



Municipality: \_\_\_\_\_

## Form NAA-01

### 2019 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: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Program title: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ — —

Email address: \_\_\_\_\_

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**Timetable:**

Program start date: \_\_\_\_\_

Program completion date: \_\_\_\_\_

**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 \_\_\_\_\_

Other funding sources - itemized sources:

a) \_\_\_\_\_

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

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

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

**Total Funding:** \_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_

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

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

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

Administrative expenses - itemized description:

a) \_\_\_\_\_

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

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

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

**Total Proposed Expenditures:** \_\_\_\_\_

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____ - _____ - _____
Fax number: _____ - _____ - _____
Email address: _____

<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 <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**

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.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **07/01/17**, and ending **06/30/18**

<p><b>B</b> Check if applicable:</p> <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	<p><b>C</b> Name of organization <b>KEYSTONE HOUSE, INC.</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>147 MAIN STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>NORWALK CT 06851</b></p> <p><b>F</b> Name and address of principal officer:  <b>VALERIE S. WILLIAMS</b>  <b>147 MAIN STREET</b>  <b>NORWALK CT 06851</b></p>	<p><b>D</b> Employer identification number <b>23-7228237</b></p> <p><b>E</b> Telephone number <b>203-855-7920</b></p> <p><b>G</b> Gross receipts \$ <b>2,887,402</b></p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. (see instructions)</p>
<p><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</p>		
<p><b>J</b> Website: <b>KEYSTONEHOUSE.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
<p><b>L</b> Year of formation: <b>1972</b></p>		<p><b>M</b> State of legal domicile: <b>CT</b></p>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</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 10</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 10</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5 44</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6 30</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>1,789,838</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>929,620</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>242</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>
<b>12</b>	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,719,700</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>112,396</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,936,357</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>72,510</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>681,802</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,730,555</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-10,855</b>
<b>20</b>	Total assets (Part X, line 16)	<b>1,485,797</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>905,288</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>580,509</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.

<b>Sign Here</b>	<p>Signature of officer <b>VALERIE S. WILLIAMS</b></p> <p>Type or print name and title <b>EXE DIRECTOR</b></p>	<p>Date</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>THOMAS D. ROY</b></p> <p>Firm's name ▶ <b>CARNEY, ROY AND GERROL, P.C.</b></p> <p>Firm's address ▶ <b>35 COLD SPRING ROAD, SUITE 111 ROCKY HILL, CT 06067-3161</b></p>	<p>Preparer's signature</p> <p>Date</p> <p>Firm's EIN ▶ <b>06-1352068</b></p> <p>Phone no. <b>860-721-5786</b></p>

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