

Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Job Connection

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

Goodwin University 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 University students for this program come from referrals from local community based organizations and many of these students are 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 under employed workforce. East Hartford training in all and any of the areas cited in the program description.

Neighborhood area to be served: _____

Hartford area with a focus on East Hartford

Plan to implement the program: _____

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL, CT
Registration Number 1690874-000

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 - itemized description:

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:	_____
	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 align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center">03/31/2026</p> <p align="center">_____</p> <p align="center">Date</p>

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 GOODWIN UNIVERSITY, 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 \$ 74,839,396. 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.GOODWIN.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: 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)	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	25
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	723
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	-1,291,407.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Contributions and grants (Part VIII, line 1h)	13,533,853.
9	Program service revenue (Part VIII, line 2g)	58,635,442.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,209.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,467,088.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,652,592.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,961,895.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,660,721.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 564,124.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,986,361.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,608,977.
19	Revenue less expenses. Subtract line 18 from line 12	43,043,615.
20	Total assets (Part X, line 16)	319,810,190.
21	Total liabilities (Part X, line 26)	59,517,470.
22	Net assets or fund balances. Subtract line 21 from line 20	260,292,720.

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 LAURA KIELCZEWSKI Preparer's signature LAURA KIELCZEWSKI Date 05/10/23 Check if self-employed <input type="checkbox"/> PTIN P00740769 Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ 22-1478099 Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 Phone no. 959-200-7000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

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Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Adding Energy Efficiencies

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☒ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient building systems in all of the Goodwin University and its affiliate buildings. The systems include new windows, new insulated roof, new insulation, 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. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project. Oversight of the contract and contractors who will perform the redesign and installation of this project

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 efficiency updates \$150,000.00
b) _____
c) _____
d) _____

Administrative expenses - itemized description:

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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

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 GOODWIN UNIVERSITY, 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 \$ 74,839,396. 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.GOODWIN.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: 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)	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	25
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6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	-1,291,407.
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15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,660,721.
16a	Professional fundraising fees (Part IX, column (A), line 11a)	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	564,124.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,986,361.
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20	Total assets (Part X, line 16)	319,810,190.
21	Total liabilities (Part X, line 26)	59,517,470.
22	Net assets or fund balances. Subtract line 21 from line 20	260,292,720.

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 LAURA KIELCZEWSKI Firm's name COHNREZNICK LLP Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Preparer's signature LAURA KIELCZEWSKI Date 05/10/23	Check if self-employed <input type="checkbox"/> PTIN P00740769 Firm's EIN 22-1478099 Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University Educational Services, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Food/Diaper Pantry and Support for Low Income Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin University. In particular, we are seeking donations to provide aid to students through the university's food pantry, emergency housing assistance and other support services.

Need for program: _____

With limited financial aid, there is a growing pool of low income residents in our region who need individual living support to assist them in completing programs and gaining employment.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Goodwin Foundation, Inc. - 1 Riverside Drive, East Hartford, CT 06118-Student services support to include food pantry, emergency housing and other support.

Timetable:

Program start date: 12/31/2024
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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) Student Support services \$150,000.00
b) _____
c) _____
d) _____

Administrative expenses - itemized description:

- 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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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 GOODWIN UNIVERSITY EDUCATIONAL SERVICES INC		D Employer identification number 81-0703551
	Doing business as		E Telephone number (860) 727-6906
	Number and street (or P.O. box if mail is not delivered to street address) ONE RIVERSIDE DRIVE	Room/suite	
	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 ONE RIVERSIDE DRIVE 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 ▶	
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.GOODWIN.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: 2015	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN UNIVERSITY EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN UNIVERSITY, INC. AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN UNIVERSITY, INC. THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS.		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,789,035	11,386,380
	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)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,789,035	11,386,380
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	11,386,380
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Net Assets or Fund Balances	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)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,807,867	0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,807,867	11,386,380
	19 Revenue less expenses. Subtract line 18 from line 12	-18,832	0
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		19,577	69,048
22 Net assets or fund balances. Subtract line 21 from line 20		58,909	108,380

Part II Signature Block

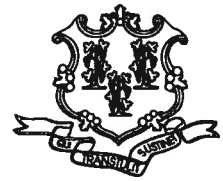
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2023-05-10
 MARK SCHEINBERG PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ COHNREZNICK LLP		2023-05-10		P00740769
Firm's address ▶ 350 CHURCH STREET 12TH FLOOR			Firm's EIN ▶ 22-1478099	
HARTFORD, CT 06103			Phone no. (959) 200-7000	



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University Educational Services, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Renovations of Buildings for Energy Savings

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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



Yes



No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☒ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient building systems for all Goodwin University (and its affiliates) buildings. These systems include new windows, new insulated roofing, new wall insulation, 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

Plan to implement the program: _____

Todd Andrews, Senior Vice President-Overall administration of the grant including matching all funds received for specific project requests as envisioned in this project.
Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/2024
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 efficiency updates \$150,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

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: _____

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 Audit

Is a post-project audit required for this proposal?


☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**

 Department of the
 Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
 GOODWIN UNIVERSITY EDUCATIONAL SERVICES
 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

D Employer identification number

81-0703551

E Telephone number

(860) 727-6906

G Gross receipts \$ 11,386,380

F Name and address of principal officer:

MARK SCHEINBERG
 ONE RIVERSIDE DRIVE
 EAST HARTFORD, CT 06118

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GOODWIN.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2015

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

GOODWIN UNIVERSITY EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN UNIVERSITY, INC. AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN UNIVERSITY, INC. THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2021 (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, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,789,035	11,386,380
9 Program service revenue (Part VIII, line 2g)	0	0
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)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,789,035	11,386,380

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	11,386,380
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)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,807,867	0
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,807,867	11,386,380
19 Revenue less expenses. Subtract line 18 from line 12	-18,832	0

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	19,577	69,048
21 Total liabilities (Part X, line 26)	58,909	108,380
22 Net assets or fund balances. Subtract line 21 from line 20	-39,332	-39,332

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

2023-05-10
Date

MARK SCHEINBERG PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date
2023-05-10

Check ☐ if self-employed

PTIN
P00740769

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

Phone no. (959) 200-7000

HARTFORD, CT 06103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2021)



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University Educational Services, Inc.

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: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

Goodwin University Educational Services is the operating organization for the University's Magnet Schools and Early College relationships through dual credit and early college experience (ECE) courses. This project will provide financial support for tuition and related charges for in-need high school students to receive collegiate classes at Goodwin University.

Need for program: _____

There is a great need for early college credit attainment for in-need students to have a headstart in college and ensure that they complete their higher education within five years.

Neighborhood area to be served: _____

All of Connecticut with a focus East Hartford

Plan to implement the program: _____

Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

Timetable:Program start date: 12/31/2024

MM - DD - YYYY

Program completion date: 12/31/2025

MM - DD - YYYY

Post-project audit due date: 03/31/2026

MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 - itemized description:

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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022
B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

 GOODWIN UNIVERSITY EDUCATIONAL SERVICES
 INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

ONE RIVERSIDE DRIVE

Room/suite

 City or town, state or province, country, and ZIP or foreign postal code
 EAST HARTFORD, CT 06118

D Employer identification number

81-0703551

E Telephone number

(860) 727-6906

G Gross receipts \$ 11,386,380

F Name and address of principal officer:

 MARK SCHEINBERG
 ONE RIVERSIDE DRIVE
 EAST HARTFORD, CT 06118

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.GOODWIN.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2015

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

GOODWIN UNIVERSITY EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN UNIVERSITY, INC. AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN UNIVERSITY, INC. THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS.

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** 26

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 25

5 Total number of individuals employed in calendar year 2021 (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, Part I, line 11 **7b** 0

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** 10,789,035 **Current Year** 11,386,380

9 Program service revenue (Part VIII, line 2g) 0 0

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) 0 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,789,035 11,386,380

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 11,386,380

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) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,807,867 0

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,807,867 11,386,380

19 Revenue less expenses. Subtract line 18 from line 12 -18,832 0

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **Beginning of Current Year** 19,577 **End of Year** 69,048

21 Total liabilities (Part X, line 26) 58,909 108,380

22 Net assets or fund balances. Subtract line 21 from line 20 -39,332 -39,332

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

 2023-05-10
 Date

 MARK SCHEINBERG PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

 Date
 2023-05-10

 Check ☐ if self-employed

 PTIN
 P00740769

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

Phone no. (959) 200-7000

HARTFORD, CT 06103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2021)



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin Foundation, Inc

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Manufacturing Pipeline

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☒ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

The purpose of this program is to secure financial aid from all sources for the purpose of supporting low income students to Goodwin University's manufacturing program. This program is designed to accept individuals referred by our local agencies and employers and refer them to manufacturing training programs at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

Need for program: _____

There are a large number of unfilled entry-level manufacturing positions in the Hartford labor market while there is a growing pool of low income residents in our region who could be trained for these jobs. Funds are needed to help pay for tuition and personal support for the students.

Neighborhood area to be served: _____

Hartford labor market area

Plan to implement the program: _____

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.
Manufacturing and pre-manufacturing training.

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 - itemized description:

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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

GOODWIN FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

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: DR. ETHAN FOXMAN

SAME AS C ABOVE

D Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 4,014,901.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: <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 2021 (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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	445,633.	658,487.
	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)	667,917.	853,939.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-30,599.	-40,518.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,082,951.	1,471,908.
	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)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,005,464.	857,048.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,464.	857,048.
	19 Revenue less expenses. Subtract line 18 from line 12	77,487.	614,860.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,948,632.	12,281,744.
22 Net assets or fund balances. Subtract line 21 from line 20	2,749,459.	3,015,976.	
		11,199,173.	9,265,768.

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, BOARD PRESIDENT
 ▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature LAURA KIELCZEWSKI	Date 05/10/23	Check if self-employed <input type="checkbox"/>	PTIN P00740769
Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin Foundation, Inc

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit for Energy Efficiency

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☒ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient windows, insulation and other equipment in the Goodwin University buildings in East Hartford and its affiliated buildings. According to current design plans, the current cost of such projects is estimated to be well in excess of \$150,000.

Need for program: _____

Goodwin University's current campus is located in buildings that are more than 50 years old. These buildings have terrible energy efficiency. Many walls are not insulated and the window 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

Plan to implement the program: _____

Sandra Ward, AVP of Strategic Partnerships and Development-Overall administrator of the grants including matching funds received to specific projects.
Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment

Timetable:

Program start date: 12/31/2024
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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) Construction Costs \$150,000.00
b) _____
c) _____
d) _____

Administrative expenses - itemized description:

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:	_____
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 align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center">03/31/2026</p> <p align="center">_____ Date</p>
--

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:	C Name of organization GOODWIN FOUNDATION, INC. <hr/> Doing business as <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE <hr/> City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118 <hr/> F Name and address of principal officer: DR. ETHAN FOXMAN SAME AS C ABOVE	D Employer identification number 06-1599388 <hr/> E Telephone number (860) 528-4111 <hr/> G Gross receipts \$ 4,014,901. <hr/> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <hr/> 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

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)	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 2021 (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.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Contributions and grants (Part VIII, line 1h)	445,633.
9	Program service revenue (Part VIII, line 2g)	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,917.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,599.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,082,951.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,005,464.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,464.
19	Revenue less expenses. Subtract line 18 from line 12	77,487.
20	Total assets (Part X, line 16)	13,948,632.
21	Total liabilities (Part X, line 26)	2,749,459.
22	Net assets or fund balances. Subtract line 21 from line 20	11,199,173.

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 DR. ETHAN FOXMAN, BOARD PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LAURA KIELCZEWSKI <hr/> Preparer's signature LAURA KIELCZEWSKI <hr/> Date 05/10/23 <hr/> Check if self-employed <input type="checkbox"/> PTIN P00740769 <hr/> Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 <hr/> Firm's EIN ▶ 22-1478099 Phone no. 959-200-7000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin Foundation

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: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin University. The students identified are at or near the federal poverty line and are often current or former TANF recipients. The students are assessed for basic skill and aptitude and referred to appropriate training programs offered at Goodwin. Students are eligible to take collegiate certificate, vocational certificate or degree level courses.

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 and underemployed population.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Goodwin Foundation, Inc. - 1 Riverside Drive East Hartford, CT 06118-Training in vocational areas and ESL.

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 - itemized description:

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:	_____
	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 Audit
Is a post-project audit required for this proposal?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date post-project audit due:
03/31/2026
Date

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

GOODWIN FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

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: DR. ETHAN FOXMAN

SAME AS C ABOVE

D Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 4,014,901.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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)	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 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	445,633.	658,487.
	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)	667,917.	853,939.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-30,599.	-40,518.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,082,951.	1,471,908.
	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)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,005,464.	857,048.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,464.	857,048.
	19 Revenue less expenses. Subtract line 18 from line 12	77,487.	614,860.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,948,632.	12,281,744.
22 Net assets or fund balances. Subtract line 21 from line 20	2,749,459.	3,015,976.	
		11,199,173.	9,265,768.

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, BOARD PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LAURA KIELCZEWSKI	LAURA KIELCZEWSKI	05/10/23		P00740769
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University 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: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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



Yes



No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☒ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

The purpose of this grant application is to purchase and install energy-efficient building systems. The systems include green roof structures, solar projects, alternative energy generation in storage and other projects. All of the 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 efficiency. 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

Plan to implement the program: _____

Sandra Ward, AVP of Strategic Partnerships and Development-Overall administrator of the grants including matching funds received to specific projects.

Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 saving renovations and upgrades -solar panels, g \$150,000.00
b) _____
c) _____
d) _____

Administrative expenses - itemized description:

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:	_____
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 Audit
Is a post-project audit required for this proposal?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date post-project audit due:
03/31/2026
Date

Form **990**Department of the
Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

GOODWIN UNIVERSITY MAGNET SCHOOLS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
ONE RIVERSIDE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118**D** Employer identification number

81-0703802

E Telephone number

(860) 727-6906

G Gross receipts \$ 18,748,011**F** Name and address of principal officer:MARK SCHEINBERG
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118**H(a)** Is this a group return for
subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates
included? ☐ Yes ☒ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.GOODWIN.EDU**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2015**M** State of legal domicile: CT**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

GOODWIN UNIVERSITY MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS SERVING PUBLIC SCHOOL STUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2021 (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, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,715,549	12,426,632
9 Program service revenue (Part VIII, line 2g)	5,781,065	6,315,017
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)	5,256	6,362
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,501,870	18,748,011

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)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,097,193	17,953,202
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,097,193	17,953,202
19 Revenue less expenses. Subtract line 18 from line 12	1,404,677	794,809

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,402,152	6,281,100
21 Total liabilities (Part X, line 26)	2,140,921	2,235,538
22 Net assets or fund balances. Subtract line 21 from line 20	3,261,231	4,045,562

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

2023-05-10

Date

MARK SCHEINBERG PRESIDENT

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employedPTIN
P00740769

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

Phone no. (959) 200-7000

HARTFORD, CT 06103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2021)



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Goodwin University Magnet Schools, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Support for Magnet School Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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



Yes



No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☒ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

Goodwin University Magnet Schools Inc. is the nonprofit operator of all Goodwin University Magnet Schools (PK through 12th grade) as well as the 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 University.

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 the magnet school with funds contributed by our parents as well as the corporate supporters.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

Timetable:Program start date: 12/31/2024
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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 - itemized description:

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: _____

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 Audit

Is a post-project audit required for this proposal?

☒ Yes

☐ No

If Yes, date post-project audit due:

03/31/2026

Date

Form **990**Department of the
Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GOODWIN UNIVERSITY MAGNET SCHOOLS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
ONE RIVERSIDE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118**D** Employer identification number

81-0703802

E Telephone number

(860) 727-6906

G Gross receipts \$ 18,748,011**F** Name and address of principal officer:MARK SCHEINBERG
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118**H(a)** Is this a group return for
subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates
included? ☐ Yes ☒ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.GOODWIN.EDU**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2015**M** State of legal domicile: CT**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
 GOODWIN UNIVERSITY MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS SERVING
 PUBLIC SCHOOL STUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 7**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 4**5** Total number of individuals employed in calendar year 2021 (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, Part I, line 11 **7b** 0

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** 11,715,549 **Current Year** 12,426,632**9** Program service revenue (Part VIII, line 2g) **Prior Year** 5,781,065 **Current Year** 6,315,017**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **Prior Year** 0 **Current Year** 0**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **Prior Year** 5,256 **Current Year** 6,362**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) **Prior Year** 17,501,870 **Current Year** 18,748,011

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) **Prior Year** 0 **Current Year** 0**14** Benefits paid to or for members (Part IX, column (A), line 4) **Prior Year** 0 **Current Year** 0**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **Prior Year** 0 **Current Year** 0**16a** Professional fundraising fees (Part IX, column (A), line 11e) **Prior Year** 0 **Current Year** 0**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 0**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **Prior Year** 16,097,193 **Current Year** 17,953,202**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **Prior Year** 16,097,193 **Current Year** 17,953,202**19** Revenue less expenses. Subtract line 18 from line 12 **Prior Year** 1,404,677 **Current Year** 794,809

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **Beginning of Current Year** 5,402,152 **End of Year** 6,281,100**21** Total liabilities (Part X, line 26) **Beginning of Current Year** 2,140,921 **End of Year** 2,235,538**22** Net assets or fund balances. Subtract line 21 from line 20 **Beginning of Current Year** 3,261,231 **End of Year** 4,045,562**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

2023-05-10

Date

MARK SCHEINBERG PRESIDENT

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

2023-05-10

Check ☐ if
self-employed PTIN
P00740769

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

Phone no. (959) 200-7000

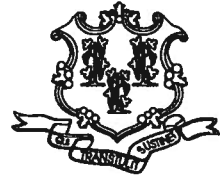
HARTFORD, CT 06103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2021)



Municipality: Town of East Hartford

Form NAA-01
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Great River Land Trust, Inc.

Address: One Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

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

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

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

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



Yes



No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☒ Energy conservation; or
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; or
☐ Other (specify): _____

Description of program: _____

The funds from the programs will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for trail upgrades and energy efficient lightings and supports energy efficient repairs and maintenance equipment, 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 have been designated as public access recreations 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

Plan to implement the program: _____

Sandra Ward, AVP of Strategic Partnerships and Development-Receipt of funds, oversight and implementation of program

Timetable:

Program start date: 12/31/2024
MM - DD - YYYY
Program completion date: 12/31/2025
MM - DD - YYYY
Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

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) <u>Installation of solar collectors and trail upgrades</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
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:	_____
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 align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center">03/31/2026</p> <p align="center">_____</p> <p align="center">Date</p>

For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization
GREAT RIVER LAND TRUST INC

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

D Employer identification number
45-4128786

E Telephone number
(860) 727-6906

F Group Exemption Number

Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Website: ☐ N/A

tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (Insert no) ☐ 4947(a)(1) or ☐ 527

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

Added lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) \$500,000 or more, file Form 990 instead of Form 990-EZ. \$0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

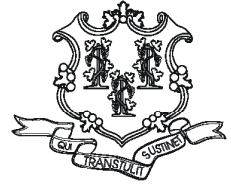
Check if the organization used Schedule O to respond to any question in this Part I. ☒

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0
10	Grants and similar amounts paid (list in Schedule O)	10	208,051
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,862
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16	17	209,913
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-209,913
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	204,647
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-5,266

Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)



Municipality: _____

Form NAA-01

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

Address: _____

Federal Employer Identification Number: _____

Program title: _____

Name of contact person: _____

Telephone number: _____ — —

Email address: _____

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

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

☐ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- ☐ Energy conservation; **or**
☐ Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for persons with physical disabilities;
☐ Program serving low-income persons;
☐ Child care services;
☐ Establishment of a child day care facility;
☐ Open space acquisition fund; **or**
☐ Other (specify): _____

Description of program: _____

Need for program: _____

Neighborhood area to be served: _____

Plan to implement the program: _____

Timetable:

Program start date: _____
MM - DD - YYYY

Program completion date: _____
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested _____

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: _____

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:	_____

Mailing address:	_____

Name of municipal liaison:	_____
Telephone number:	____ _ - ____ _ - ____ _
Fax number:	____ _ - ____ _ - ____ _
Email address:	_____

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