Children's Museum is based in Torrington but serves families from Northwest Connecticut and beyond. Since its inception, KidsPlay has welcomed over 240,000 visitors. The Museum presents learning concepts in ways that are meaningful and accessible to young children and enriches the educational landscape for families from across the socio-economic, cultural and educational spectrum.

Plan to implement the program: KidsPlay has monitored temperatures near the windows and doors for the past two 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: 9/1/2020

Program completion date: 8/31/2022

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

Total Funding: \$155,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Construction - windows, doors, insulation, lighting, HVAC.</u>	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>Salaries - Museum Director / Facilities Manager - Oversight</u>	<u>\$5,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$155,000

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;">Post-Project Review</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)

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning _____, **2018**, and ending _____,

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

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

D Employer identification number _____

E Telephone number _____
860-618-7700

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

G Gross receipts \$ 795,091.

H(a) Is this a group return for subordinates? Yes No **X**
H(b) Are all subordinates included? Yes No

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2012 **M State of legal domicile:** CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	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)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	110
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	491,739.	508,087.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,686.	227,155.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196.	495.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,049.	36,606.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	705,670.	772,343.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	309,532.	339,323.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 64,272.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,054.	290,305.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	578,586.	629,628.	
19 Revenue less expenses. Subtract line 18 from line 12	127,084.	142,715.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,577,436.	1,692,055.
	22 Net assets or fund balances. Subtract line 21 from line 20	831,352.	803,256.
		746,084.	888,799.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____
 ▶ **KENNETH MERZ** **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ROBERT E. KING, CPA** Preparer's signature: **ROBERT E. KING, CPA** Date: _____
 Check if PTIN self-employed

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**

