

Municipality: Canton

Form NAA-01
2022 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: _____
The ARC of the Farmington Valley, Inc.

Address: 225 Commerce Drive, Canton, CT 06019

Federal Employer Identification Number: 06-6011136

Program title: Energy Efficiency at Favarh Group Homes

Name of contact person: Sean McCarthy

Telephone number: (860) 693-6662

Email address: smccarthy@favarh.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 25,000.00

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): _____

Description of program: _____

Favarh will replace the aging windows at 'Sunset', its group home at 16 Sunset Hill Road in Simsbury. The replacement windows will be high quality, doubled-paned, energy efficient windows, which will be a significant improvement over the current windows.

Need for program: _____

Favarh recently conducted home inspections for all six of its group homes, and identified Sunset Group Home as our highest priority. The windows at Sunset are well past their life span, and some are beginning to allow leaks into the house. According to EnergyStar, replacing windows with double paned energy efficient windows decreases average annual heating and cooling costs by 22%, which will help reduce our energy bills significantly.

Neighborhood area to be served: _____

This project will serve the six residents that live at Sunset Group Home, as well as any other residents throughout the thirty year life span of the windows.

Plan to implement the program: _____

Favarh obtained quotes for window replacement, and received the best quote from AWS, LLC based in Cromwell. Once funds are secured, AWS will order the new energy efficient windows, and install them at Sunset.

Timetable:

Program start date: September 1, 2022

Program completion date: September 30, 2022

The program completion date must not be more than two years from the program start date. A certified post-project audit 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 \$25,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) New windows and installation (quote attached) \$25,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$25,000.00

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: _____ Office of the Chief Administrative Officer in Canton
Mailing address: _____ PO Box 168, 4 Market Street, Collinsville, CT 06022
Name of municipal liaison: Robert H. Skinner, Chief Administrative Officer
Telephone number: 860-693-7837
Fax number: _____
Email address: rskinner@townofcanton.org

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

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Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

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This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

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For Further Information

Email inquiries to:

- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 THE ARC OF THE FARMINGTON VALLEY, INC.		D Employer identification number 06-6011136
	Doing business as		E Telephone number 860-693-6662
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,085,389.
	225 COMMERCE DRIVE, P.O. BOX 1099		
	City or town, state or province, country, and ZIP or foreign postal code CANTON, CT 06019		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: STEPHEN E. MORRIS SAME AS C ABOVE		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.FAVARH.ORG			
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: 1958	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP EACH PERSON ACHIEVE HIS OR HER PERSONAL BEST		
	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 2019 (Part V, line 2a)	5	392
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,477,906.	Current Year 1,063,955.
	9 Program service revenue (Part VIII, line 2g)	12,457,264.	13,736,599.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,491.	80,043.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,178.	77,510.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,165,839.	14,958,107.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	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)	9,294,461.	10,514,604.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 227,314.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,816,830.	4,057,709.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,111,291.	14,572,313.
19 Revenue less expenses. Subtract line 18 from line 12	2,054,548.	385,794.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,766,506.	End of Year 15,779,585.
	21 Total liabilities (Part X, line 26)	3,354,221.	4,981,505.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,412,285.	10,798,080.

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		
	STEPHEN E. MORRIS, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL BALLASY	PAUL BALLASY	03/16/21		P00852868
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099		
Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103			Phone no. 959-200-7000		

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



Advanced Window Systems, LLC
 14 Alcap Ridge,
 Cromwell, CT, 06416
 HIC CT #0556507 HIC MA #176974

www.advancedwindowsystems.com

Customer Information

John Whitney 16 Sunset Rd simsbury CT 06070	(860)335-7337 jwhitney@favarh.org	Date: 04/27/2022 Rep: Jared Gavronski
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Windows

Window Type	4 Lite Casement	Quantity	2
Window Package	Standard	Floor	1st Floor
Location	Living Room	Operators	End Units
Color	White Interior/Exterior	Hardware	White
Grid Type	No Grids	Trim Color	White Trim
Visible Rot?	No		
Window Type	Double Hung	Quantity	1
Window Package	Standard	Floor	1st Floor
Location	Kitchen	Color	White Interior/Exterior
Hardware	White	Grid Type	No Grids
Screen	Half Screen	Trim Color	White Exterior Trim
Visible Rot?	No		
Window Type	4 Lite Casement	Quantity	1
Window Package	Standard	Floor	1st Floor
Location	Living Room	Operators	End Units
Color	White Interior/Exterior	Hardware	White
Grid Type	No Grids	Trim Color	White Trim
Visible Rot?	No	Additional Details	This is for the huge window facing the front of the home
Window Type	Double Hung	Quantity	3
Window Package	Standard	Floor	1st Floor
Location	Laundry Room	Color	White Interior/Exterior
Hardware	White	Grid Type	No Grids
Screen	Half Screen	Trim Color	White Exterior Trim
Visible Rot?	No		
Window Type	Double Hung	Quantity	3
Window Package	Standard	Floor	1st Floor
Location	Bedroom 1	Color	White Interior/Exterior
Hardware	White	Grid Type	No Grids
Screen	Half Screen	Trim Color	White Exterior Trim
Visible Rot?	No		
Window Type	Double Hung	Quantity	2
Window Package	Standard	Floor	1st Floor
Location	Bedroom 2	Color	White Interior/Exterior
Hardware	White	Grid Type	No Grids
Screen	Half Screen	Trim Color	White Exterior Trim
Visible Rot?	No		

Window Specifications

If Home Built Before 1978 Lead Check & Prevention	Included
Remove Existing Window(s)	Included
Install New Window(s)	Included
Insulate Around Windows (If Needed)	Included
Wrap Outside Casings of Replaced Window(s) With Aluminium	Included
Wrap Outside Sill of Replaced Window(s) With Aluminium	Included
Seal Inside & Outside of Replaced Window(s) With Silicone	Included
Clean Up and Take Away Old Windows	Included

Additional Discount(s)

50% Off Window Installation	Applied To Total Estimate Amount
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This space intentionally left blank

Customer Information

John Whitney
16 Sunset Rd
simsbury CT 06070

(860)335-7337
jwhitney@favarh.org

Date: 04/27/2022
Rep: Jared Gavronski

Proposal

Project Total

\$25,029.00

Includes Promotion Discount

This includes the promotion discount that is valid until the end of the month. The regular price is valid for 90 days.

Double pane glass,

Payment Option 1

No Payments, No Interest For 1 Year

No Payments

No Interest

Pay Nothing Until

04/2023

Payment Option 2

Low Monthly Payment

No Prepayment Penalty

Estimated Monthly Payment

\$375

Payment Option 3

Check, Credit Card, Or Cash

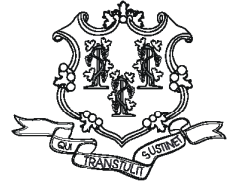
50% Deposit

\$12,514.50

50% Due Upon Completion

\$12,514.50

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Municipality: _____

Form NAA-01

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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: _____

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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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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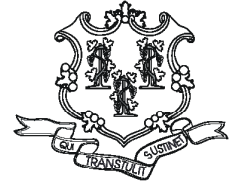
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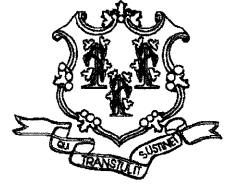
Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)
Neighborhood Assistance Act Program
Attn: Research Unit
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

or call **860-297-5687**.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.



Municipality: Canton

Form NAA-01
2022 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: _____
FOCUS Center for Autism, Inc.

Address: 126 Dowd Avenue, PO Box 452
Canton, CT 06019

Federal Employer Identification Number: 31-1724698

Program title: Fresh Start School - Energy Efficiency HVAC Upgrades

Name of contact person: Eric Cohen

Telephone number: (860) 693-6127

Email address: eric.cohen@focuscenterforautism.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 43,574.44

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: _____

FOCUS Center for Autism provides educational, clinical, social, and residential services to help children and adults with autism reach their full potential. FOCUS purchased the building at 126 Dowd Avenue, Canton, CT in 1998 and it was built in 1925. Minimal upgrades have been done to improve energy efficiency since then. The goal of this program is to improve energy efficiency which will help to decrease the cost on energy bills and the carbon footprint of FOCUS. This program will upgrade the heating and air conditioning systems to a new system with an oil furnace, gas water heater, heat pumps, and duct work in the older part of the building.

Need for program: _____

The newer part of the building has inefficient electric baseboard heat which will be replaced with high efficiency heat pumps. Air conditioning is done with 5 window and portable units plus 2 built-in wall units that are over 20 years old and don't work well. Room temperature can be inconsistent and people need to sit wherever is comfortable for them. The older part of the building will be converted from an oil furnace to a gas furnace and ductwork will be installed for central air. A high efficiency gas water heater will also be installed for the whole building. The current system is inefficient, expensive to operate, and detrimental to the environment.

Neighborhood area to be served: _____

FOCUS is located in Canton, CT. Our clients and students come from throughout Connecticut, primarily Hartford and Litchfield Counties.

Plan to implement the program: _____

FOCUS has taken bids and are waiting on funding to implement. Since our programs run on a school calendar, most work would be scheduled during the summer break in late June or August to minimize disruptions.

Timetable:

Program start date: June 12, 2023

Program completion date: August 25, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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 \$43,574.44

Other funding sources - itemized sources:

a) N/A

b) _____

c) _____

d) _____

Total Funding: \$43,574.44

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) HVAC System Upgrades \$43,574.44

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$43,574.44

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 Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further Information* below.

Part I —General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II —Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III —Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV —Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program. This audit must be submitted to the municipality no later than three months after the program completion date.

For Further Information

Email inquiries to:

- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)

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 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning **7/01**, **2019**, and ending **6/30**, **2020**

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 FOCUS CENTER FOR AUTISM INC PO BOX 452 CANTON, CT 06019	D Employer identification number 31-1724698
		E Telephone number 860-693-8809

F Name and address of principal officer: DONNA SWANSON 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
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J Website: WWW.FOCUSCENTERFORAUTISM.ORG	H(c) Group exemption number ▶
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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: 2000	M State of legal domicile: CT
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOCUS CENTER FOR AUTISM: HELPING CHILDREN AND ADULTS WITH AUTISM ACHIEVE THEIR FULL POTENTIAL.
	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 8
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 69
	6 Total number of volunteers (estimate if necessary) 6 10
	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 39. 7b 0.	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	1,723,297.	1,705,120.
9 Program service revenue (Part VIII, line 2g) 9	1,009,662.	1,082,931.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	8,564.	7,079.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	4,855.	27,761.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	2,746,378.	2,822,891.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	87,932.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	2,007,609.	2,152,342.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,918.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	566,145.	619,479.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	2,661,686.	2,771,821.
19 Revenue less expenses. Subtract line 18 from line 12 19	84,692.	51,070.
20 Total assets (Part X, line 16) 20	Beginning of Current Year 1,513,592.	End of Year 1,877,614.
21 Total liabilities (Part X, line 26) 21	1,216,854.	1,529,806.
22 Net assets or fund balances. Subtract line 21 from line 20 22	296,738.	347,808.

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 DONNA SWANSON	Date
	Type or print name and title EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name ROBERT E. KING, CPA	Preparer's signature ROBERT E. KING, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00083643
	Firm's name KING, KING & ASSOCIATES, CPAS	Firm's EIN ▶ 06-1392255			
	Firm's address 170 HOLABIRD AVE WINSTED, CT 06098	Phone no. (860) 379-0215			

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

Neighborhood Assistance Act

The Town of Canton is looking for community organizations that may be interested in participating in the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program. The NAA program is designed to provide funding to State-approved community programs conducted by municipal agencies or community non-profit organizations. The community programs must first be endorsed by the host municipality prior to submission to the State Department of Revenue Services. If subsequently approved, the NAA allows businesses to claim a State tax credit for cash contributions made to these community programs.

Businesses can receive a credit of 60% of their approved contribution to certain programs (or 100% in the case of certain energy conservation programs) if approved by the Department of Revenue Services. The minimum contribution on which a tax credit may be granted is \$250, and the maximum contribution that any non-profit or municipal entity can receive under this program is \$150,000. There are no local funds involved.

Information about the NAA Tax Credit Program, including an on-line “fillable” application form (Form NAA-01, 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal) and information about the types of community programs which qualify, is available at the Department of Revenue Services’ website: www.ct.gov/DRS and search for “Neighborhood Assistance Act.” The types of community programs that qualify for the NAA tax credit program include, but are not limited to: energy conservation; employment and training; child care services; neighborhood assistance; substance abuse; open space acquisition; crime prevention programs; and affordable housing development. There are specific requirements so it is important to check the DRS website for qualifications.

The deadline for submitting applications is May 4, 2022. Applications must be sent to:

Robert H. Skinner
Chief Administrative Officer
4 Market Street, P.O. Box 168
Collinsville, CT 06022

Applications will be forwarded to the Board of Selectman for a public hearing to be held on May 11, 2022 at 7:00pm and a Town Meeting on June 8, 2022 at 7:00pm. Both the Public Hearing and the Town Meeting will be held in Room F at the Canton Community Center and broadcast over ZOOM or TEAMS so please monitor the Town Website for additional information if you plan on attending the meetings virtually.

All applications approved at Town Meeting will be submitted to the Department of Revenue Services for its approval.

The Department of Revenue Services will provide the Town with a list of approved applications. Each entity will receive a letter from the Town notifying them as to whether their application has been approved. If approved, the entity’s sponsoring business must mail or hand-deliver Form NAA-02 with an original signature to the Department of Revenue Services on or after **September 15 but no later than October 1, 2022.**

Please direct any questions you may have about the NAA program to the Department of Revenue Services Research Unit at (860) 297-5687 or email them at DRS.TaxResearch@po.state.ct.us.