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

Print Form

Reset Form

Municipality: Windsor

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: Connecticut Radio Information System

Address: 315 Windsor Avenue, Windsor, CT 06095

Federal Employer Identification Number: 06-0987696

Program title: Audio Accessibility for People who are Blind or Print Challenged

Name of contact person: Diane Weaver Dunne

Telephone number: (860) 527-8000

Email address: dwdunne@crisradio.org

Total NAA funding requested ($250 minimum, $150,000 maximum): $ 5,000.00

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): providing audio recordings of publications for people who are print challenged

Description of program:

CRIS Radio provides human narrated audio recordings 24/7 of :
- newspapers and magazines for people who are blind or print challenged, living in their own homes and in retirement communities and patients in hospitals;
- signage and exhibits for people who are blind or print challenged visiting museums; and
- students who are blind, print challenged or not reading at grade level.

CRIS Radio is also now recording information on COVID-19.

Need for program:

Imagine that you could not read – how would you get the kind of in-depth information you needed to be an active and knowledgeable participant in any conversation; how would you excel in school; how would you be able to enjoy the exhibits at museums? For those of us who can read, there is a plethora of information available for learning what is going in our communities, the state, the nation and the world. The audio programming CRIS provides enables people who are print challenged to access the same kind of in-depth information that is available to their sighted peers.

Neighborhood area to be served:

Windsor

Plan to implement the program:

Record and make available audio recordings.

Timetable:

Program start date: 10/1/20

Program completion date: 9/30/21

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	$5,000.00
Other funding sources - itemized sources:	
a) Foundations and civic organizations	$1,000.00
b)	
c)	
d)	
Total Funding:	$6,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Equipment, supplies, broadcasting fees	$6,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$6,000.00

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: _____

_____

Mailing address: _____

_____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

☐ Yes ☐ No

If **Yes**, date post-project review due:

_____
Date

2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal.* Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact 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 Review: Any program receiving $25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

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.

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

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

C Name of organization: CONNECTICUT RADIO INFORMATION SYSTEM, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 315 WINDSOR AVENUE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: WINDSOR, CT 06095

D Employer identification number: 06-0987696

E Telephone number: (860) 527-8000

G Gross receipts $ 451,971.

F Name and address of principal officer: PAUL YOUNG
315 WINDSOR AVENUE, WINDSOR, CT 06095

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.CRISRADIO.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1978 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE NEWS AND OTHER INFORMATION FOR PEOPLE WHO ARE BLIND OR PRINT HANDICAPPED/PRINT CHALLENGED.

2 Check this box ▶ [ ] 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	11.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7.
6	Total number of volunteers (estimate if necessary)	6	200.
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	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	437,429.	418,245.
	9	Program service revenue (Part VIII, line 2g)	11,000.	7,115.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,250.	1,243.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,773.	-8,841.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	478,452.	417,762.
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)	294,231.	283,065.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,626.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	182,810.	212,318.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	477,041.	495,383.
	19	Revenue less expenses. Subtract line 18 from line 12	1,411.	-77,621.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,079,437.	996,075.
	21	Total liabilities (Part X, line 26)	24,533.	18,792.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,054,904.	977,283.

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 11/15/2019

▶ PAUL YOUNG CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DANA LITWINKA DIRECTOR				P01275787

Firm's name ▶ FIONDELLA, MILONE & LASARACINA LLP — Firm's EIN ▶ 06-1648707

Firm's address ▶ 300 WINDING BROOK DRIVE GLASTONBURY, CT 06033 — Phone no. 860-657-3651

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

JSA
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