

Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Boy Scouts of America,
Connecticut River Council

Address: 60 Darlin Street, East Hartford, CT 06108

Federal Employer Identification Number: 060662110

Program title: Prepared For Life

Name of contact person: Rolland Miner

Telephone number: (860) 913-2739

Email address: rminer@bsamail.org

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.

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- x Job training/education for disabled persons;
- x Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund; or
- Other: Specify

Part II — Program Information

Description of program: The Connecticut River Council is one of New England's largest private youth-serving organizations. The Connecticut River Council delivers Scouting programs that develop character, citizenship, fitness and leadership skills to more than 32,000 youth and nearly 9,000 adult volunteers in 127 cities and towns in Connecticut. The Boy Scouts of America collaborate with hundreds of churches, school affiliated groups and other community organizations that organize and operate local Scout groups. The purpose of this project is to provide student scholarship funds to local residents so that they can complete their education at either Goodwin College or Stone Academy, who serve as training partners for this project.

Need for program: There is a great need for prevocational and vocational education to bridge the large population of under employed and unskilled residents to existing jobs. This program would be a great help to lower income scouts, their families and other local residents.

Neighborhood area to be served: _The Hartford Area Labor Market (as defined by the CT Department of Labor).

Total number of recipients: 100

Administration of Program

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Rolland Miner

Address: 60 Darlin Street, East Hartford, Ct 06108

Duties and responsibilities: Referral of potential students
CT Tax Registration Number or SSN E5837

2. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Prevocational and Vocational Training
CT Tax Registration Number or SSN 1690874000

3. Name: Stone Academy

Address: 745 Burnside Avenue, East Hartford, Ct 06108

Duties and responsibilities: Prevocational and Vocational Training

d)

Administrative expenses: _____

Professional fund-raising fees \$0

Accounting/legal & other expenses - itemized:\$0

a)

b)

c)

d)

Total Proposed Expenditures: \$150,000

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: Grants

Administration Office, Town of East Hartford

Mailing address: 740 Main Street, East Hartford, Ct. 06118

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post Project Review

Is a post project review required for this proposal ?

Yes No

If Yes, date post project review due: 1/31/19 or within 3 months of the program completion (if over \$25,000 in contributions are received)

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. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

Form sections B through K: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities. THE CONNECTICUT RIVERS COUNCIL SHALL, PROMOTE WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOY SCOUTS OF AMERICA AND IN ACCORDANCE WITH THE CONGRESSIONAL CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOY SCOUTS OF AMERICA, THE SCOUTING PROGRAM OF PROMOTING THE ABILITY OF BOYS AND YOUNG MEN AND WOMEN TO DO THINGS FOR THEMSELVES AND OTHERS, TRAINING THEM IN SCOUTCRAFT, AND TEACHING THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY THE BOY SCOUTS OF AMERICA

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 3 columns: Line number, Description, and Amount. Rows 3-7a and 7b.

Revenue

Table with 3 columns: Line number, Description, and Amount. Rows 8-12.

Expenses

Table with 3 columns: Line number, Description, and Amount. Rows 13-19.

Net Assets or Fund Balances

Table with 3 columns: Line number, Description, and Amount. Rows 20-22.

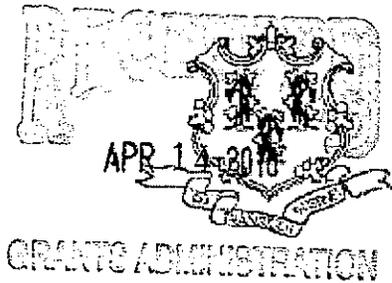
Part II Signature Block

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 section with signature of officer and date.

Paid Preparer Use Only section with preparer name, signature, date, and firm information.

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



Municipality: EAST HARTFORD

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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Part I — General Information

Name of tax exempt organization/municipal agency: **CONNECTICUT CENTER FOR ADVANCED TECHNOLOGY**

Address: 222 Pitkin Street
East Hartford, CT 06108

Federal Employer Identification Number: 20-1051854

Program title: Work Force Technology Program

Name of contact person: Elliot Ginsberg, Executive Director, CCAT

Telephone number: (860) 282-4202

Email address: eginsberg@ccat.us

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; **or**
 Other: Specify _____

Part II — Program Information

Description of program: CCAT functions as a unique economic development organization that combines expertise in cutting-edge technology with specialized centers of excellence in manufacturing, education, training, energy and entrepreneurialism. The purpose of this program is to provide pre-vocational and vocational education programs for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: There is a growing disconnect between the diverse local population and the workforce opportunities in the region. There is a great need for basic and prevocational education to bridge the large population of unemployed, unskilled residents to existing jobs. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served: Hartford Labor Market Area (as described by the CT Dept. of Labor, with a focus on East Hartford.

Total number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Elliot Ginsberg
Executive Director, CCAT

Address: 222 Pitkin Street
East Hartford, CT 06108

Duties and responsibilities: Overall management of agency, coordination of this program

Connecticut Tax Registration Number or Social Security Number (SSN): 2587632-000

2. Name: Goodwin College

Address: One Riverside Drive
East Hartford, CT 06118

Duties and responsibilities: Training in vocational areas and ESL

Connecticut Tax Registration Number of SSN: 1690874000

3. Name: Stone Academy

Address: 745 Burnside Avenue
East Hartford, CT 06108

Duties and responsibilities: Training in ESL as well as vocational areas.

Connecticut Tax Registration Number or Social Security Number 9618240-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash x Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	\$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	\$150,000.00
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees:	0
Accounting/legal & other expenses - itemized:	
a)	0
b)	_____
c)	_____
d)	_____
Total Proposed Expenditures:	\$150,000.00

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: Grants Administration Office – Town of East Hartford
Mailing address: 740 Main Street East Hartford, CT 06108
Name of municipal liaison: Paul O'Sullivan
Telephone number: (860) 291-7206
Fax number: (860) 289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;">Post-Project Review</p> <p>Is a post-project review required for this proposal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, date post-project review due: 3/31/19 or within 3 months of the program completion (if over \$25,000 in contributions are received)</p>

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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 Information about Form 990 and its instructions is at www.irs.gov/form990

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

Form fields for organization details: B Check if applicable, C Name of organization (Connecticut Center for Advanced Technology Inc), D Employer identification number (20-1051854), E Telephone number ((860) 291-8632), F Name and address of principal officer (JOHN A GLIDDEN), H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (www.ccat.us), K Form of organization (Corporation), L Year of formation (2004), M State of legal domicile (CT)

Part I Summary

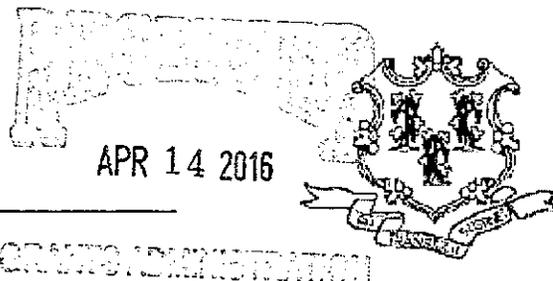
Summary table with sections: Activities & Governance (mission statement, membership counts), Revenue (prior and current year), Expenses (prior and current year), Net Assets or Fund Balances (beginning and end of year)

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

Signature block and preparer information: Sign Here (Signature of officer, Date 2015-05-14, Name JOHN A GLIDDEN CHIEF FINANCIAL OFFICER), Paid Preparer Use Only (Preparer name ALBERT CELENTANO, Firm name O'CONNELL PACE & COMPANY PC, Firm address 609 FARMINGTON AVE STE 201 HARTFORD, CT 06105)

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



Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

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Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: Building Upgrades for Energy Efficiency

Name of contact person: Mark Scheinberg

Telephone number: 860-727-6900

Email address: mscheinberg@goodwin.edu

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

Credit percentage for which your organization is applying:

 60% X 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 X 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

Please check the appropriate description of your program

Job training/education for unemployed persons aged 50 or over

Job training/education for disabled persons;

Program serving low-income persons

Energy conservation;

Child care services;

Open space acquisition fund; or

Other: Specify

Part II — Program Information

Description of program: The funds received through this grant would be used to retrofit the organization's main offices and training rooms with new insulation in accessible areas, new energy-efficient lighting and controls, new high R-factor windows, high efficiency boiler and energy efficient HVAC systems. Should additional funds be available, CTC would seek to replace existing roof units with ones equipped with energy efficient insulate units. The building has recently had an energy audit by CL&P, and this grant would be used to begin the retrofit suggested in the audit.

Need for program: The Connecticut Training Center has its offices in a converted bank building on Main Street in East Hartford. Sections of the building are over 80 years old, and much of the building has never been upgraded for energy efficiency. The agency has been told that the energy expenses could be reduced by 20-30% with the installation of new insulation, higher R-factor windows, energy efficient lighting, and motion controls for all lighted areas. This proposal grant would help in the beginning the process of upgrading all three systems.

Neighborhood area to be served: CTC supported students come from 30 CT towns

Total number of recipients: CTC supports over 200 students each year

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Connecticut Training Center

Address: 1137 Main Street, East Hartford, CT 06108

Duties and responsibilities: Coordinator of Energy Program

Connecticut Tax Registration Number or Social Security Number: (SSN) 22-3235660

2. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Project Management

Connecticut Tax Registration Number or Social Security Number: 1690874-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received.

Program completion date: 12/31/18 (or within one year of the date they are received)

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.

Month your annual accounting period ends: __December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding:

\$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Construction costs \$150,000

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

a) 0

b) _____

c) _____

d) _____

Total Proposed Expenditures:

\$150,000

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:
Grants Office-Town of East Hartford

Mailing address- 740 Main Street, East Hartford, CT 06108
Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206
Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over 25,000 in contributions are received)

Electronic Notice (e-Postcard) for Tax-Exempt Organization Not Required to File Form 990 or 990-EZ

For Electronic Filing Only DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU

Small tax-exempt organization with gross receipts of \$50,000 or less is required to use this form per enactment of the Pension Protection Act of 2006 (PPA)

For calendar year 2015, or tax year beginning , 2015, ending

Part I - Identifying Information

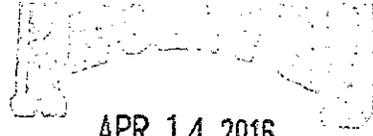
Name of Organization Connecticut Training Center, Inc. Address 1137 Main Street Room/Suite City East Hartford State CT ZIP Code 06108 Employer Identification Number 22-3235660

Part II - Required Information

- A [X] Check this box to verify that organization's annual receipts are normally \$50,000 or less Note: Not eligible to file Form 990-N if gross receipts are more than \$50,000 B Other Names Organization is Doing Business As C Website: D Principal Officer of the Organization Janet Jefford, President Person [X] Business Address 1137 Main Street City East Hartford State CT ZIP Code 06108 Foreign Country E [] Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.



APR 14 2016



Municipality: EAST HARTFORD

WASTE ADMINISTRATION

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Training Center

Address: 1137 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 22-3235660

Program title: First Step Program

Name of contact person: Mark Scheinberg

Telephone Number: (860) 528-4111

Email address: mscheinberg@goodwin.edu

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

Job training/education for unemployed persons aged 50 or over;

Job training/education for disabled persons;

Program serving low-income persons;

Energy conservation;

Child care services;

Open space acquisition fund; or

Other: Specify _____

Part II — Program Information

Description of program: The CT Training Center, Inc (CTC) is a non-profit organization with locations in Hartford and East Hartford providing service to the Hartford Labor Market area. The center has provided job development for the Capital Region Workforce Development Board, the Connecticut Department of Labor, and local Social Services Organizations. In addition, the organization has provided local Summer Youth Employment Services (SYEP) for Hartford and its suburbs and has funded voucher training programs with Goodwin College and Stone Academy. The purpose of this program is to increase the services we currently provide the community by sponsoring needy residents into training programs at Goodwin College and Stone Academy. The grant herein proposed will help us to increase this effort in the current year through funding slots at Goodwin College and Stone Academy.

Need for program: Various aid funding has been cut back and general assistance largely de-funded by the federal and state governments over the last five years. During this economic downturn, up to 30,000 Hartford area residents remain unemployed and subject to regulations limiting or terminating benefits while job training funds are largely available.

Neighborhood area to be served: Hartford Labor Market (as defined by the CT Department of Labor) with focus on East Hartford and Hartford.

Total Number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Connecticut Training Center

Address: 1137 Main Street, East Hartford, CT 06108

Duties and responsibilities: Intake and Referral

Connecticut Tax Registration Number or Social Security Number (SSN): 7595820-000

2. Name: Goodwin College
Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Training in vocational areas as well as ESL

Connecticut Tax Registration Number or SSN: 1690874-000

3. Name: Stone Academy
Address: 745 Burnside Avenue, East Hartford, Ct 06108

Duties and responsibilities: Training in vocational areas as well as ABE/ESL

Connecticut Tax Registration Number or Social Security Number: 9618240-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	_____
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	\$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition	\$150,000.00
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees: _____ 0

Accounting/legal & other expenses - itemized: _____ 0

a)	_____ 0
b)	_____
c)	_____
d)	_____

Total Proposed Expenditures: \$150,000.00

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: Grants Office – Town of East Hartford
Mailing address: 740 Main Street, East Hartford, CT 06108
Name of municipal liaison: Paul O'Sullivan, Grants Manager
Telephone number: 860 291-7206
Fax number: 860 289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;">Post-Project Review</p> <p>Is a post-project review required for this proposal? ___ <input checked="" type="checkbox"/> ___ Yes ___ <input type="checkbox"/> ___ No</p> <p>If Yes, date post-project review due: 1/31/19 or within 9 months of the program completion (if over \$25,000 in contributions are received)</p>

Electronic Notice (e-Postcard) for Tax-Exempt Organization Not Required to File Form 990 or 990-EZ

For Electronic Filing Only DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU

Small tax-exempt organization with gross receipts of \$50,000 or less is required to use this form per enactment of the Pension Protection Act of 2006 (PPA)

For calendar year 2015, or tax year beginning , 2015, ending

Part I - Identifying Information

Name of Organization Connecticut Training Center, Inc.
Address 1137 Main Street
Room/Suite
City East Hartford
State CT
ZIP Code 06108
Employer Identification Number 22-3235660

Part II - Required Information

A [X] Check this box to verify that organization's annual receipts are normally \$50,000 or less
Note: Not eligible to file Form 990-N if gross receipts are more than \$50,000

B Other Names Organization is Doing Business As

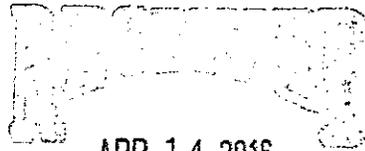
C Website:

D Principal Officer of the Organization Janet Jefford, President
Person [X] Business
Address 1137 Main Street
City East Hartford State CT ZIP Code 06108
Foreign Country

E [] Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.



Municipality: EAST HARTFORD

GRANTS ADMINISTRATION

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

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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: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Job Connection

Name of contact person: Brooke Penders, Vice President, Advancement

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

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

Credit percentage for which your organization is applying:

60% 100% (Energy conservation programs only)

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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: Goodwin College is a community-centered, workforce-focused institution of higher learning. Its mission is to provide education and training leading to employment as a foundation for lifelong learning. Most of the Goodwin College students for this program come from referrals from many local community based organizations and many of these students are very low income and need tuition assistance.

Need for program: The Hartford Labor Market Area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or underemployed workforce.

Neighborhood area to be served: Hartford Service Delivery Area with particular emphasis on Hartford and East Hartford.

Total number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Training in all and any of the areas cited in the program description.
Connecticut Tax Registration Number or (SSN): 1690874-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program year.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash x Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	\$150,000.00
b)	
c)	
d)	
Administrative expenses:	0
Professional fund-raising fees:	0
Accounting/legal & other expenses - itemized:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

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:

Grants Office – Town of East Hartford

Mailing address: 740 Main Street, East Hartford, 06108

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860 291-7206

Fax number: 860 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due
1/31/19, or within 9 months of program
completion should over \$25,000 be received

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)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE, INC.		D Employer identification number 06-1627882
	Doing Business As		E Telephone number 860-727-6906
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE		G Gross receipts \$ 108,085,195.
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		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) H(c) Group exemption number ▶
	F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE		

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

J Website: WWW.GOODWINCOLLEGE.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001

M State of legal domicile: CT

Part I Summary

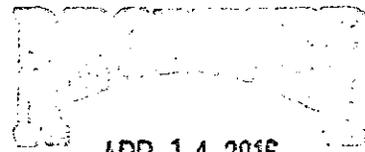
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 765
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -44,774.
	7b Net unrelated business taxable income from Form 990-T, line 34 7b -44,774.
	8 Contributions and grants (Part VIII, line 1h) 8 56,086,453.
9 Program service revenue (Part VIII, line 2g) 9 59,220,350.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 45,375.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 233,992.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 115,586,170.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 11,056,610.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 24,444,092.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 44,187. 16b 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 22,278,094.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 57,778,796.	
19 Revenue less expenses. Subtract line 18 from line 12 19 57,807,374.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 193,499,768.
	21 Total liabilities (Part X, line 26) 21 58,891,388.
	22 Net assets or fund balances. Subtract line 21 from line 20 22 134,608,380.

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 MARK SCHEINBERG, PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN TOSCANO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00358542
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Phone no. 959-200-7000		
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103				

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



APR 14 2016



Municipality: East Hartford

CRISIS ADMINISTRATION

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College, Inc.

Address: One Riverside Drive, East Hartford, Ct 06118

Federal Employer Identification Number: 06-1627882

Program title: Redesign of Campus to Add Energy Effectiveness

Name of contact person: Brooke Penders

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

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

Credit percentage for which your organization is applying:

 60% x 100% (Energy conservation programs only)

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><u> </u> <u> x </u> Yes <u> </u> No</p> <p>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</p>
--

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems. These systems include: new window systems, new insulated roofing, new wall insulation and new HVAC and boiler systems.

Need for program: The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: East Hartford

Total number of recipients: Goodwin College has an enrollment of 3600 students.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Brooke Penders

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project.

Connecticut Tax Registration Number or Social Security Number (SSN): 1690874-000

2. Name: Bryant Harrell

Address: One Riverside Drive
East Hartford, CT 06118

Duties and responsibilities: Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Connecticut Tax Registration Number or SSN: 1690874-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	<u>\$150,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a)energy efficient windows, roofing, and wall systems	<u>\$150,000</u>
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees:	<u>0</u>
Accounting/legal & other expenses - itemized:	
a)	<u>0</u>
b)	_____
c)	_____
d)	_____
Total Proposed Expenditures:	<u>\$150,000.00</u>

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118 F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE	D Employer identification number 06-1627882 E Telephone number 860-727-6906 G Gross receipts \$ 108,085,195. 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) H(c) Group exemption number
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		
J Website: WWW.GOODWINCOLLEGE.EDU		
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: 2001		M State of legal domicile: CT

Part I Summary

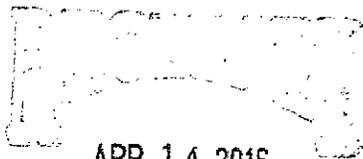
	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	765
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-44,774.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-44,774.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 56,086,453.	Current Year 44,882,347.
	9 Program service revenue (Part VIII, line 2g)	59,220,350.	61,481,316.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,375.	-60,259.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,992.	107,122.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,586,170.	106,410,526.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,056,610.	13,729,774.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,444,092.	28,979,684.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 44,187.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,278,094.	23,543,029.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,778,796.	66,352,487.
19 Revenue less expenses. Subtract line 18 from line 12	57,807,374.	40,058,039.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 193,499,768.	End of Year 221,840,852.
	21 Total liabilities (Part X, line 26)	58,891,388.	47,541,098.
	22 Net assets or fund balances. Subtract line 21 from line 20	134,608,380.	174,299,754.

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 MARK SCHEINBERG, PRESIDENT Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name JOHN TOSCANO	Preparer's signature 	Date
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Check if self-employed <input type="checkbox"/> PTIN P00358542
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000	

Do you discuss this return with the preparer shown above? (see instructions) Yes No



APR 14 2016



Municipality: East Hartford

CONNECTICUT REVENUE SERVICES

Form NAA-01

2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College Educational Services

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Support For Early College Students

Name of contact person: Lynn Guerriero

Telephone number: (860) 528-4111

Email address: lguerriero@goodwin.edu

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

Credit percentage for which your organization is applying:

60% 100% (energy conservation programs only)

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

Please check the appropriate description of your program:

Job training/education for unemployed persons aged 50 or over;

Job training/education for disabled persons;

Program serving low-income persons;

Energy conservation;

Child care services;

Open space acquisition fund; or

Other: Specify _____

Part II — Program Information

Description of program: The Goodwin College Educational Services is the operating organization for the college's magnet schools and early college relationships through our Senior Academy and similar projects. This project will provide financial support for tuition and related charges for needy high schools students to receive pre collegiate and collegiate classes at Goodwin College.

Need for program: There is a great need for early college credit attainment for needy students to have a head start in college and help insure that they complete within 5 years.

Neighborhood area to be served: All of Connecticut with a focus on East Hartford

Total Number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Lynn Guerriero

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: coordination of fund receipts, oversight of programs

Connecticut Tax Registration Number or Social Security Number: 81-0703551

2. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Training in ABE/ESL as well as vocational areas

Connecticut Tax Registration Number or Social Security Number 1690874-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

- a) _____
- b) _____
- c) _____
- d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description: \$150,000.00

- a) _____
- b) _____
- c) _____
- d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

- a) 0
- b) _____
- c) _____
- d) _____

Total Proposed Expenditures: \$150,000.00

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 22 2016**

GOODWIN COLLEGE EDUCATIONAL
SERVICES INC
C/O WIGGIN AND DANA
ELIZABETH PIMENTEL
PO BOX 1832
NEW HAVEN, CT 06508-1832

Employer Identification Number:
81-0703551
DLN:
17053004353006
Contact Person:
DIANE M ECKARD ID# 31394
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
509(a)(3)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 28, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Specifically, we determined you're a Type I supporting organization under IRC Section 509(a)(3). A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

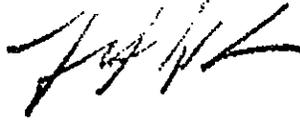
Letter 947

GOODWIN COLLEGE EDUCATIONAL

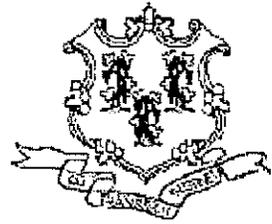
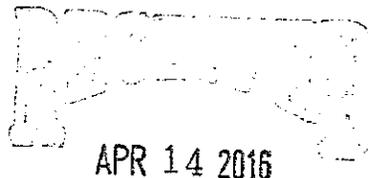
to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large, sweeping initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



Municipality: EAST HARTFORD

COMMUNICATIONS SECTION

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College Educational Services, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Renovation of Buildings for Energy Savings

Name of contact person: Todd Andrews, Director

Telephone number: (860) 528-4111

Email address: tandrews@goodwin.edu

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

Credit percentage for which your organization is applying:

 60% x 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax? x 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

Please check the appropriate description of your program:

Job training/education for unemployed persons aged 50 or over;

Job training/education for disabled persons;

Program serving low-income persons;

Energy conservation;

Child care services;

Open space acquisition fund; or

Other: Specify _____

Part II — Program Information

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems on all of Goodwin College (and its affiliates) buildings. These systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the State of Connecticut.

Need for program: The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: East Hartford

Total number of recipients: Goodwin College has an enrollment of 4500 students at the public school and collegiate levels.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Todd Andrews, Director

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project.

Connecticut Tax Registration Number or Social Security Number (SSN): 81-0703551

2. Name: Bryant Harrell, VP of Physical Facilities and IT, Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Connecticut Tax Registration Number or Social Security Number (SSN) 1690874-00

Timetable:

Program start date: Funds will be expended on or after 12/31/16 as they are received.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Energy efficient windows, roofing and wall systems \$150,000.00

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

a) 0

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 22 2016**

GOODWIN COLLEGE EDUCATIONAL
SERVICES INC
C/O WIGGIN AND DANA
ELIZABETH PIMENTEL
PO BOX 1832
NEW HAVEN, CT 06508-1832

Employer Identification Number:

81-0703551

DLN:

17053004353006

Contact Person:

DIANE M ECKARD

ID# 31394

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

509(a)(3)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

August 28, 2015

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Specifically, we determined you're a Type I supporting organization under IRC Section 509(a)(3). A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

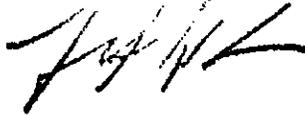
Letter 947

GOODWIN COLLEGE EDUCATIONAL

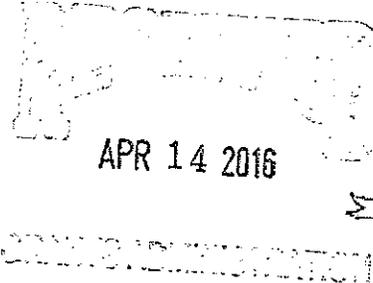
to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large, sweeping initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College Foundation, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit Buildings for Energy Efficiency

Name of contact person: Brooke Penders, Vice President, Advancement

Telephone number: 860-528-4111

Email address: bpenders@goodwin.edu

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

Credit percentage for which your organization is applying:

 60% X 100% (energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 X 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: The purpose of this grant application is to purchase and install energy efficient windows, insulation and HVAC equipment in the Goodwin College buildings in East Hartford, and its affiliated buildings. According to current design plans, the total cost is estimated to be well in excess of \$150,000.

Need for program: Goodwin College's current campus located in buildings that are more than 50 years old. These buildings have terrible energy efficiency. Many walls are not insulated, and the windows constantly leak air. This project would provide the efficiency to retrofit various parts of the campus for much greater energy efficiency.

Neighborhood area to be served: East Hartford

Total number of recipients: Goodwin College enrolls 3600 students each year.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Brooke Penders, Director, Goodwin Foundation

Address: One Riverside Drive, East Hartford, CT 06118

Connecticut Tax Registration Number or Social Security Number (SSN) 1473412-000

Duties and responsibilities: Overall administrator of the grants including matching funds received to specific projects.

2. Name: Bryant Harrell, VP of Physical Facilities and IT, Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Connecticut Tax Registration Number or Social Security Number (SSN) 1690874-000

Duties and responsibilities: Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they become available.

Program completion date: 12/31/18 or within one year of the date funds are received.

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.

Month your annual accounting period ends: September

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	<u>\$150,000</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Construction costs	<u>\$150,000</u>
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees:	<u>\$0</u>
Accounting/legal & other expenses - itemized:	
a)	<u>\$0</u>
b)	_____
c)	_____
d)	_____
Total Proposed Expenditures:	<u>\$150,000</u>

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:
Grants Administration Office-Town of East Hartford

Mailing address:
740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

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)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE FOUNDATION, INC.		D Employer identification number 06-1599388
	Doing Business As		E Telephone number (860) 528-4111
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE RIVERSIDE DRIVE		G Gross receipts \$ 3,127,923.
City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		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: DR. ETHAN FOXMAN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: ▶ N/A		L Year of formation: 2000 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

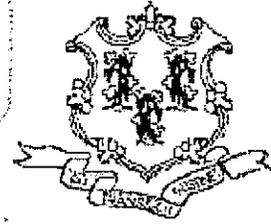
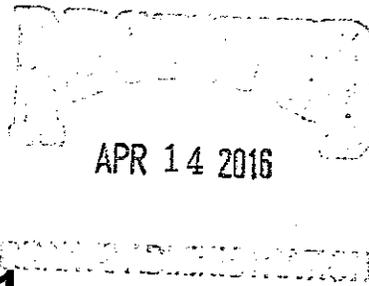
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,835,500.	936,347.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,925.	295,700.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-49,282.	-42,287.
		2,835,143.	1,189,760.
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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	22,500.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,364.	554,703.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	425,864.	554,703.	
19 Revenue less expenses. Subtract line 18 from line 12	2,409,279.	635,057.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,272,029.	9,195,789.
	22 Net assets or fund balances. Subtract line 21 from line 20	325,927.	215,765.
	7,946,102.	8,980,024.	

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			
	DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN TOSCANO				P00358542
Preparer Use Only	Firm's name	Firm's EIN			
	COHNREZNICK LLP	22-1478099			
	Firm's address	Phone no.			
	350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	959-200-7000			

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



Municipality: EAST HARTFORD

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College Foundation, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Support For Low Income Students

Name of contact person: Brooke Penders, Vice President, Advancement

Telephone number: (860) 528-4111

Email address: bpenders@goodwin.edu

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: The purpose of this Goodwin College Foundation, Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin College. The students identified are at or near the federal poverty line, and are often current or former TANF recipients.

This program is designed to accept individuals referred by our local private non-private social service agencies, assesses them for basic skill and aptitude and refer them to appropriate training programs offered at Goodwin College. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

Need for program: East Hartford continues to experience a painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or underemployed workforce.

Neighborhood area to be served: Greater Hartford Labor Market, as defined by the State of Connecticut Department of Labor.

Total number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Goodwin College Foundation

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Referral, Job Placement
Connecticut Tax Registration Number or Social Security Number (SSN) 1473412-000

2. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Pre-vocational and Vocational Training

Connecticut Tax Registration Number or Social Security Number (SSN): 1690874-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program year.

Program completion date: 12/31/18 (or within one year of the date funds are received.)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	\$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	\$150,000.00
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees:	0
Accounting/legal & other expenses - itemized:	
a)	0
b)	_____
c)	_____
d)	_____
Total Proposed Expenditures:	\$150,000.00

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

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)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE FOUNDATION, INC. Doing Business As		D Employer identification number 06-1599388
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE		E Telephone number (860)528-4111
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		G Gross receipts \$ 3,127,923.
	F Name and address of principal officer: DR. ETHAN FOXMAN 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) H(c) Group exemption number ▶
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			
J Website: ▶ N/A			
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			

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) 12			
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9			
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0			
	6	Total number of volunteers (estimate if necessary) 0			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.			
	b	Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,835,500.	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g) 0.	0.	936,347.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48,925.	48,925.	295,700.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -49,282.	-49,282.	-42,287.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,835,143.	2,835,143.	1,189,760.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.	0.	0.
		16a	Professional fundraising fees (Part IX, column (A), line 11e) 22,500.	22,500.	0.
		b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 403,364.	403,364.	554,703.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 425,864.	425,864.	554,703.
19	Revenue less expenses. Subtract line 18 from line 12 2,409,279.	2,409,279.	635,057.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 8,272,029.	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26) 325,927.	8,272,029.	9,195,789.	
	22	Net assets or fund balances. Subtract line 21 from line 20 7,946,102.	7,946,102.	8,980,024.	

Part II Signature Block

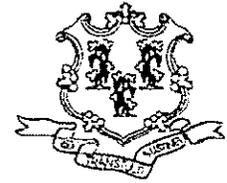
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOHN TOSCANO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00358542
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Phone no. 959-200-7000		
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103				

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

APR 14 2016



Municipality: East Hartford

Form **NAA-01**

**2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal**

Complete this form in blue or black ink only.

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: Goodwin College Magnet Schools

Address: 1 Riverside Drive

East Hartford, CT 06118

Federal Employer Identification Number: 81-070-3802

Program title: Support for Magnet School Students

Name of contact person: Lynn Guerriero

Telephone number: (860) 528-4111

Email address: lguerriero@goodwin.edu

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

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.

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- x Job training/education for disabled persons;
- x Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund;

Part II — Program Information

Description of program: Goodwin College Magnet Schools, Inc. is the nonprofit operator of all Goodwin College's magnet schools as well as a collaborator with many other statewide magnet school operations. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin College.

Need for program: Magnet School budgets have suffered in the past few years, and this budget squeeze is likely to continue well into the future. We are seeking to augment public support of this magnet school with funds contributed by our parents as well as with corporate supporters.

Neighborhood area to be served: The Hartford Area Labor Market as defined by the Ct. Dept. of Labor with focus on Hartford.

Total number of recipients: 150

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Goodwin College Magnet Schools
Address: 1 Riverside Drive
East Hartford, CT 06118

Duties and Responsibilities: Overall management, Program Coordination
CT Tax Registration Number or Social Security Number 81-0703802

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date they are received).

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.

Month your annual accounting period ends: December

Method of accounting: Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000

Other funding sources - itemized sources:

a)

b)

c)

d)

Total Funding: \$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition payments out of other grants \$150,000

b)

c)

d)

Administrative expenses: 0

Professional fund-raising fees 0

Accounting/legal & other expenses - itemized: 0

a)

b)

c)

d)

Total Proposed Expenditures: \$150,000

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:

Town of East Hartford, Department of Management and Budget, Division of Central Grants Administration

Mailing address: 740 Main Street, East Hartford, CT 06108

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email Address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes

No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 29 2016**

GOODWIN COLLEGE MAGNET SCHOOLS INC
1 RIVERSIDE DR
EAST HARTFORD, CT 06118

Employer Identification Number:
81-0703802
DLN:
17053004353016
Contact Person: JOSEPH LAUX ID# 31077
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(ii)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 28, 2015
Contribution Deductibility:
Yes
Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

You're not subject to the specific publishing requirements of Revenue Procedure 75-50, 1975-2 C.B., page 587, as long as you operate under a contract with the local government. If your method of operation changes to the extent that your charter is terminated, cancelled or not renewed, you should notify us. You'll also be required to comply with Revenue Procedure 75-50.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt

Letter 947

GOODWIN COLLEGE MAGNET SCHOOLS INC

organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

APR 14 2016
COMMUNICATIONS



Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Goodwin College Magnet Schools, Inc

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Conservation Project

Name of contact person: Lynn Guerriero, Director of Operations

Telephone number: (860) 528-4111

Email address: lguerriero@goodwin.edu

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

Credit percentage for which your organization is applying:

 60% x 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: The purpose of this grant application is to purchase and install energy efficient building systems. These systems include: green roof structures, solar projects, alternative energy generation and storage, and other projects. All these systems are planned for magnet school facilities and other campus buildings.

Need for program: The current building budget does not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: East Hartford

Total number of recipients: Goodwin College Magnet Schools have an enrollment of over 700 students.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Lynn Guerriero, Director of Operations
Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project.

Connecticut Tax Registration Number or Social Security Number (SSN) 81-0703802

2. Name: Bryant Harrell, VP of Physical Facilities and IT, Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Connecticut Tax Registration Number or Social Security Number (SSN) 1690874000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources: _____

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Energy efficient windows, roofing, wall systems \$150,000.00

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

a) 0

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 29 2016**

GOODWIN COLLEGE MAGNET SCHOOLS INC
1 RIVERSIDE DR
EAST HARTFORD, CT 06118

Employer Identification Number:
81-0703802
DLN:
17053004353016
Contact Person: JOSEPH LAUX ID# 31077
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(ii)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 28, 2015
Contribution Deductibility:
Yes
Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

You're not subject to the specific publishing requirements of Revenue Procedure 75-50, 1975-2 C.B., page 587, as long as you operate under a contract with the local government. If your method of operation changes to the extent that your charter is terminated, cancelled or not renewed, you should notify us. You'll also be required to comply with Revenue Procedure 75-50.

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If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt

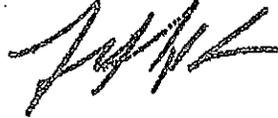
Letter 947

GOODWIN COLLEGE MAGNET SCHOOLS INC

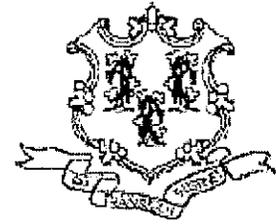
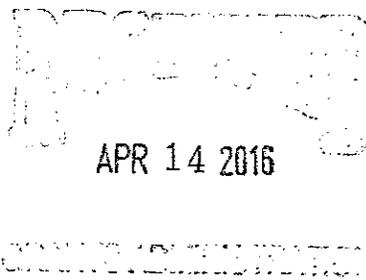
organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Great River Land Trust, Inc.

Address: One Riverside Drive
East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Expansion of Outdoor Programming
Name of contact person: Bryant Harrell, VP, Physical Facilities and I.T.

Telephone number: (860) 727-6937

Email address: bharrell@goodwin.edu

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for disabled persons;
- Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund; or
- Other: Specify _____

Part II — Program Information

Description of program: The Great River Land Trust has accumulated over 1000 acres of land in the river meadows south of Hartford. This program is to provide support for a feasibility study to determine whether the site can accommodate such energy conservation improvements as LED lighting, solar energy power generation, alternative toilets systems and other such activities. Once the feasibility study is complete, any additional funds secured through this project will be applied toward towards the installation of these systems. These projects will also serve as the basis for a range of conservation education programs, including ecological tours, experiments and school field trips for groups to understand and support the land environment and to take an active part in energy and environmental conservation projects within other municipalities.

Need for program: Funding for environmental and conservation education has been cut from most municipal and local education budgets. This program is designed to provide this component through private donations in place of public dollars.

Neighborhood area to be served: Hartford, East Hartford, Glastonbury, Wethersfield and surrounding towns,

Total number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Todd Andrews, Goodwin College and Board Member, Great River Land Trust, Inc.

Address: One Riverside Drive
East Hartford, CT 06118

Duties and responsibilities: Receipt of funds, oversight of implementation of program

Connecticut Tax Registration Number or Social Security Number (SSN): 56271141-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash x Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u> \$150,000 </u>
Other funding sources - itemized sources:	
a)	<u> 0 </u>
b)	<u> 0 </u>
c)	<u> 0 </u>
d)	<u> 0 </u>
Total Funding:	<u> \$150,000 </u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	<u> \$150,000.00 </u>
b)	<u> 0 </u>
c)	<u> 0 </u>
d)	<u> 0 </u>

Administrative expenses:

Professional fund-raising fees:	<u> 0 </u>
Accounting/legal & other expenses - itemized:	
a)	<u> 0 </u>
b)	<u> 0 </u>
c)	<u> 0 </u>
d)	<u> 0 </u>
Total Proposed Expenditures:	<u> \$150,000 </u>

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:

Grants Office, Town of East Hartford, CT 06108
Mailing Address: 740 Main Street

Post-Project Review

Is a post-project review required for this proposal?

Yes No

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

1/31/12 or 9 months after funds are received, should over
\$25,000 be received

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 16 2015**

GREAT RIVER LAND TRUST INC
ONE RIVERSIDE DR
EAST HARTFORD, CT 06118

Employer Identification Number:
45-4128786
DLN:
17053091319025
Contact Person: .. ID# 31261
JULIE CHEN
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
November 15, 2014
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

RECEIVED
4/21/15
M/C

Letter 947

GREAT RIVER LAND TRUST INC

We have sent a copy of this letter to your representative, as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Tamera Riggs". The signature is written in dark ink and is positioned above the typed name and title.

Director, Exempt Organizations

GREAT RIVER LAND TRUST INC

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.

ADDENDUM

APR 14 2016
GRAND ADMINISTRATION



Municipality: East Hartford

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: Great River Land Trust

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Energy Upgrades for the Bio Lab and South Meadows Trail System

Name of contact person: Todd Andrews

Telephone number: (860) 727-6937

Email address: tandrews@goodwin.edu

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

Credit percentage for which your organization is applying:

_____ 60% 100% (Energy conservation programs only)

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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 Program serving low-income persons;
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify _____

Part II — Program Information

Description of program: The funds from the program will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point sections of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for the trail upgrades and energy efficient lighting and supports, in addition to the promotion of this trail network project as a model for other individuals and organizations in the State of Connecticut.

Need for program: The Bio Science Lab and Meadows property in the contiguous towns near East Hartford has been designated as public access recreation areas. These funds will help complete the system with energy efficient components, and will connect this system with the greater Riverfront Recapture trail system.

Neighborhood area to be served: Connecticut River Watershed, with a focus on East Hartford

Total number of recipients: 500 + (the current number of visitors to the properties.)

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Todd Andrews

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Project Coordinator

Connecticut Tax Registration Number or Social Security Number (SSN) #56271141-000

2. Name: Goodwin College

Address: One Riverside Drive, East Hartford, CT 06118

Duties and responsibilities: Selection of contractors and oversight of installation of solar panels

Connecticut Tax Registration Number or Social Security Number (SSN) 1690874000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash x Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

a) 0

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

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:

Grants Administration Office – Town of East Hartford

Mailing address: 740 Main Street

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:
1/31/19 or within 9 months of the program completion
(if over \$25,000 in contributions are received)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 16 2015**

GREAT RIVER LAND TRUST INC.
ONE RIVERSIDE DR
EAST HARTFORD, CT 06118

Employer Identification Number:
45-4128786

DLN:
17053091319025

Contact Person: JULIE CHEN ID# 31261

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30

Public Charity Status:
170(b) (1) (A) (vi)

Form 990 Required:
Yes

Effective Date of Exemption:
November 15, 2014

Contribution Deductibility:
Yes

Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

RECEIVED
4/21/15
Mlc

Letter 947

GREAT RIVER LAND TRUST INC

We have sent a copy of this letter to your representative, as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Tamesa Riggall". The signature is written in dark ink and is positioned above the printed name.

Director, Exempt Organizations

GREAT RIVER LAND TRUST INC

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.

ADDENDUM

APR 14 2016
COMMUNICATIONS SECTION



Municipality: East Hartford

Form NAA-01

2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Complete this form in blue or black ink only.

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Part I — General Information

Name of tax exempt organization/municipal agency: Hispanic Coalition of Greater Waterbury

Address: 745 Burnside Avenue, East Hartford, CT 06108

Federal Employer Identification Number: 061349937

Program title: Energy Conservation Project

Name of contact person: Victor Lopez

Telephone number: (203) 558-5438

Email address: victorlopezjr@yahoo.com

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

Credit percentage for which your organization is applying:

 60% X 100% (Energy conservation programs only)

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><u> X </u> Yes <u> </u> No</p> <p>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</p>
--

Please check the appropriate description of your program

- Job training/education for unemployed persons aged 50 or over
 Job training/education for disabled persons;
 Program serving low-income persons
 Energy conservation;
 Child care services;
 Open space acquisition fund; or
 Other: Specify

Part II — Program Information

Description of program: The purpose of this application is to replace our building's current HVAC systems and add other energy savings enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than five years. Should funds allow, some will be used to update windows and insulation systems for greater efficiency.

Need for program: The Hispanic Coalition of Greater Waterbury occupied satellite offices in a historic East Hartford building that was built in 1909. It is critical to upgrade energy systems while maintaining the historic integrity of the building wherever possible.

Neighborhood area to be served: East Hartford

Total number of recipients: The organization at this site serves hundreds of residents each year.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Olmstead Realty, LLC

Address: 763 Burnside Avenue, East Hartford, CT 06108

Duties and Responsibilities: Oversight of any building work to state standards

Connecticut Tax Registration Number or Social Security Number: 1251610-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: X Cash _____ Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a)	_____
b)	_____
c)	_____
d)	_____
Total Funding:	<u>\$150,000</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Construction costs	<u>\$150,000</u>
b)	_____
c)	_____
d)	_____

Administrative expenses:

Professional fund-raising fees:	<u>\$0</u>
Accounting/legal & other expenses - itemized:	
a)	<u>\$0</u>
b)	_____
c)	_____
d)	_____
Total Proposed Expenditures:	<u>\$150,000</u>

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:
Grants Office-Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06108

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:

1/31/19satellite, or within 3 months of the program completion
(if over \$25,000 in contributions are received)

EXTENDED TO FEBRUARY 16, 2016

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)

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

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 HISPANIC COALITION OF GREATER WATERBURY, INC		D Employer identification number 06-1349937
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 135 EAST LIBERTY STREET		E Telephone number 203-754-6172
	City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06706		G Gross receipts \$ 748136.
	F Name and address of principal officer: VICTOR LOPEZ 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.THEHISPANICCOALITION.ORG			L Year of formation: 1991 M State of legal domicile: CT
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE ADVOCACY, COLLABORATION AND CREATION OF		
	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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	50
	6	Total number of volunteers (estimate if necessary)	6	10
	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 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 117405.	Current Year 143623.
	9	Program service revenue (Part VIII, line 2g)	488257.	586004.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	314.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8611.	1874.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	614273.	731815.
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)	460816.	553320.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	16204.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132330.	163886.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	593146.	717206.	
19	Revenue less expenses. Subtract line 18 from line 12	21127.	14609.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 172326.	End of Year 201275.
	21	Total liabilities (Part X, line 26)	48847.	63187.
	22	Net assets or fund balances. Subtract line 21 from line 20	123479.	138088.

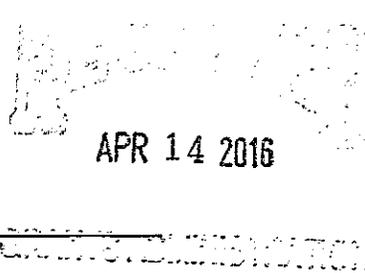
Part II Signature Block

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 <i>Victor Lopez</i>	Date JUN 14, 2016
	VICTOR LOPEZ, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CARRIE ZIMYESKI	Preparer's signature	Date 01/14/16	Check if self-employed <input type="checkbox"/>	PTIN P00369050
	Firm's name ZACKIN ZIMYESKI SULLIVAN CPA'S LLC	Firm's EIN 06-1438606	Phone no. 203-753-2200		
	Firm's address 1 EXCHANGE PLACE 6TH FL WATERBURY, CT 06702-1391				

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



Municipality: EAST HARTFORD

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

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: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue, East Hartford, CT 06108

Federal Employer Identification Number: 20-887-9300

Program title: CLIENT HEALTH SERVICES

Name of contact person: Deborah Poerio

Telephone number: 860 291-9787

Email address: debaprn@aol.com

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

Credit percentage for which your organization is applying:

 x 60% 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

 x 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

Please check the appropriate description of your program:

Job training/education for unemployed persons aged 50 or over;

Job training/education for disabled persons;

Program serving low-income persons;

Energy conservation;

Child care services;

Open space acquisition fund; or

Other: Specify _____

Part II — Program Information

Description of program: Integrated Health Services is the operator for all East Hartford's School Based Health Centers. The purpose of this project is to expand the services of East Hartford School Based Health Centers. Funds received would be used to provide additional personnel coverage and supplies so that students can receive more comprehensive services at the centers, beyond that funded through the State of Connecticut Department of Public Health. Also, these funds can be used towards the administrative support of the programs.

Need for program: SBHCs provide medical, dental and behavioral health services to underinsured low income elementary and secondary students in East Hartford. East Hartford has been designated a targeted community. The designation has been based upon the percentage of low income students, identified by the number of eligible for free or subsidized meal services.

Neighborhood area to be served: Greater Hartford Region, with specific emphasis on residents of the Town of East Hartford.

Total number of recipients: 100

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Integrated Health Services

Address: 763 Burnside Avenue, East Hartford, CT 06108

Duties and responsibilities: Providing experienced medical and behavioral services, as well as other family support services.

Connecticut Tax Registration Number or Social Security Number (SSN): 41657792-3000

Proposed Program Expenditures: \$150,000.00

Direct operating expenses - itemized description:

a) Client Service Expenses (medical, behavioral health), and family support services. \$150,000.00

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees: 0

Accounting/legal & other expenses - itemized:

a) 0

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received.

Program completion date: 12/31/18 (or within one year of the date funds are received).

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

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:

Grants Office – Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT06108

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860 291-7206

Fax number: 860 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:
1/31/19 or within 9 months of the program completion date
(if over \$25,000 in contributions is received)

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2014 calendar year, or tax year beginning **Jul 1**, 2014, and ending **Jun 30**, 2015

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 Integrated Health Services, Inc.		D Employer identification number 20-8879300
	Doing business as		E Telephone number (860) 622-5340
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	P.O. Box 380383		
	City or town, state or province, country, and ZIP or foreign postal code East Hartford CT 06138-0383		G Gross receipts \$1,689,741.
F Name and address of principal officer: Deborah Poerio P.O. Box 380383 East Hartford CT 06138			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.integratedhealthservices.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: 2007	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Mission: To improve students' potential to achieve and maintain wellness by reducing and addressing barriers to care. Purpose: Integrated Health Services provides comprehensive and preventive health care services to school age children and adults.</u>		
	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	13
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	7
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,580,902.	Current Year 1,056,301.
	9 Program service revenue (Part VIII, line 2g)	373,969.	633,051.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	538.	389.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,955,409.	1,689,741.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,392,215.	1,525,646.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		380,291.	239,866.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,772,506.	1,765,512.	
19 Revenue less expenses. Subtract line 18 from line 12	182,903.	-75,771.	
Net Assets or Fund Balance	20 Total assets (Part X, line 16)	Beginning of Current Year 937,530.	End of Year 876,630.
	21 Total liabilities (Part X, line 26)	22,627.	37,498.
	22 Net assets or fund balances. Subtract line 21 from line 20	914,903.	839,132.

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 Deborah Poerio Type or print name and title.	Date CCNY President
	Print/Type preparer's name William Clark	Preparer's signature <i>William Clark</i>
Paid Preparer Use Only	Date 12/01/15	Check <input type="checkbox"/> if self-employed PTIN P00177667
	Firm's name O'CONNELL PACE & COMPANY, PC	Firm's EIN ▶ 06-1053627
	Firm's address 609 FARMINGTON AVE STE 201 HARTFORD CT 06105	Phone no. (860) 247-3917

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

APR 14 2016



Municipality: East Hartford

Form NAA-01

2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Complete this form in blue or black ink only.

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: INTEGRATED HEALTH SERVICES

Address: 763 Burnside Avenue, East Hartford, CT 06108

Federal Employer Identification Number: 20-887-9300

Program title: Energy Efficiency Project

Name of contact person: Deborah Poerio

Telephone number: (860) 291-9787

Email address: debaprn@aol.com

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

Credit percentage for which your organization is applying:

_____ 60% _____ x _____ 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

_____ x _____ 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

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for disabled persons;
- Program serving low-income persons;
- Energy conservation;
- Child care services;
- Open space acquisition fund; or
- Other: Specify _____

Part II — Program Information

Description of program: This project is designed to upgrade our office building (built in 1860), with new insulated windows, walls and ceilings, in order to save on our energy bills. All current systems are original, and there is a great opportunity to improve our current efficiencies. In addition the grant will be used to purchase and install an energy efficient central air conditioning system for the building.

Need for program: Integrated Health Services is located in a building that was built in 1860. All of the windows are original and the building has never been insulated. Any project funds received will be used to upgrade insulation in the building and to either replace or renovate window and wall units to increase their energy efficiency. In addition, funds will be used to purchase and install an energy efficient central air conditioning system for the building.

Neighborhood area to be served: East Hartford

Total number of recipients: IHS serves over 1000 students within eight East Hartford Public Schools.

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.

Use additional sheets if necessary.

1. Name: Integrated Health Services

Address: 763 Burnside Ave. East Hartford, CT 06108

Duties and responsibilities: Selection of contractors and oversight of installation of energy efficient systems.

Connecticut Tax Registration Number or Social Security Number (SSN) 41657792-3000

2. Name: Olmsted Realty

Address: 763 Burnside Avenue, East Hartford, CT 06108

Duties and Responsibilities: Oversight of construction work at site

Connecticut Tax Registration Number or Social Security Number (SSN) 1251610-000

Timetable:

Program start date: Funds will be awarded on or after 12/31/16 as they are received. Actual training can occur any time prior to the end of the program.

Program completion date: 12/31/18 (or within one year of the date funds are received)

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.

Month your annual accounting period ends: December

Method of accounting: _____ Cash x Accrual

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	0
b)	0
c)	0
d)	0

Total Funding:

\$150,000.00

Proposed Program Expenditures:

\$150,000.00

Direct operating expenses - itemized description:

a) Client Service Expenses (medical, behavioral, health) and family support services	\$150,000.00
b)	
c)	
d)	

Administrative expenses:

Professional fund-raising fees:	<u>0</u>
Accounting/legal & other expenses - itemized:	
a)	<u>0</u>
b)	<u>0</u>
c)	<u>0</u>
d)	<u>0</u>
Total Proposed Expenditures:	<u>\$150,000.00</u>

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:

Grants Office – Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06108

Name of municipal liaison: Paul O'Sullivan

Telephone number: (860) 291-7206

Fax number: (860) 289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

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

1/31/19 or 9 months of the program completion
(if over \$25,000 in contributions is received)

Return of Organization Exempt From Income Tax

2014

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2014 calendar year, or tax year beginning **Jul 1**, 2014, and ending **Jun 30**, 2015

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 Integrated Health Services, Inc.		D Employer identification number 20-8879300
	Doing business as		E Telephone number (860) 622-5340
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	P.O. Box 380383		G Gross receipts \$1,689,741.
City or town, state or province, country, and ZIP or foreign postal code			
East Hartford CT 06138-0383			
F Name and address of principal officer: Deborah Poerio P.O. Box 380383 East Hartford CT 06138		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)	
J Website: www.integratedhealthservices.org		H(c) Group exemption number	
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: 2007	M State of legal domicile: CT
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			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Mission: To improve students' potential to achieve and maintain wellness by reducing and addressing barriers to care.</u> <u>Purpose: Integrated Health Services provides comprehensive and preventive health care services to school age children and adults.</u>		
	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	13
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	7
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,580,902.	1,056,301.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	373,969.	633,051.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	538.	389.
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	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	380,291.	239,866.
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	19 Revenue less expenses. Subtract line 18 from line 12	182,903.	-75,771.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	937,530.	876,630.	
22 Net assets or fund balances. Subtract line 21 from line 20	22,627.	37,498.	
	914,903.	839,132.	

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 Deborah Poerio Type or print name and title.		Date President
	Print/Type preparer's name William Clark		Date 12/01/15
Paid Preparer Use Only	Preparer's signature 	Check <input type="checkbox"/> if self-employed	PTIN P00177667
	Firm's name O'CONNELL PACE & COMPANY, PC	Firm's EIN ▶ 06-1053627	
	Firm's address 609 FARMINGTON AVE STE 201 HARTFORD CT 06105	Phone no. (860) 247-3917	

Do you discuss this return with the preparer shown above? (see instructions) Yes No