



Municipality: _____

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: _____

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

OMB No. 1545-0047

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 <p style="text-align:center;">THE MARITIME AQUARIUM AT NORWALK INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align:center;">10 NORTH WATER STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align:center;">SOUTH NORWALK, CT 06854</p> | D Employer identification number <p style="text-align:center;">**-***2912</p> |
| F Name and address of principal officer: JOHN JOYCE 10 NORTH WATER STREET, NORWALK, CT 06854 | | E Telephone number <p style="text-align:center;">203-852-0700</p> |
| 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 | | G Gross receipts \$ 11,708,757. |
| J Website: ▶ WWW.MARITIMEAQUARIUM.ORG | | 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) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1985 M State of legal domicile: CT |

Part I Summary

| | | | |
|------------------------------------|--|--|--|
| Part I | Summary | 1 Briefly describe the organization's mission or most significant activities: THE MARITIME AQUARIUM INSPIRES PEOPLE OF ALL AGES TO APPRECIATE LONG ISLAND SOUND AND PROTECT IT | |
| | | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| Activities & Governance | | | 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) 176 6 Total number of volunteers (estimate if necessary) 387 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0. |
| Revenue | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 4,095,770. | 2,236,377. |
| | 9 Program service revenue (Part VIII, line 2g) | 7,497,162. | 7,867,407. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 51,710. | 37,516. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 810,245. | 1,299,986. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,454,887. | 11,441,286. |
| Expenses | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 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) | 5,721,336. | 5,859,202. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 579,115. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,512,095. | 7,047,232. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,233,431. | 12,906,434. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 221,456. | -1,465,148. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 20,063,762. | 22,871,999. |
| | 21 Total liabilities (Part X, line 26) | 2,093,643. | 6,253,957. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 17,970,119. | 16,618,042. |

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 <p style="text-align:center;">JOHN JOYCE, CHIEF FINANCIAL OFFICER</p> Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name LISA M. WILLS | Preparer's signature Date |
| | Firm's name ▶ WHITTLESEY PC Firm's address ▶ 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103 | Check if self-employed <input type="checkbox"/> PTIN P01828548 Firm's EIN ▶ ** - *** 3326 Phone no. 860.522.3111 |

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