



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;">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>

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
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 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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	C Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.		D Employer identification number 06-1083893
	Doing business as		E Telephone number (203) 750-3200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	40 RICHARDS AVENUE		G Gross receipts \$ 33,775,492.
	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854		
F Name and address of principal officer: JUANITA T. JAMES SAME AS C ABOVE		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)	
I 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		H(c) Group exemption number ▶	
J Website: ▶ WWW.FCCFOUNDATION.ORG		L Year of formation: 1982	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 28		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 28		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 48		
	6	Total number of volunteers (estimate if necessary) 147		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 91,514.		
7b	Net unrelated business taxable income from Form 990-T, line 34 -280,377.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 27,193,090.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 75,703.	18,806,102.	87,202.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,554,770.	6,496,326.	37,930.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,930.	-3,383.	33,861,493.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,861,493.	25,386,247.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,209,245.	19,230,123.	
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,804,722.	2,867,106.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,017,365.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,556,053.	3,226,556.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,570,020.	25,323,785.	
19	Revenue less expenses. Subtract line 18 from line 12 11,291,473.	62,462.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 207,454,250.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 2,535,857.	221,859,692.	1,906,340.
	22	Net assets or fund balances. Subtract line 21 from line 20 204,918,393.	219,953,352.	

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		
	JOSEPH BAKER, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/12/18		P00543209
Firm's name ▶ PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945		
Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			Phone no. 914-381-8900		

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