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:		
Address: One Riverside Drive, East Hartford, CT 06118		
Federal Employer Identification Number: 06-1627882		
Program title: Job Connection		
Name of contact person: Sandra Ward		
(860) 727-6974 Telephone number:		
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?		
X Yes No		
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.		

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		
\cdot		

Program start date: 12/31/2024	
Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to the	e program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	to provide a post-project audit, verseeing the program, no later
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) <u>Tuition</u>	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

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:	<u>-</u> -
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?	
X Yes No	
If Yes , date post-project audit due:	
03/31/2026	
Date	

** PUBLIC DISCLOSURE COPY **

Form **990**

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)

evenue 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.

2021
Open to Public Inspection

Form 990 (2021)

For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 C Name of organization Check if applicable D Employer identification number Address change GOODWIN UNIVERSITY INC. 06-1627882 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ ONE RIVERSIDE DRIVE 860-727-6906 termin-City or town, state or province, country, and ZIP or foreign postal code 74,839,396. G Gross receipts \$ Amende EAST HARTFORD, CT 06118 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARK SCHEINBERG for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527 If "No," attach a list. See instructions J Website: WWW.GOODWIN.EDU H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other -Year of formation: 2001 M State of legal domicile: CT | Part I | Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) 25 4 Activities & Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 723 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -1,291,407. |7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 13,533,853. 10,615,147. Revenue Program service revenue (Part VIII, line 2g) 58,635,442. 58,469,543. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,209. -791,178. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,467,088. 2,173,622. 112,652,592. 70,467,134. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,961,895. 11,982,958. 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. 27,413,033. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,986,361. 33,622,821. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 69,608,977. 73,018,812. 43,043,615. -2,551,678. 19 Revenue less expenses. Subtract line 18 from line 12 ö **Beginning of Current Year** End of Year Assets Raland 20 Total assets (Part X, line 16) 319,810,190. 313,398,918. 21 Total liabilities (Part X, line 26) 59,517,470, 55,500,982. 펄 Net assets or fund balances. Subtract line 21 from line 20 260,292,720, 257,897,936. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARK SCHEINBERG, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Check Preparer's signature Paid AURA KIELCZEWSKI LAURA KIELCZEWSKI 05/10/23 P00740769 Firm's name COHNREZNICK LLP Preparer Firm's EIN 22-1478099 Firm's address 350 CHURCH STREET, 12TH FLOOR Use Only HARTFORD, CT 06103 Phone no.959-200-7000 May the IRS discuss this return with the preparer shown above? See instructions X Yes

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: Adding Energy Efficiencies		
Name of contact person: Sandra Ward		
(860) 727-6974 Telephone number:		
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?		
X Yes No		
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.		

Part II — Program Information

Check the	appropriate description of your program:
100% cred	lit percentage
X	Energy conservation; or
	Comprehensive college access Ioan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% credi	t 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	n of program:
Goodwin Uninsulation, r	e of this grant application is to purchase and install energy efficient building systems in all of the niversity and its affiliate buildings. The systems include new windows, new insulated roof, new new HVAC and boiler systems. In addition, funding can be used to promote energy effictiveness action as model projects to interested partners to support these efforts in other places in the state of the state
Need for p	rogram:
	building budgets do not include funds to provide higher energy efficiencies. These enhancements institution money throughout the life of the building.
Neighborh	ood area to be served:
East Hartfor	rd .
	,
Plan to imp	plement the program:
envisioned i	ninistration of the grant including matching all funds received to specific project requests as in this project. Oversight of the contract and contractors who will perform the redesign and of this project

Program start date: 12/31/2024	
Program completion date: 12/31/2025	
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	
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality o 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

Timetable:

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?
X Yes No
If Yes , date post-project audit due:
03/31/2026
Date

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990**

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 C Name of organization D Employer identification number Check if GOODWIN UNIVERSITY, INC. Name change 06-1627882 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ ONE RIVERSIDE DRIVE 860-727-6906 term 74,839,396. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended EAST HARTFORD, CT 06118 H(a) Is this a group return Applica-F Name and address of principal officer: MARK SCHEINBERG for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) If "No," attach a list. See instructions J Website: WWW.GOODWIN.EDU H(c) Group exemption number Form of organization: X Corporation Trust Association Other -L Year of formation: 2001 M State of legal domicile; CT Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 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) 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 25 4 Activities & 723 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 n Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -1,291,407. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 13,533,853. Contributions and grants (Part VIII, line 1h) 10,615,147. R 58,635,442. Program service revenue (Part VIII, line 2g) 58,469,543. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,209, -791,178. 10 2,173,622. 40,467,088. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 112,652,592. 70,467,134. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,961,895. 11,982,958. 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) 27,660,721. 27,413,033. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,986,361. 33,622,821. 69,608,977. 73,018,812. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43,043,615. -2,551,678. Revenue less expenses. Subtract line 18 from line 12 6 **Beginning of Current Year** End of Year Assets 319,810,190. 20 Total assets (Part X, line 16) 313,398,918. 59,517,470. 55,500,982. 21 Total liabilities (Part X, line 26) 260,292,720. 257,897,936. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARK SCHEINBERG, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature LAURA KIELCZEWSKI LAURA KIELCZEWSKI 05/10/23 Paid P00740769 Firm's name COHNREZNICK LLP Preparer 22-1478099 Firm's EIN Firm's address 350 CHURCH STREET, 12TH FLOOR Use Only HARTFORD, CT 06103 Phone no. 959-200-7000 X Yes May the IRS discuss this return with the preparer shown above? See instructions

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	
(860) 727-6974 Telephone number:	
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?	
X Yes No	
If Yes, attach a copy of the first page of your most recent return.	
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.	

Part II — Program Information

Check the	appropriate description of your program:
100% cre	dit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	it percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for persons with physical disabilities;
X	Program serving low-income persons;
Photobook Guadhade and Carlos and	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
The second secon	Other (specify):
Description	n of management
•	n of program: win 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 sthrough the university's food pantry, emergency housing assistance and other support services.
	·
No. of france	
•	orogram: d financial aid, there is a growing pool of low income residents in our region who need individual
	ort to assist them in completing programs and gaining employment.
-	nood area to be served:
East Hartfo	ord .
	·
Plan to im	plement the program:
	oundation, Inc 1 Riverside Drive, East Hartford, CT 06118-Student services support to include
tood pantry	/, emergency housing and other support.
	·

Program start date: 12/31/2024	
Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to t	he program completion date
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality than three months after the program completion date.	d to provide a post-project audit,
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

Timetable:

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?
If Yes , date post-project audit due:
03/31/2026
Date

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493134002233

Form **990**

Department of the

Return of Organization Exempt From Income Tax

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

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

b Go to www ire gov/Formann for instructions and the latest information

OMB No. 1545-0047

Ireasu Interna		enue Service	Service						
A F	or th	he 2021 c	calendar year, or tax year begin	nning 07-01-2021 , and ending 06	-30-2022				
B Che	eck if applicable: C Name of organization GOODWIN UNIVERSITY EDUCATIONAL SERVICES INC						D Employer identification number 81-0703551		
□ In	itial re	eturn ern/terminated	Doing business as	_		· · · · · · · · · · · · · · · · · · ·			
_		ed return tion pending	ONE DIVERSIDE DRIVE	nail is not delivered to street address) Room,	/suite	E Telephor (860) 7	ie number 27-6906		
			City or town, state or province, cou EAST HARTFORD, CT 06118	ntry, and ZIP or foreign postal code		G Gross re	ceipts \$ 1	1,386,380	
			F Name and address of principa	al officer:	H(a) Is	this a group re	turn for		
			MARK SCHEINBERG ONE RIVERSIDE DRIVE			bordinates?			
			EAST HARTFORD, CT 06118			e all subordinat cluded?	es	☐ Yes ☐No	
I Ta	x-exe	empt status:	✓ 501(c)(3) ☐ 501(c)() ◀	(insert no.) 4947(a)(i) or 527		"No," attach a l	ist. See i	instructions.	
J W	ebsi	ite:▶ WV	VW.GOODWIN.EDU		H(c) Gr	oup exemption	number	>	
K For	m of c	organization	: 🗹 Corporation 🗆 Trust 🗔 Asso	ociation ☐ Other ▶	L Year of fo	ormation: 2015	M State	of legal domicile: CT	
Pa	art (mary						
Activities & Governance		GOODWIN UNIVERSI EDUCATE	TY, INC. AND ITS COMMITMENT T D PUBLIC SCHOOL STUDENTS IN	or most significant activities: VICES, INC. ENGAGES IN ACTIVITIES 1 O EDUCATE STUDENTS, INCLUDING CONTROL AND THE STATE OF CONNECTICUT AND THE OR MORE INTER-DISTRICT MAGNET SCH	ONTRIBUTIN COMMUNITI	G TO THE DEVE	LOPMEN	T OF WELL-	
ò									
ن ×ة	2	Check thi	is box ▶ ☐ if the organization dis	scontinued its operations or disposed of	more than 2	.5% of its net a		l	
S e				ng body (Part VI, line 1a)			3	26	
È	1			the governing body (Part VI, line 1b)		•	4	25	
Ç				lendar year 2021 (Part V, line 2a) .			5	0	
•	1		nber of volunteers (estimate if ned		6	0			
			elated business revenue from Parl	•	7a	0			
	-	ivet uniter	lated business taxable income Ho	m Form 990-T, Part I, line 11			7b	0	
	8	Contribut	tions and grants (Part VIII line 1h)			Prior Year 10,789,0	25	Current Year	
Ravenue	l		- ,		<u> </u>	10,769,0	0	11,386,380	
ěΛċ	l		ent income (Part VIII, column (A), I		-				
ď	l		venue (Part VIII, column (A), lines			<u> </u>	0		
	l		enue—add lines 8 through 11 (mu		10,789,0		11,386,380		
	-		nd similar amounts paid (Part IX, c	1 180			0	11,386,380	
	l		paid to or for members (Part IX, co		0	0			
S.	l			nefits (Part IX, column (A), lines 5-10)	-		o		
nses	16a	Professio	nal fundraising fees (Part IX, colur	mn (A), line 11e)			0		
Expen	ь	Total fundr	raising expenses (Part IX, column (D), I	line 25) ▶0			_		
۵	17	Other exp	penses (Part IX, column (A), lines :	11a-11d, 11f-24e)		10,807,8	67	0	
	18	Total exp	enses. Add lines 13-17 (must equ	al Part IX, column (A), line 25)		10,807,8		11,386,380	
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		-18,8	_	0	
Net Assets or Fund Balances					Beginni	ing of Current Ye	ər	End of Year	
Ass			ets (Part X, line 16)	19,5	-	69,048			
25 E			ilities (Part X, line 26)	58,9		108,380			
			s or fund balances. Subtract line 2	21 from line 20		-39,3	32	-39,332	
	rt II		ature Block eriury. I declare that I have exami	ined this return, including accompanyin	n scheduler	and statements	and to	the heet of my	
knowl	edge	and belief	f, it is true, correct, and complete.	Declaration of preparer (other than of	ficer) is base	d on all informa	tion of w	hich preparer has	
any ki	nowle	eage.							
						2023-05-10			
Sign Signature of officer						Date			
Here			SCHEINBERG PRESIDENT						
		17	r print name and title				r)		
		Pi	rint/Type preparer's name	Preparer's signature	Date 2023-05-10		TIN 00740769		
Paid		-	m's name . COUNDETAILS I.E.	<u> </u>		self-employed			
Prep		=	rm's name COHNREZNICK LLP		['	Firm's EIN ▶ 22-1	478099		
Use	Un	ll y Fi	rm's address > 350 CHURCH STREET 1	2TH FLOOR	, 1	Phone no. (959) 2	00-7000		
			HARTFORD, CT 06103						
May th	ne IR	S discuss	this return with the preparer show	n above? (see instructions)			∀ γ ₆	es 🗆 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:
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:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:								
100% credit percentage								
X 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.								

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	
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 require prepared by a certified public accounting firm, to the municipality 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)	<u> </u>
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

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?
If Yes , date post-project audit due:
03/31/2026
Date

For Paperwork Reduction Act Notice, see the separate instructions.

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

Open to Public Inspection

Form 990 (2021)

Cat. No. 11282Y

A F	or ti	he 2021	calendar year, or to	ax year begin	ning 07-01-2021 ,	and endi	ina 06-3	0-2022	·.		
		applicable:	C Name of organization	on					D Employer	identif	ication number
☐ Address change ☐ Name change						81-07035	81-0703551				
		.nange eturn	Doing business as								
_		ırn/terminate							E Telephone	number	
_		ed return tion pendin	ONE DIVERSIDE OF		ail is not delivered to stre	et address)	Room/su	ite	1 '		
		or period		or province, cour	try, and ZIP or foreign po	stal code			(860) 727	-0900	
			EAST HARTFORD, C						G Gross recei	pts \$ 1	1,386,380
			F Name and addr		officer:			H(a) I	s this a group retu		
			MARK SCHEINBER ONE RIVERSIDE D	-				s	ubordinates?		☐Yes ☑No
			EAST HARTFORD,						Are all subordinates ncluded?		☐ Yes ☐No
I Ta	x-exe	empt statu:	5: 🗹 501(c)(3) 🗌	501(c)() ◀ (insert no.) 🔲 4947(a)(1) or [527	1	f "No," attach a list	. See i	nstructions.
) W	ebsi	ite:▶ W	WW.GOODWIN.EDU					H(c) 6	Group exemption nu	ımber	•
K For	m of c	oro anizatio	n: 🗹 Corporation 🔲	Trust \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				L Year of	formation: 2015	State	of legal domicile: CT
X 7011	11 01 0	urgariizatio	n. 🖾 Corporation 🗀	ITUSE LASSO	dation 🗀 Other 🕨			(7/8)	Association and a second a second and a second a second and a second a second and a		
Pá	art I		nmary								
	1	GOODWI	escribe the organizati	ON'S MISSION OF	most significant activ ICES, INC. ENGAGES	ities:	ITIES TH	AT SHIPPO	NOT CHIDTHED AND	000	AOTE COODWIN
		UNIVERS	ITY, INC. AND ITS C	OMMITMENT TO	D EDUCATE STUDENTS	S, INCLUD	DING CO	NTRIBUTI	NG TO THE DEVELO	PMEN'	Γ OF WELL-
ပ္သ		EDUCATE	ED PUBLIC SCHOOL S	TUDENTS IN T	HE STATE OF CONNEC R MORE INTER-DISTRI	CTICUT AN	ND THE C	CINUMMO	TIES SURROUNDIN	G GOO	DWIN UNIVERSITY,
Activities & Governance			COOGH HAVOEVENEIA	WITH ONE OF	MORE INTER-DISTRI	ICT MAGN	EI SCHC	JOLS			
- -											
9	_								· .		
đ	3	Number	nis box > () if the or of voting members o	rganization dis- of the governing	continued its operation g body (Part VI, line 1	ns or dispo	osed of n	nore than	25% of its net asso	ets. 3	26
es es	4				the governing body (F	•				4	25
	5			-	endar year 2021 (Part		•			5	0
AC	l			· ·	essary)					6	
	7a	Total un	related business reve	enue from Part	VIII, column (C), line :	12				7a	0
					Form 990-T, Part I, I					7b	0
									Prior Year	 	Current Year
Q.	8	Contribu	itions and grants (Pa	rt VIII, line 1h)					10,789,035	1	11,386,380
Revenue	9	Program	ram service revenue (Part VIII, line 2g)								0
¥.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										0
	11	Other re	venue (Part VIII, colu	mn (A), lines 5	, 6d, 8c, 9c, 10c, and	11e)				1	0
					t equal Part VIII, colur				10,789,035	<u> </u>	11,386,380
			-		olumn (A), lines 1-3)					-	11,386,380
					lumn (A), line 4) .			<u> </u>		-	. 0
enses					nefits (Part IX, column		5-10)			+	0
8					nn (A), line 11e) .		•			1	0
Ęź			fraising expenses (Part I						10.007.007		
					1a-11d, 11f-24e) . al Part IX, column (A),		•	-	10,807,867	+	0
					m line 12	iiie 23)		-	10,807,867	-	11,386,380
× o		- KCTCHOC	ress expenses. Sabe	race line 10 iio	mine 12	• • •	<u> </u>	Begins	-18,832 ning of Current Year	_	End of Year
anc											
Bal			sets (Part X, line 16)				•		19,577	'	69,048
Net Assets or Fund Balances			bilities (Part X, line 26	-					58,909	_	108,380
			ts or fund balances.	Subtract line 2	1 from line 20				-39,332		-39,332
Pa			ature Block								
Jnder (nowl	pen- edge	alties of parties and believed	perjury, I declare that ef, it is true, correct.	I have examinand complete.	ned this return, includ Declaration of prepare	ing accom	panying	schedules	and statements, a	nd to t	he best of my
ny k	nowle	edge.					410		E 1309-140		
		 							2023-05-10		
Sign		Signa	ture of officer		· · · · · · · · · · · · · · · · · · ·				Date		•
lere		MARK	SCHEINBERG PRESIDEN	łΤ							
			or print name and title						<u> </u>		
		<u>'</u>	Print/Type preparer's nar	ne	Preparer's signature			ate	Chash D if PTIN		
Paid					21	023-05-10	Check L if P00: self-employed	740769			
Preparer		er	Firm's name COHNR	EZNICK LLP					Firm's EIN ▶ 22-147	8099	
Jse		H	Firm's address ► 350 CH	URCH STREET 12	TH FLOOR				Phone no. (959) 200	-7000	
		-		ORD, CT 06103	-				10. (535) 200	, 500	
		<u>ا</u> د ماد-							<u> </u>		es \square No
av th	a i D	> diecijes	this return with the	areaster chaw	n anoval fear include					40 30	1 1 8 8

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
(860) 727-6974 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

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:
Plan to implement the program: Conduit University 1 Biversity 1 B
Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

Program start date: 12/31/2024	<u></u>
MM - DD - YYYY Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
MM - DD - YYYY	
The program start date must not be more than two yea Any program receiving \$25,000 or more in NAA funding	•
prepared by a certified public accounting firm, to the m	g is required to provide a post-project audit, nunicipality 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 fun	ding.
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	#450 000 00
b)	\$150,000.00
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00
	<u> </u>

Timetable:

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-Pro	oject Audit
ls a po	st-project audit ı	required for this proposal?
	× Yes	No
	If Yes , date pos	st-project audit due:
	03/3	31/2026
<u> </u>		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

Open to Public Inspection

A F	or th	he 2021 c	alendar year, or tax year begi	nning 07-01-2021 , and ending 06	-30-2022		7	
B Check if applicable: ☐ Address change			C Name of organization GOODWIN UNIVERSITY EDUCATION			D Emple	yer identi	ification number
		-	INC		81-07	81-0703551		
☐ Name change ☐ Initial return ☐			Doing business as	ess as				
☐ Final return/terminated						20.0		
_		ed return tion pending	ONE DIVERGINE DRIVE	nail is not delivered to street address) Room/	/suite		one numbe 727-6906	
			City or town, state or province, cour EAST HARTFORD, CT 06118	ntry, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·	G Gross	receipts \$ 1	11 386 380
			F Name and address of principal	al officer:	H(a) I	s this a group		
			MARK SCHEINBERG ONE RIVERSIDE DRIVE		- 1	ubordinates?	etaili io	□Yes ☑No
			EAST HARTFORD, CT 06118		Н(b) А	re all subordin	ates	☐ Yes ☐No
I Ta	x-exe	mpt status:	☑ 501(c)(3) ☐ 501(c)() ◀	(insert no.) 4947(a)(1) or 527		rcluded? f "No," attach a	list. See	
J W	ebsi	ite:▶ WW	VW.GOODWIN.EDU			roup exemption		
K For	m of a	organization	: 🗹 Corporation 🗆 Trust 🗆 Asso	ociation Other ►	L Year of	formation: 2015	M State	of legal domicile: CT
P	art I	Sum	mary					
Activities & Governance		Briefly des GOODWIN UNIVERSI EDUCATEI	scribe the organization's mission o I UNIVERSITY EDUCATIONAL SERV TY, INC. AND ITS COMMITMENT T D PUBLIC SCHOOL STUDENTS IN	r most significant activities: VICES, INC. ENGAGES IN ACTIVITIES T O EDUCATE STUDENTS, INCLUDING CO THE STATE OF CONNECTICUT AND THE R MORE INTER-DISTRICT MAGNET SCH	ONTRIBUTIN COMMUNIT	IG TO THE DEV	/FLOPMEN	IT OF WELL-
o ve	:							
<u></u>	2	Check thi	s box 🕨 🔲 if the organization dis	continued its operations or disposed of	f more than :	25% of its net	assets.	
Ş	3	Number o	of voting members of the governing	ig body (Part VI, line 1a)			3	26
Ř				the governing body (Part VI, line 1b)		• •	4	25
YC I				lendar year 2021 (Part V, line 2a) .		• •	5	0
				essary)		• •	6	0
				VIII, column (C), line 12		•	7a	0
	۲	THE GITTE	acea basiness taxable income non	Troini 990-1, Part 1, line 11		Prior Year	7b	Current Year
-	8	Contribut	ions and grants (Part VIII, line 1h)		-	10,789	025	
Ravenue	1				-	10,703	0	11,386,380
èΛċ			nt income (Part VIII, column (A), li		<u> </u>	***	0	
Œ			enue (Part VIII, column (A), lines !	•				0
				st equal Part VIII, column (A), line 12)		10,789		11,386,380
			d similar amounts paid (Part IX, c			"	0	11,386,380
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)			0	0
8	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)			0	0
emses	16a	Profession	Professional fundraising fees (Part IX, column (A), line 11e)				0	0
Exp			aising expenses (Part IX, column (D), I					
ш			enses (Part IX, column (A), lines 1			10,807	,867	0
			enses. Add lines 13-17 (must equ		-	10,807	,867	11,386,380
_ v	19	Revenue I	ess expenses. Subtract line 18 fro	om line 12			,832	0
E O					Beginn	ing of Current	Year	End of Year
SS 8	20	Total asse	ets (Part X, line 16)			19	577	69,048
Net Assets or Fund Balances	21	Total liabi	lities (Part X, line 26)			58,	909	108,380
Zď	22	Net assets	s or fund balances. Subtract line 2	1 from line 20		-39	332	-39,332
Under	edge	alties of pe and belief	eture Block erjury, I declare that I have exami , it is true, correct, and complete.	ned this return, including accompanyin Declaration of preparer (other than off	g schedules ficer) is base	and statement ed on all inform	s, and to ation of v	the best of my which preparer has
Signature of officer			re of officer			2023-05-10 Date		· · · · · · · · · · · · · · · · · · ·
Here MARK SCHEINBERG PRESIDENT								
		17	print name and title int/Type preparer's name	Proparor's signature	Data		POTE N.	
Paid		"	my type preparer a name			Check if	PTIN P00740769	•
		ar Fir	m's name COHNREZNICK LLP			self-employed Firm's EIN ► 22	-1478099	
Lice Only		⊢		OTH ELOOP				
The state of the s			ZITT FLOUR	ļ	Phone no. (959)	200-7000		
			HARTFORD, CT 06103					
May th	ne IR:	S discuss t	this return with the preparer show	n above? (see instructions)			✓ Y	es 🗌 No

Department of Revenue Services State of Connecticut (Rev. 01/24)

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				
(860) 727-6974 Telephone number:				
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? X Yes No				
Vicanacial Investment				
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 (
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.					

Program start date: 12/31/2024	
MM - DD - YYYY Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to t	ne program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of 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) <u>Tuition</u>	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

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	
ls a post-project audit required for this proposa	ıl?
∑ Yes No	
If Yes , date post-project audit due:	
03/31/2026	
Date	

** PUBLIC DISCLOSURE COPY **

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
2021

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

Department of the Treasury Internal Revenue Service

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

2021
Open to Public Inspection

<u>A</u>	For th	e 2021 calendar year, or tax year beginning ਾ	ル 1, 2021 and	ending	JUN 30, 2022	93- 0	
	Check if applicab	C Name of organization			D Employer identifi	cation number	
Address change		GOODWIN FOUNDATION, INC.					
Name		Doing business as	· · · · · · · · · · · · · · · · · · ·		06-1599388	06-1599388	
F	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	r	
	Final return	ONE BIVEDGINE DETUE	,		(860) 528-41		
	termir ated		ZIP or foreign postal code		G Gross receipts \$	4,014,901.	
	Amen				H(a) Is this a group re		
	Application	F Name and address of principal officer: DR.	THAN FOXMAN		for subordinates? Yes X No		
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in		
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	◀ (insert no.) 4947(a)(1)	or 52	10 10 10 10 10 10 10 10 10 10 10 10 10 1	list. See instructions	
		te: N/A		odini.	H(c) Group exemptio	El .	
			sociation Other	L Yea		A State of legal domicile; CT	
P	art I	Summary		2077			
_	1	Briefly describe the organization's mission or most	significant activities: SEE SCI	HEDULE C			
Activities & Governance							
Ē	2	Check this box if the organization discor	ntinued its operations or dispos	ed of more	e than 25% of its net ass	sets.	
Ş	3	Number of voting members of the governing body			3	12	
Ğ	4	Number of independent voting members of the gov	eming body (Part VI, line 1b)		4	9	
SS	5	Total number of individuals employed in calendar y				0	
ğ	6	Total number of volunteers (estimate if necessary)				0	
Ş	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.	
_	Ь	Net unrelated business taxable income from Form 5				0.	
	ĺ				Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)			445,633.	658,487.	
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.	
8	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		667,917.	853,939.	
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-30,599.	-40,518.	
_	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,082,951.	1,471,908.	
	13	Grants and similar amounts paid (Part IX, column (A	N), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (P			0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.	
×	Ь	Total fundraising expenses (Part IX, column (D), line					
Ш	l ''	Other expenses (Part IX, column (A), lines 11a-11d,			1,005,464.	857,048.	
		Total expenses. Add lines 13-17 (must equal Part IX			1,005,464.	857,048.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		77,487.	614,860.	
Sor				B	eginning of Current Year	End of Year	
SSet	20				13,948,632.	12,281,744.	
Net Assets	21	Total liabilities (Part X, line 26)			2,749,459.	3,015,976.	
춙	22	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20		11,199,173.	9,265,768.	
_							
		Ities of perjury, I declare that I have examined this return,				knowledge and belief, it is	
uue,	, correc	t, and complete. Declaration of preparer (other than office) is based on all information of wh	ich preparei	nas any knowleage.		
Sign Here		Signature of officer			Date		
		DR. ETHAN FOXMAN, BOARD PRESIDENT					
Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN	
Paid			AURA KIELCZEWSKI		- 110 100 if	~L	
	arer	Firm's name COHNREZNICK LLP			Firm's EIN	22-1478099	
	Only						
	, ,	HARTFORD, CT 06103			Phone no.959	-200-7000	
May	the IF	S discuss this return with the preparer shown above	e? See instructions		Li Holie Hora and	X Yes No	
		or				1 69 1 110	

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
(860) 727-6974 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage __X__ 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

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	
The program start date must not be more than two years prior to the	e program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	to provide a post-project audit,
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

Timetable:

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?					
X Yes No					
If Yes , date post-project audit due:					
03/31/2026					
Date					

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2021 calendar year, or tax year beginning	TUL 1, 2021 and	ending J	UN 30, 2022			
В	Check if applicab	C Name of organization D Employer identification numb					ition number	
Addr		GOODWIN FOUNDATION, INC.						
Name		Doing business as			06-1599388			
	lnitial return		elivered to street address)	E Telephone number				
	Final return	ONE RIVERSIDE DRIVE	ONE RIVERSIDE DRIVE			(860) 528-4111		
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 4,014,901.			
Ļ	Amen	Indi marifold, ci vvii			H(a) Is this a group return			
Appli tion pend		F Name and address of principal officer: DR. ETHAN FOXMAN			for subordinates? Yes X No			
		SAME AS C ABOVE			H(b) Are all subordinates included? Yes No			
) ◀ (insert no.) 4947(a)(1)	or 527	4		st. See instructions	
							number	
	art i		SSOCIATION OTHER	L Year	of formation: 20	M I	State of legal domicile; CT	
1.4	_		t cionificant activities: SEE SC	HEDULE O				
8	'	riefly describe the organization's mission or most significant activities: SEE SCHEDULE O						
nau	2	Check this box if the organization disco	ontinued its operations or dispos	sed of more	than 25% of its	net asset	rs	
Š	3	Number of voting members of the governing body				- 1 1	12	
ලී	4	Number of independent voting members of the go					9	
Activities & Governance	5	Total number of individuals employed in calendar					0	
ritie	6	Total number of volunteers (estimate if necessary)					0	
Ę	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0.	
A	b	Net unrelated business taxable income from Form					0.	
	1					,	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)			445	5,633.	658,487.	
Š	9	Program service revenue (Part VIII, line 2g)	ogram service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	667,917.		853,939.			
•	11	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-30,599.		-40,518.	
_		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,082,951.		1,471,908.	
	13	ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.	
		nefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
8	15	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			, 0.		0.	
Expenses	16a	fessional fundraising fees (Part IX, column (A), line 11e)				0.	0.	
Š	ь	Total fundraising expenses (Part IX, column (D), lin						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d			1,005,464.		857,048.	
		Total expenses. Add lines 13-17 (must equal Part			1,005,464.		857,048.	
		Revenue less expenses. Subtract line 18 from line	12		77,487. 614,860.			
Net Assets or		F			13,948,632.		End of Year 12,281,744.	
	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	***************************************				3,015,976.	
	22	Net assets or fund balances. Subtract line 21 from	1 line 20		2,749,459. 3,015,976. 11,199,173. 9,265,768.			
P	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return	including accompanying schedules	and stateme	ents, and to the b	est of my kr	nowledge and helief, it is	
		t, and complete. Declaration of preparer (other than offic				-	,,,	
				<u> </u>				
Sig	n	Signature of officer	Date	Date				
Here		DR. ETHAN FOXMAN, BOARD PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	ſ	Date	Check if	PTIN	
Paid	ı	LAURA KIELCZEWSKI	LAURA KIELCZEWSKI	0:	5/10/23	self-employed	P00740769	
Preparer		Firm's name COHNREZNICK LLP			Firm's	EIN 🕨	22-1478099	
Use	Only	irm's address 350 CHURCH STREET, 12TH FLOOR						
		HARTFORD, CT 06103			Phone	no.959-2		
Max	the IE	IS discuss this return with the preparer shown abo	we? See instructions				X Von 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						
(860) 727-6974 Telephone number:						
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?						
X Yes No						
If Yes, attach a copy of the first page of your most recent return.						
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.						

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 programs
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 experiences 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-Trailing in vocational areas and ESL.

Program start date: 12/31/2024	
Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
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 requested by a certified public accounting firm, to the municipa than three months after the program completion date.	uired to provide a post-project audit.
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)	
Total Proposed Expenditures:	\$150,000.00
•	<u> </u>

Name of municipal agency overseeing implementation of the program:
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?	
X Yes No	
If Yes , date post-project audit due:	
03/31/2026	
Date	

** PUBLIC DISCLOSURE COPY **

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
2021

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	e 2021 calendar year, or tax year beginning	UL 1, 2021 and	ending J	UN 30, 2022		
В	Check if	C Name of organization	aria aria	ondang •	D Employer identif	ication number	
_	Addr	SS COODWIN BOYDDAGTON THE					
누	chan				06 1500300		
누	chan		livered to stood address.	D / 'A-	06-1599388 E Telephone numbe		
return Final		ONE DIVERGINE DETUE	street (or P.O. box if mail is not delivered to street address) Room/suite				
└──Iretum/ termin-		City or town, state or province, country, and ZIP or foreign postal code			(860) 528-4111 G Gross receipts \$ 4,014,901.		
Г	ated Amer return	ded Page Napurpopp om 06110	H(a) Is this a group return				
F	Appli		ETHAN FOXMAN		for subordinates		
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i		
Ī	Tax-ex	empt status: X 501(c)(3) 501(c) (◀ (insert no.) 4947(a)(1) (or 527		list. See instructions	
J	Websi	te: N/A			H(c) Group exemption		
K	orm o	organization; X Corporation Trust A	ssociation Other	L Year		M State of legal domicile: CT	
Pa	art I	Summary					
•	1	Briefly describe the organization's mission or most	significant activities: SEE SCI	EDULE O			
Š							
Governance	2	Check this box (if the organization disco		ed of more	than 25% of its net as	sets.	
Š	3	Number of voting members of the governing body			3		
<u>ග</u> නේ	4	Number of independent voting members of the government				9	
Activities &	5	Total number of individuals employed in calendar y	ear 2021 (Part V, line 2a)		5	0	
ivit	6	Total number of volunteers (estimate if necessary)		•••••	6	0	
Act		Total unrelated business revenue from Part VIII, co				0.	
_	B	Net unrelated business taxable income from Form	990-1, Part I, line 11			0,	
	8	Contributions and grants (Part VIII, line 1h)			Prior Year 445,633.	Current Year 658,487.	
en	9	Dunament and described to the Control of the Contro			0.	050,487.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		667,917.	853,939.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-30,599.	-40,518.	
	12	Total revenue - add lines 8 through 11 (must equal			1,082,951.	1,471,908.	
_	13	Grants and similar amounts paid (Part IX, column (0.	0.	
	14	Benefits paid to or for members (Part IX, column (A			0.	0.	
S	15	Salaries, other compensation, employee benefits (F			0.	0.	
nse Ise	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line		0.			
ū	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,005,464.	857,048.	
		Total expenses. Add lines 13-17 (must equal Part i)			1,005,464.	857,048.	
-	19	Revenue less expenses. Subtract line 18 from line	12		77,487.	614,860.	
SOF				Beg	inning of Current Year	End of Year	
Sset	20			📙	13,948,632.	12,281,744.	
Net Assets of	21	Total liabilities (Part X, line 26)			2,749,459.	3,015,976.	
즎	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		11,199,173.	9,265,768.	
	190		including accompanying ashadulas			1	
		lties of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office				knowledge and belief, it is	
uuc,	001100	c and complete. Declaration of preparer (other than office	i) is based on an imprination of will	cii preparer i	las any knowledge.		
Sign	1	Signature of officer			Date	<u> </u>	
Her		DR. ETHAN FOXMAN, BOARD PRESIDENT					
	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	D	ate Check	PTIN	
Paid		LAURA KIELCZEWSKI	LAURA KIELCZEWSKI	05	/10/23 if self-employ	ed P00740769	
Prep	arer	Firm's name COHNREZNICK LLP			Firm's EIN	22-1478099	
Use	Only	Firm's address 350 CHURCH STREET, 12TH	FLOOR				
		HARTFORD, CT 06103			Phone no.959		
May	the IF	S discuss this return with the preparer shown above	e? See instructions			X 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
(860) 727-6974 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Check the appropriate description of your program: 100% credit percentage X 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.

Program start date: 12/31/2024	
Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
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 require prepared by a certified public accounting firm, to the municipality 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, gr	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

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?
If Yes , date post-project audit due:
03/31/2026
Date

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493134003743

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Treasu		► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection							
		enue Service							
A F	or th	he 2021 c		ning 07-01-2021 , and ending 06-3	0-2022	_			
□ Ad	C Name of organization GOODWIN UNIVERSITY MAGNET SCHOOLS INC					D Emplo	•	fication number	
□ Name change □ Initial return □ Doing business as						-			
_		ırn/terminated							
☐ Amended return Number a			ONE DIVERSIDE DRIVE	t (or P.O. box if mail is not delivered to street address) Room/suite RIVE			E Telephone number (860) 727-6906		
_			City or town, state or province, coun EAST HARTFORD, CT 06118	try, and ZIP or foreign postal code		G Gross r	eceipts \$ 1	8.748.011	
			F Name and address of principal	l officer:	H(a) Is th	nis a group r			
			MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		subo	ns a group re ordinates? all subordina		□Yes ☑No	
I Tax	-exe	mpt status:			` ínclu	ıded?		Yes No	
			/W.GOODWIN.EDU	insert no.) 4947(a)(1) or 527		lo," attach a up exemption			
K Form	n of c	organization	Corporation Trust Assoc	ciation Other ►	L Year of for	nation: 2015	M State	of legal domicile: CT	
D.		Cum			l <u>.</u>		<u> </u>		
Pi	rt I		mary scribe the organization's mission or	most significant activities					
e Ce		GOODWIN	UNIVERSITY MAGNET SCHOOLS,	INC. OPERATES AND MANAGES EDUCAT NITIES SURROUNDING EAST HARTFORD		ICES TO MA	GNET SCH	HOOLS SERVING	
Activities & Governance									
Ven									
ŝ				continued its operations or disposed of m	nore than 25	% of its net		1 -	
2 6			of voting members of the governing			•	3	7	
thes	4		PY 0 PPG	the governing body (Part VI, line 1b)		•	5	0	
Ĭ	5			endar year 2021 (Part V, line 2a)		•	6	0	
Ac			nber of volunteers (estimate if nec	**		• •	<u> </u>		
				VIII, column (C), line 12		•	7a 7b	0	
	D	Net unre	ated business taxable income from	Form 990-T, Part I, line 11		· · ·	/B	0	
		Cambribani	ions and courts (Dest VIII line 4h)		P	rior Year	540	Current Year	
œ	•	Contribut	ions and grants (Part VIII, line 1h)						
ž		D======			-	11,715,		12,426,632	
venuk	9		service revenue (Part VIII, line 2g)			5,781,	065	6,315,017	
Rəvenue	9 10	Investme	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li	nes 3, 4, and 7d)		5,781,	065	6,315,017	
Revenue	9 10 11	Investme Other rev	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li renue (Part VIII, column (A), lines 5	nes 3, 4, and 7d)		5,781,	065 0 256	6,315,017 0 6,362	
Revenue	9 10 11 12	Investme Other rev Total rev	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li renue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus	nes 3, 4, and 7d)		5,781,	065 0 256 870	6,315,017 0 6,362 18,748,011	
Revenue	9 10 11 12 13	Investme Other rev Total rev Grants ar	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li renue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co	nes 3, 4, and 7d)		5,781,	065 0 256 870	6,315,017 0 6,362 18,748,011	
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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					
(860) 727-6974 Telephone number:					
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?					
X Yes No					
If Yes , attach a copy of the first page of your most recent return.					
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.					

Check the	e appropriate description of your program:
100% cre	dit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cre d	it percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for persons with physical disabilities;
X	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
and the same of th	Open space acquisition fund; or
	Other (specify):
•	on of program: University Magnet Schools Inc. is the nonprofit operator of all Goodwin University Magnet Schools
project is o	th 12th grade) as well as the collaborator with many other statewide magnet school operations. The designed to provide magnet school students with additional programming support, as well as to udents with possible support to attend early college classes at Goodwin University.
Need for _I	program:
into the fut	hool budgets have suffered in the past few years and this budget squeeze is likely to continue well ure. We are seeking to augment public support of the magnet school with funds contributed by our well as the corporate supporters.
	a contract of the contract of
•	nood area to be served:
East Hartfo	ord .
	4
	plement the program:
Goodwin U	Jniversity-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.
	· ·

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	
The program start date must not be more than two years prior to t	he program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of 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

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?	
X Yes No	
If Yes , date post-project audit due:	
03/31/2026	
Date	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

orm990

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

DLN: 93493134003743

Open to Public
Inspection

Interna	al Reve	enue Service					-113 2311311
A F	or th	e 2021 c	alendar year, or tax year begin	ning 07-01-2021 , and ending	06-30-2022		
B Check if applicable: ☐ Address change ☐ Name change		change	C Name of organization GOODWIN UNIVERSITY MAGNET SCH	HOOLS INC		D Employ 81-070	er identification number 3802
O In	itial re	-	Doing business as				
Amended return Application pending Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE			E Telephor (860) 7	ne number 27-6906			
			City or town, state or province, count EAST HARTFORD, CT 06118	ry, and ZIP or foreign postal code		G Gross re	eceipts \$ 18,748,011
			F Name and address of principal	officer:	H(a) Is	this a group re	turn for
			MARK SCHEINBERG ONE RIVERSIDE DRIVE		su	bordinates?	□Yes ☑No
			EAST HARTFORD, CT 06118			e all subordinat	tes Yes No
I Ta	x-exe	mpt status:	☑ 501(c)(3) □ 501(c)() ◄ (i	nsert no.) 4947(a)(1) or 5		cluded? "No." attach a l	list. See instructions.
J W	ebsit	te:► WW	/W.GOODWIN.EDU	,		oup exemption	
K For	n of o	rganization:	Corporation Trust Associ	ation ☐ Other ▶	L Year of fo	ormation: 2015	M State of legal domicile: CT
Pa	art I	Sumi	mary				
9	1 (GOODWIN	scribe the organization's mission or I UNIVERSITY MAGNET SCHOOLS, CHOOL STUDENTS IN THE COMMUN	INC. OPERATES AND MANAGES ED		VICES TO MAG	ENET SCHOOLS SERVING
anc	-						
Ě	:						
Activities & Governance	2	Check this	is box if the organization disc if voting members of the governing	continued its operations or dispose	d of more than 2	5% of its net a	ssets.
25	4		of independent voting members of		b)		4 4
<u> </u>	5		nber of individuals employed in cale		•		5 0
\$	1		nber of volunteers (estimate if nece				6 0
¥						• •	7a 0
	1			red business revenue from Part VIII, column (C), line 12		•	7b 0
	۳	net dille	ated business taxable income from	10/11/ 930-1, Part 1, line 11		Prior Year	
		Contributi	ions and grants (Part VIII, line 1h)		<u> </u>		Current Year
3	l				-	11,715,	
Ravenue	I	-	service revenue (Part VIII, line 2g)		<u> </u>	5,781,0	
æ	I	1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)					0 0
	i						256 6,362
	_				.2)	17,501,8	-
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0 0
		Benefits paid to or for members (Part IX, column (A), line 4)					0 0
penses					10)		0 0
8	Ι.		nal fundraising fees (Part IX, colum				0 0
펿			alsing expenses (Part IX, column (D), lin		-		
_	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				16,097,1	
	ı		enses. Add lines 13-17 (must equa	1.7		16,097,1	
_ un	19	Kevenue	less expenses. Subtract line 18 from	n line 12		1,404,6	
Net Assets or Fund Balances					beginn	ing of Current Y	
Ass Ba	l		ets (Part X, line 16)			5,402,1	
E P	l		ilities (Part X, line 26)			2,140,9	
			s or fund balances. Subtract line 21	from line 20		3,261,2	4,045,562
	rt li pena		ature Block erjury, I declare that I have examin	ed this return, including accompa	nving schedules	and statements	and to the hest of my
knowl	edge	and belief	f, it is true, correct, and complete.	Declaration of preparer (other than	n officer) is base	d on all informa	ation of which preparer has
any ki	nowle	edge.					
					:	2023-05-10	
Sign		Signatu	re of officer			Date	
Here	•		CHEINBERG PRESIDENT print name and title				
		l' Pr	int/Type preparer's name	Preparer's signature	Date		TIN
Paic	1				2023-05-10		00740769
Prep		er Fil	rm's name COHNREZNICK LLP	·		Firm's EIN > 22-	1478099
	_	L	emie address in 250 cumou emest :	THE COR			
Use Only Firm's address ▶ 350 CHURCH STREET 12TH FLOOR Phone no. (959) 200-7000			200-7000				
			HARTFORD, CT 06103				
May tl	he IR	S discuss t	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:		
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		
(860) 727-6974 Telephone number:		
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?		
X Yes No		
If Yes , attach a copy of the first page of your most recent return.		
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.		

Check the appropriate description of your program.
100% credit percentage
X 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
·

Program start date: 12/31/2024	<u></u>
Program completion date: 12/31/2025	<u></u>
Post-project audit due date: 03/31/2026	
MM - DD - YYYY	
The program start date must not be more than two years part of Any program receiving \$25,000 or more in NAA funding is prepared by a certified public accounting firm, to the munithan three months after the program completion date.	required to provide a post-project audit,
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total fundin	g.
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	_
b)	
c)	
d)	£450,000,00
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Installation of solar collectors and trail upgrades	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

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?
If Yes, date post-project audit due:
03/31/2026
Date

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{}990-EZ

Short Form **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 1545-1150

Open to Public

partment of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Inspection mal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 Check if applicable C Name of organization D Employer identification number GREAT RIVER LAND TRUST INC Address change 45-4128786 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/terminated (860) 727-6906 City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118 Amended return F Group Exemption Application pending Number Check ▶ ☑ If the organization is not Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Vebsite: ►N/A ax-exempt status(check only one) - ☑ 501(c)(3) ☑ ☐ 501(c)() ◀(insert no) ☐ 4947(a)(1) or ☐ 527 orm of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other dd 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. 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 1 0 2 2 3 3 4 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events 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 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c Other revenue (describe in Schedule O) R **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 n 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 Professional fees and other payments to independent contractors 13 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) -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

Net assets or fund balances at end of year Combine lines 18 through 20

21

-5,266





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.

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: _____

Program start date:		_	
Program completion date:	MM - DD - YYYY		
Doot project qualit due date:	MM - DD - YYYY	_	
Post-project audit due date:	MM - DD - YYYY	_	
Any program receiving \$25,000	or more in NAA funding is recounting firm, to the municip	or to the program completion date equired to provide a post-project a pality overseeing the program, no	udit,
Part III — Financial Information			
Program Budget:			
Complete in full. Expenditures must ed	qual or exceed total funding.		
Sources of Revenue:			
NAA funds requested			
Other funding sources - itemiz	zed sources:		
a)		-	
b)			
c)			
d)			
Total Funding:			
Proposed Program Expenditures:			
Direct operating expenses - it	emized description:		
a)			
b)			
c)			
d)			
Administrative expenses - iter	mized description:		
a)			
b)			
c)			
d)			
Total Proposed Expenditures:			

Name of municipal agency overseeing implementation of the program:
Mailing address:
Name of municipal liaison:
Telephone number:
Fax number:
Email address:

Post-Project Audit	
Is a post-project audit required for this proposal?	
☐ Yes	☐ No
If Yes , date post-project audit due:	
Date	