Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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: 1864 Fund Inc

Address: 745 Burnside Ave, East Hartford, CT 06018

Federal Employer Identification Number: 82-2934099

Program title: Providing Academic Support for Low Income Residents

Name of contact person: Joseph Bierbaum, President

Telephone number: 860-569-0618

Email address: jbierbaum@stone.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

The 1864 Fund was created to provide financial assistance in the form of academic scholarships to low income residents in higher education and vocational or traditional coursework. Individuals seeking to participate in this program must meet income requirements and complete an application.

Need for program:

According to the most recent statistics from CTDOLBLS the unemployment rate for the Hartford area exceeds that of the state by a wide margin. Many of our unemployed residents seeking higher education are economically disadvantaged and would benefit from financial assistance provided by this program.

Neighborhood area to be served:

East Hartford

Plan to implement the program:

The 1864 Fund will invest in community outreach via student information application session, parental interaction events, social media, and apartnerships with local nonprofit organizations to solicit applications from members of the community looking to participate in the program. Applications will be reviewed by members of the foundations scholarship committee and awarded to students based on their meeting the financial and academic requirements. Prior to awarding funds the foundation will enter into contracts with institute of higher education to ensure their compliance with the program.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

Form **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)

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: THE 1864 FUND INC.

Number and street (or P.O. box, if mail is not delivered to street address): 763 BURNSIDE AVENUE — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: EAST HARTFORD, CT 06108

D Employer identification number: 82-2934099

E Telephone number

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

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

L Add 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)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 142043.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	142043.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	142043.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	137372.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) See Schedule O		16	3.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	137375.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4668.
	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	0.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	4668.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

832171 12-11-18

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Municipality: East Hartford

Form NAA-01

2021 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: Capital Workforce Partners

Address: 417 Main Street East Hartford, CT 06118

Federal Employer Identification Number: 06-101-3293

Program title: Energy Efficient Repairs and Upgrades

Name of contact person: Jim Boucher

Telephone number: 860-899-3467

Email address: jboucher@capitalworkforce.org

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [ ] Energy conservation; **or**
- [x] 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:

Capital Workforce has opened an American Jobs Center in the south end of East Hartford. This center opened in a former bank building. Many of the mechanical and other systems are dated and need to be replaced in order for the center to remain sustainable.

Need for program:

Capital Workforce is the Workforce Investement Board entity that oversees job training, job search and workforce development for the capitol region as provided in federal and state DOL regulations.

Neighborhood area to be served:

Hartford region user of the East Hartford American Jobs Center office.

Plan to implement the program:

As funds are received, work will be bid and commence on the property at 417 Main Street according to the correct job specs and estimates.

Timetable:

Program start date: 12/31/21

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) direct contracts for energy efficient and related	$150,000
b) components of the project	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

[X] Yes [ ] No

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

3/31/22 if funding is received

Date

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493326006079

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAPITAL WORKFORCE PARTNERS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1 UNION PLACE 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code
HARTFORD, CT 06103

D Employer identification number
06-1013293

E Telephone number
(860) 522-1111

G Gross receipts $ 19,006,541

F Name and address of principal officer
ALEX JOHNSON
1 UNION PLACE 3RD FLOOR
HARTFORD, CT 06103

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CAPITALWORKFORCEPARTNERS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CAPITAL WORKFORCE PARTNERS IS A REGIONAL WORKFORCE INVESTMENT BOARD SERVING 37 MUNICIPALITIES IN NORTH CENTRAL CONNECTICUT THE BOARD COORDINATES COMPREHENSIVE PROGRAMS FOR JOB SEEKERS AND EMPLOYERS, AND ITS MISSION IS TO LEVERAGE PUBLIC AND PRIVATE RESOURCES TO PRODUCE SKILLED WORKERS FOR A COMPETITIVE REGIONAL ECONOMY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	82
6	Total number of volunteers (estimate if necessary)	6	74
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	15,642

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	20,440,797	19,006,541
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,440,797	19,006,541
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,322,074	13,198,416
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,719,255	3,380,000
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,092,323	1,984,145
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,133,652	18,562,561
	19	Revenue less expenses Subtract line 18 from line 12	307,145	443,980

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,945,834	3,092,056
	21	Total liabilities (Part X, line 26)	2,441,535	2,143,777
	22	Net assets or fund balances Subtract line 21 from line 20	504,299	948,279

Part II Signature Block

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

Sign Here

▶ ******
Signature of officer — Date 2019-11-21

▶ ALEX JOHNSON PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-11-20		P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP — Firm's EIN ▶ 27-1728945

Firm's address ▶ 100 GREAT MEADOW ROAD WETHERSFIELD, CT 06109 — Phone no (860) 257-1870

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Center for Advanced Technology

Address: 222 Pitkin Street East Hartford, CT 06108

Federal Employer Identification Number: 20-10511854

Program title: Energy Efficient Repairs and Upgrades

Name of contact person: Ron Angelo, CCAT

Telephone number: 860-282-4202

Email address: ~~jboucher@capitalworkforce.org~~ rangelo@ccat.us

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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:

This program will serve to advance Goodwin University's "green initiative" and will provide repairs and energy saving additions to our current structure; ie solar panels, clean air filters, implementation of gray water systems and faculty-led initiatives to cut down on water or electricity usage, etc.

Need for program:

This would be a way of saving money for the university as well as cutting back our carbon footprint and doing our part to help the environment

Neighborhood area to be served:

East Hartford

Plan to implement the program:

As funds are received, work will be bid and commence on the property at 417 Main Street according to the correct job specs and estimates.

Timetable:

Program start date: 12/31/21

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Contracts for Energy Efficient Upgrades	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

efile Public Visual Render | ObjectId: 201943089349301174 - Submission: 2019-11-04 | TIN: 20-1051854

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
Connecticut Center for Advanced Technology Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
222 Pitkin Street

City or town, state or province, country, and ZIP or foreign postal code
East Hartford, CT 06108

D Employer identification number
20-1051854

E Telephone number
(860) 291-8832

G Gross receipts $ 7,868,111

F Name and address of principal officer:
John A Glidden
222 Pitkin St Suite 101
East Hartford, CT 06108

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.ccat.us

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

L Year of formation: 2004

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To develop direct and concise strategies to advance applied technologies that drive innovative processes and value-driven solutions to businesses.

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,336,742	6,184,463
	9	Program service revenue (Part VIII, line 2g)	4,979,408	1,683,648
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,316,150	7,868,111
Expenses	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)	6,256,196	3,096,949
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,090,581	5,167,624
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,346,777	8,264,573
	19	Revenue less expenses. Subtract line 18 from line 12	-30,627	-396,462

	Beginning of Current Year	End of Year

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information

Name of tax exempt organization/municipal agency: Connecticut Center for Advanced Technology

Address: 222 Pitkin Street East Hartford, CT 06108

Federal Employer Identification Number: 20-10511854

Program title: Workforce Technology Program

Name of contact person: Ron Angelo, CCAT

Telephone number: 860-282-4202

Email address: ~~jboucher@capitalworkforce.org~~ rangelo@ccat.us

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

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

Need for program:

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

Neighborhood area to be served:

Hartford Labor Market Area (as described by the CT DOL) with a focus area on East Hartford.

Plan to implement the program:

Ron Angelo, Executive Director, CCAT - overall management of agency, coordination of the program CT Registration # or SSN 2587632-000.
Goodwin University - Training in vocational areas and ESL CT registration # or SSN 1690874-000
Stone Academy - Training in ESL as well as vocational areas CT Tax Registration # or SSN 9618240-000

Timetable:

Program start date: Funds will be awarded on or after12/31/21

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

efile Public Visual Render | ObjectId: 201943089349301174 - Submission: 2019-11-04 | TIN: 20-1051854

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
Connecticut Center for Advanced Technology Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
222 Pitkin Street

City or town, state or province, country, and ZIP or foreign postal code
East Hartford, CT 06108

D Employer identification number
20-1051854

E Telephone number
(860) 291-8832

G Gross receipts $ 7,868,111

F Name and address of principal officer:
John A Glidden
222 Pitkin St Suite 101
East Hartford, CT 06108

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ www.ccat.us

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

L Year of formation: 2004

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To develop direct and concise strategies to advance applied technologies that drive innovative processes and value-driven solutions to businesses.

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,336,742	6,184,463
	9	Program service revenue (Part VIII, line 2g)	4,979,408	1,683,648
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,316,150	7,868,111
Expenses	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)	6,256,196	3,096,949
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,090,581	5,167,624
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,346,777	8,264,573
	19	Revenue less expenses. Subtract line 18 from line 12	-30,627	-396,462

	Beginning of Current Year	End of Year

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Job Connection

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

Goodwin University is a community centered, work force 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 college students for this program come from referrals from many local community based organizations and many of these students are very low income and need tuition assistance.

Need for program:

The Hartford labor market area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great needs for retaining 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 area on East Hartford

Plan to implement the program:

Goodwin University - Training in vocational areas and ESL. CT regsitration # or SSN 1690874-000

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE, INC.

Doing business as

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

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

D Employer identification number: 06-1627882

E Telephone number: 860-727-6906

G Gross receipts $ 75,544,229.

F Name and address of principal officer: MARK SCHEINBERG, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODWIN.EDU

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

L Year of formation: 2001

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	792
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,367,378.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	-1,183,835.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,883,898.	8,653,392.
	9	Program service revenue (Part VIII, line 2g)	62,716,170.	63,557,399.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,301.	220,370.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,585.	252,265.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,661,352.	72,683,426.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,826,895.	14,361,844.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,207,206.	28,123,335.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 414,858.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,754,303.	25,271,257.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,788,404.	67,756,436.
	19	Revenue less expenses. Subtract line 18 from line 12	16,872,948.	4,926,990.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	249,376,415.	247,327,812.
	21	Total liabilities (Part X, line 26)	40,130,206.	35,262,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	209,246,209.	212,065,680.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Adding Energy Effectivesness

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 purhcase and install energy efficient building systems for all of Goodwin University and its affiliate builings. The systems include new windows, new insulated roof, new insulation, a 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 efficiences. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Rich McCarty - VP, Advancement - Overall administration of the grant including mathcing all fudns received to specific project requests as envisioned in this project.

Bryant Harrell - VP, Facilities and IT - Oversight of the contract and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) New energy efficient systems	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE, INC.

Doing business as

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

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

D Employer identification number: 06-1627882

E Telephone number: 860-727-6906

G Gross receipts $ 75,544,229.

F Name and address of principal officer: MARK SCHEINBERG, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODWIN.EDU

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

L Year of formation: 2001

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	792
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,367,378.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	-1,183,835.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,883,898.	8,653,392.
	9	Program service revenue (Part VIII, line 2g)	62,716,170.	63,557,399.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,301.	220,370.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,585.	252,265.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,661,352.	72,683,426.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,826,895.	14,361,844.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,207,206.	28,123,335.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 414,858.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,754,303.	25,271,257.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,788,404.	67,756,436.
	19	Revenue less expenses. Subtract line 18 from line 12	16,872,948.	4,926,990.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	249,376,415.	247,327,812.
	21	Total liabilities (Part X, line 26)	40,130,206.	35,262,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	209,246,209.	212,065,680.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Food/Diaper Support for Low Income Students

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

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

Need for program:

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

Neighborhood area to be served:

CT labor market with focus on East Hartford area

Plan to implement the program:

Goodwin University - Student services support to include food pantry, emergency housing and other support sergices CT registration # or SSn 1690874-000

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE EDUCATIONAL SERVICES INC.

Doing business as

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

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

D Employer identification number: 81-0703551

E Telephone number: 860-727-6906

G Gross receipts $ 9,829,341.

F Name and address of principal officer: MARK SCHEINBERG
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,960,748.	9,829,341.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748.	9,829,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,979,121.	9,817,133.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,373.	12,208.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0.	25,000.
	21	Total liabilities (Part X, line 26)	29,503.	42,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	-29,503.	-17,295.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103 — Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Renovations of Buildings for Energy Savings

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 on all of Goodwin Unveristy (and its affiliates) buildlings. These systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as a 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 efficiences. 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, VP, Economic and Strategic Development - Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project. CT Tax Registration # 81-070355.

Bryant Harrell, VP, Facilities and IT - Oversight of the contracts and contractors who will perform the redesign and installation of this project. CT Tax Registration # 1690874-00

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Solar Projects	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE EDUCATIONAL SERVICES INC.

Doing business as

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

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

D Employer identification number: 81-0703551

E Telephone number: 860-727-6906

G Gross receipts $ 9,829,341.

F Name and address of principal officer: MARK SCHEINBERG
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,960,748.	9,829,341.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748.	9,829,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,979,121.	9,817,133.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,373.	12,208.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0.	25,000.
	21	Total liabilities (Part X, line 26)	29,503.	42,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	-29,503.	-17,295.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103 — Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Support for Early College Students

Name of contact person: Todd Andrews

Telephone number: 860-727-6937

Email address: tandrews@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

Goodwin University Educational Services is the operation organization for the university's magnet Schools and early college relationships through our senior Academy and similar projects. This project will provide financial support for tuition and related charges for needy high school students to receive pre-collegiate classes at Goodwin.

Need for program:

There is a great need for early college credits attaintment for needy students to have a Headstart in college and help ensure that they complete within five years.

Neighborhood area to be served:

All of CT with a focus on East Hartford

Plan to implement the program:

Goodwin University - training in vocational areas and ESL CT registration # or SSN 1690874-000

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE EDUCATIONAL SERVICES INC.

Doing business as

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

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

D Employer identification number: 81-0703551

E Telephone number: 860-727-6906

G Gross receipts $ 9,829,341.

F Name and address of principal officer: MARK SCHEINBERG
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,960,748.	9,829,341.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748.	9,829,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,979,121.	9,817,133.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,373.	12,208.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0.	25,000.
	21	Total liabilities (Part X, line 26)	29,503.	42,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	-29,503.	-17,295.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103 — Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Veteran's Center Construction

Name of contact person: Bryant Harrell

Telephone number: 860-727-6937

Email address: bharrell@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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:

Goodwin University is in the process of developing a new Veteran's Education Center which will include energy efficient equipment and building systems, in order to allow the project to be operated in a sustainable manner. Funds will also be used to upgrade Veterans' classroom equipment to energy efficient standards.

Need for program:

Funding for Veternas Support Programs have been cut from most education budgets. This program is designed to provide this component through private donations in place of public dollars.

Neighborhood area to be served:

CT students attending the East Hartford main campus of Goodwin University.

Plan to implement the program:

Rich McCarty, Director of Advancement - receipt of funds, oversight of implementation of program

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Contracts	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE EDUCATIONAL SERVICES INC.

Doing business as

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

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

D Employer identification number: 81-0703551

E Telephone number: 860-727-6906

G Gross receipts $ 9,829,341.

F Name and address of principal officer: MARK SCHEINBERG, SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,960,748.	9,829,341.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748.	9,829,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,979,121.	9,817,133.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,373.	12,208.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0.	25,000.
	21	Total liabilities (Part X, line 26)	29,503.	42,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	-29,503.	-17,295.

Part II Signature Block

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

Sign Here ▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422
	Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103			Phone no. 959-200-7000	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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 Foundation Inc

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Construction of an Energy Efficient Mobile Manufacturing Lab

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 is to purchase and install an energy efficient mobile. manufacturing lab that will conserve energy in two ways. THe equipment to be purchased will reflect best practice conservation standards and the use of the lab onsite at local employer sites means all the students serviced at the lab do not have to drive to the East Hartford campus.

Need for program:

There is a tremendous statewide intent in using the mobile manufacturing lab concept to provide local incumbent worker training. This lab - an energy efficient facility, also allows training to be done at various sites without the need for individual transportation for the company to the East Hartford campus.

Neighborhood area to be served:

East Hartford and Statewide

Plan to implement the program:

Rich McCarty, VP, Advancement - Overall administrator fo the grant including matching funds received.
Bryant Harrell, VP, Facilities and IT, Goodwin University - oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Construction and Equipment Costs	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

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

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

D Employer identification number: 06-1599388

E Telephone number: (860) 528-4111

G Gross receipts $ 3,944,579.

F Name and address of principal officer: DR. ETHAN FOXMAN, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

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

L Year of formation: 2000

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	567,481.	463,956.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637.	584,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292.	-64,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826.	984,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629.	702,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12	165,197.	282,124.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,829,033.	11,381,185.
	21	Total liabilities (Part X, line 26)	1,675,581.	1,999,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153,452.	9,381,602.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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 Foundation Inc

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Insurance and Financial Services Pipeline

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- [ ] Job training/education for unemployed persons aged 50 or over;
- [x] Job training/education for persons with physical disabilities;
- [x] 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 Goodwin University Foundation Inc program is to sercure financial aid from all sources for the purpose of supporting low income studnets in Goodwin's insurance and financial services programs. This program is designed to accept individuals referred by our local agencies and employers, assessed for basic skills and aptitude and referred to insurance and financial services training programs at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate, or degree level courses in pre-vocational and vocational reparation areas.

Need for program:

There are a large number of unfilled entry-level insurance and financial services 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:

East Hartford

Plan to implement the program:

Goodwin University Foundation - Training in vocational areas and ESL CT registration # or SSn 1690874-000
Insurance and Financial Services Training

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

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

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

D Employer identification number: 06-1599388

E Telephone number: (860) 528-4111

G Gross receipts $ 3,944,579.

F Name and address of principal officer: DR. ETHAN FOXMAN, SAME AS C ABOVE

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

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

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

J Website: ▶ N/A

H(c) Group exemption number ▶

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

L Year of formation: 2000

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	567,481.	463,956.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637.	584,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292.	-64,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826.	984,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629.	702,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12	165,197.	282,124.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,829,033.	11,381,185.
	21	Total liabilities (Part X, line 26)	1,675,581.	1,999,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153,452.	9,381,602.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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 Foundation Inc

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Manufacturing Pipeline

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

The purpose of this Goodwin University Foundation Inc program is to sercure financial aid from all sources for the purpose of supporting low income studnets in Goodwin's manufacturing program. This program is designed to accept low income individauls 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 prevocational and invocational preparation areas.

Need for program:

There is a high number of unfilled entry level manufacturing positions in the Hartford labor market area. While there is a growing pool of low income residents in our region we could be training them for these jobs. Funds are needed to help pay for tuition and personal support for these students.

Neighborhood area to be served:

Hartford Labor Markets

Plan to implement the program:

Goodwin University Foundation - Training in vocational areas and ESL CT registration # or SSn 1690874-000
Manufacturing and Pre-manufacturing Training

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

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

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

D Employer identification number: 06-1599388

E Telephone number: (860) 528-4111

G Gross receipts $ 3,944,579.

F Name and address of principal officer: DR. ETHAN FOXMAN, SAME AS C ABOVE

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

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

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

J Website: ▶ N/A

H(c) Group exemption number ▶

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

L Year of formation: 2000

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	567,481.	463,956.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637.	584,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292.	-64,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826.	984,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629.	702,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12	165,197.	282,124.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,829,033.	11,381,185.
	21	Total liabilities (Part X, line 26)	1,675,581.	1,999,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153,452.	9,381,602.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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 Foundation Inc

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit for Energy Efficiency

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 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 windows constantly leak air. This project would provide the efficiency to retrofit various parts of the campus for much greater energy efficiency.

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Rich McCarty, VP, Advancement - Overall administrator fo the grant including matching funds received.
Bryant Harrell, VP, Facilities and IT, Goodwin University - oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Construction Costs	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

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

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

D Employer identification number: 06-1599388

E Telephone number: (860) 528-4111

G Gross receipts $ 3,944,579.

F Name and address of principal officer: DR. ETHAN FOXMAN, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

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

L Year of formation: 2000

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	567,481.	463,956.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637.	584,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292.	-64,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826.	984,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629.	702,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12	165,197.	282,124.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,829,033.	11,381,185.
	21	Total liabilities (Part X, line 26)	1,675,581.	1,999,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153,452.	9,381,602.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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 Foundation Inc

Address: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Support for Low Income Students

Name of contact person: Rich McCarty

Telephone number: 860-528-4111

Email address: rmccarty@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

The purpose of this Goodwin University Foundation Inc program is to sercure financial aid form all sources for the purposes of supporting low income studnets at Goodwin Unviersity the students identified at or near the federal poverty line, and are often current or former TANF recipients. This program is designed to accept individuals referred by our local and refer them to the private and non-private social services agencies. The students are assessed for basic skill and aptitude and refer them to appropriate training programs offered at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses.

Need for program:

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

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Goodwin University Foundation - Training in vocational areas and ESL CT registration # or SSn 1690874-000

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE FOUNDATION, INC.

Doing business as

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

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

D Employer identification number: 06-1599388

E Telephone number: (860) 528-4111

G Gross receipts $ 3,944,579.

F Name and address of principal officer: DR. ETHAN FOXMAN, SAME AS C ABOVE

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

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

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

J Website: ▶ N/A

H(c) Group exemption number ▶

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

L Year of formation: 2000

M State of legal domicile: CT

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	567,481.	463,956.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637.	584,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292.	-64,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826.	984,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629.	702,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12	165,197.	282,124.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,829,033.	11,381,185.
	21	Total liabilities (Part X, line 26)	1,675,581.	1,999,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153,452.	9,381,602.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR, HARTFORD, CT 06103 — Phone no. 959-200-7000

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form | Reset Form

Municipality: East Hartford

Form NAA-01

2021 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: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Conservation Project

Name of contact person: Todd Andrews

Telephone number: 860-528-4111

Email address: tandrews@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 if to purchase and install energy efficient building system. The systems include green roof structures, solar projects, alternative energy generation in storage, and other projects. All 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 energy efficiencys while these enhancements will save the institution money thorughtout 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, VP, Economic and Strategic Development - overall administration of the grant including matching all funds received. A specific project request as envisioned in this project.

Bryant Harrell, VP, Facilities and IT - Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Solar and other energy efficient programs	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE MAGNET SCHOOLS INC.

Doing business as

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

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

D Employer identification number: 81-0703802

E Telephone number: 860-727-6906

G Gross receipts $ 15,695,914.

F Name and address of principal officer: MARK SCHEINBERG
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,298,003.	10,280,218.
	9	Program service revenue (Part VIII, line 2g)	4,947,297.	5,409,696.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,300.	15,695,914.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,069,659.	15,503,216.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,069,659.	15,503,216.
	19	Revenue less expenses. Subtract line 18 from line 12	175,641.	192,698.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,583,847.	4,482,584.
	21	Total liabilities (Part X, line 26)	2,327,884.	2,033,923.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,255,963.	2,448,661.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP | Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103 | Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Support for Magnet School Students

Name of contact person: Todd Andrews

Telephone number: 860-528-4111

Email address: tandrews@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

Goodwin University Magnet Schools Inc is the nonprofit operator of all Goodwin University Magnet Schools as well as the collaborator with many other state wide magnet school operation. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin.

Need for program:

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

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Goodwin University Foundation - Training in vocational areas and ESL. CT regsitration # or SSN 1690874-000

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: GOODWIN COLLEGE MAGNET SCHOOLS INC.

Doing business as

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

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

D Employer identification number: 81-0703802

E Telephone number: 860-727-6906

G Gross receipts $ 15,695,914.

F Name and address of principal officer: MARK SCHEINBERG
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.GOODWIN.EDU

H(c) Group exemption number ▶

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

L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,298,003.	10,280,218.
	9	Program service revenue (Part VIII, line 2g)	4,947,297.	5,409,696.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,300.	15,695,914.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,069,659.	15,503,216.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,069,659.	15,503,216.
	19	Revenue less expenses. Subtract line 18 from line 12	175,641.	192,698.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,583,847.	4,482,584.
	21	Total liabilities (Part X, line 26)	2,327,884.	2,033,923.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,255,963.	2,448,661.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARK SCHEINBERG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20		P01273422

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103 — Phone no. 959-200-7000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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: 1 Riverside Drive East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

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

Name of contact person: Todd Andrews

Telephone number: 860-727-6937

Email address: tandrews@goodwin.edu

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 purhcase and install energy efficient building systems for all of Goodwin University and its affiliate builings. The systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut.

Need for program:

The current building budgets do not include funds to provide higher energy efficiences. 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, VP, Economic and Strategic Development - Overall administration of the grant including matching funds received to specific project requests as envisioned in this project. CT tax Registration # 81-070355

Bryant Harrell - VP, Facilities and IT - Oversight of the contract and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Installation of solar collectors and trails upgrades and	$150,000
b) energy efficient windows, roofing and wall systems	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492134040259

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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*.

OMB No 1545-1150

2017

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GREAT RIVER LAND TRUST INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
ONE RIVERSIDE DRIVE

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

D Employer identification number
45-4128786

E Telephone number
(860) 727-6906

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶

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

I Website: ▶N/A

J Tax-exempt status(check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add 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) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 0

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Municipality: Town of East Hartford

Form NAA-01

2021 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: Hartford Area Habitat for Humanity

Address: 75 Charter Oak Ave, Building 2, Suite 205, Hartford CT 06106

Federal Employer Identification Number: 06-1253049

Program title: 2021 Hartford Habitat Energy Conservation Program

Name of contact person: Christina D'Amato

Telephone number: 860-541-2208 x2206

Email address: christina@hartfordhabitat.org

Total NAA funding requested ($250 minimum, $150,000 maximum): $ 75,000

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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:

Hartford Area Habitat for Humanity (Habitat) is a nonprofit organization established in 1989 to build simple, decent and affordable homes for deserving families in our Greater Hartford community. To date, Habitat has constructed over 250 homes, providing housing for over 1,000 individuals with the support of local government agencies, foundations, corporations, churches, service clubs, schools and individuals.

Prospective homeowners attend an applicant informational meeting explaining Habitat's program and application process. Each homeowner is required to complete minimum of 150 hours of "sweat equity" and

Need for program:

East Hartford's family median household income in 2019 according to the Census Bureau's American Community Survey (ACS) five year average was $55,967. The median family income in Hartford County according to ACS figures is $75,148. As might be expected, the lower the income of East Hartford households, the more likely it is that they will experience housing problems. Fair Market Rent for a two-bedroom apartment in East Hartford is $1,230 per month. In contrast, Habitat homeowners have monthly costs of their mortgage, taxes and insurance of under $900.

Neighborhood area to be served:

Chester/Forbes Street

Plan to implement the program:

Habitat will build two new houses on Chester and Forbes Street during the plan year. All of the energy conservation materials and systems described above will be installed or integrated into the houses by Habitat's construction staff and volunteers. Habitat will act as developer, general contractor, marketing agent and mortgage banker for all homes built or rehabilitated. While no other organizations will be involved with the administration of the program, many organizations will contribute volunteers towards the construction of the houses. As noted above, Habitat typically engages over 4,000 local volunteers each year in its mission.

Timetable:

Program start date: May 2021

Program completion date: March 2022

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	75,000
Other funding sources - itemized sources:	
a) HUD SHOP	30,000
b) Business and Foundations	285,000
c) Gifts-in-kind	70,000
d) Habitat Investment	250,000
Total Funding:	710,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Land Acquisition and Site Development	170,000
b) Construction	325,000
c) Energy Conservation	75,000
d) Closing Costs	20,000
Administrative expenses - itemized description:	
a) Administrative Expenses	120,000
b)	
c)	
d)	
Total Proposed Expenditures:	710,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford Grants Administration Office

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

Name of municipal liaison: Grants Manager Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

[X] Yes [ ] No

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

September 2022

Date

Form **990** (Rev. January 2020) 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 **2019** Open to Public Inspection

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

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

C Name of organization: HARTFORD AREA HABITAT FOR HUMANITY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 1933 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: HARTFORD, CT 06144

D Employer identification number: **-***3049

E Telephone number: 860-541-2208

G Gross receipts $ 4,683,744.

F Name and address of principal officer: KARRAINE MOODY, SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.HARTFORDHABITAT.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ | L Year of formation: 1987 | M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HARTFORD AREA HABITAT FOR HUMANITY IS DEDICATED TO STRENGTHENING COMMUNITIES BY EMPOWERING

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	2000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,793,431.	1,491,010.
	9	Program service revenue (Part VIII, line 2g)	2,731,847.	2,723,423.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,525.	3,141.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	454,874.	432,549.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,983,677.	4,650,123.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,370,772.	1,331,555.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 188,340.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,814,566.	3,436,355.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,185,338.	4,767,910.
	19	Revenue less expenses. Subtract line 18 from line 12	798,339.	-117,787.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,189,543.	10,119,870.
	21	Total liabilities (Part X, line 26)	1,438,968.	1,487,082.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,750,575.	8,632,788.

Part II Signature Block

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

Sign Here ▶ Signature of officer | Date

▶ KARRAINE MOODY, CHIEF EXECUTIVE OFFICER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
EDWARD SULLIVAN				P00579546

Firm's name ▶ WHITTLESEY PC | Firm's EIN ▶ **-***3326

Firm's address ▶ 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103 | Phone no. 860.522.3111

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 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: Hispanic Coalition of Greater Waterbury

Address: 745 Burnside Avenue East Hartford, CT 06018

Federal Employer Identification Number: 06-1349947

Program title: Energy Conservation Project

Name of contact person: Victor Lopez

Telephone number: 203-558-5438

Email address: victorlopez_jr@yahoo.com

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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 application is to replace our building's current systems and add other energy savings enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than 5 years. Should funds allow, some will be used to update windows and insulation systems for greater efficiency.

Need for program:

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

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Olmsted Realty - 745 Burnside Avenue, East Hartford, CT - Oversight of any building work to state standards

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Construction Costs	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493026006000

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HISPANIC COALITION OF GREATER WATERBURY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
135 EAST LIBERTY STREET

City or town, state or province, country, and ZIP or foreign postal code
WATERBURY, CT 06706

D Employer identification number
06-1349937

E Telephone number
(203) 754-6172

G Gross receipts $ 1,312,870

F Name and address of principal officer
VICTOR LOPEZ
135 EAST LIBERTY STREET
WATERBURY, CT 06706

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW THEHISPANICCOALITION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE ADVOCACY, COLLABORATION AND CREATION OF SELF-SUSTAINING ENTITIES TO ENHANCE THE WELL BEING OF THE HISPANIC COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	46
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	357,993	583,571
	9	Program service revenue (Part VIII, line 2g)	627,713	703,479
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,845	15,533
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	988,551	1,302,583
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	629,106	820,108
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,270		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	311,123	373,053
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	940,229	1,193,161
	19	Revenue less expenses Subtract line 18 from line 12	48,322	109,422

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	325,605	537,987
	21	Total liabilities (Part X, line 26)	94,705	197,665
	22	Net assets or fund balances Subtract line 21 from line 20	230,900	340,322

Part II Signature Block

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

Sign Here

▶ ****** 2020-01-20
Signature of officer Date

▶ VICTOR LOPEZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-01-20		P00369050

Firm's name ▶ ZACKIN ZIMYESKI SULLIVAN CPA'S LLC — Firm's EIN ▶ 06-1438606

Firm's address ▶ 1 EXCHANGE PLACE 6TH FL WATERBURY, CT 067021391 — Phone no (203) 753-2200

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

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Municipality: Town of East Hartford

Form NAA-01

2021 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: InterCommunity, Inc.

Address: 800 Connecticut Blvd, FL 4, East Hartford, CT 06108

Federal Employer Identification Number: 060954809

Program title: School Based Health Center Enhancement Project

Name of contact person: Melinda Gomez

Telephone number: (860) 569-5900

Email address: melindagomez@intercommunityct.org

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

InterCommunity's School Based Health Center (SBHC) Enhancement Project will expand our primary care and behavioral health services within our SBHCs to additional low-income children and families in East Hartford. InterCommunity has been providing comprehensive and integrated primary care and mental/behavioral health services in the SBHCs since September 2017. This project will support the expansion of our service availability and capacity within our SBHCs, and we will also expand services after hours and through school vacations.

Need for program:

East Hartford's Public School students faces many physical and mental health issues that impacts school performance, attendance, and overall health outcomes. East Hartford is a priority school district and ranks among the lowest in the state for academic performance. About 61% of students are eligible for free/reduced lunches, and 43% of households in town do not earn enough money to meet their basic human needs. Over 2,500 low-income individuals are not receiving services though a health center in the Town of East Hartford. We have over 2,000 students enrolled within our SBHCs. This expansion of SBHC services can further engage low-income students and address health disparities in the community.

Neighborhood area to be served:

InterCommunity's staff is embedded within seven SBHCs in East Hartford Public Schools: East Hartford High, Synergy Alternative High, East Hartford Middle, Mayberry Elementary, Silver Lane Elementary, Langford Elementary, the Early Childhood Learning Center at Hockanum School. Our SBHCs provide important access to comprehensive primary care and behavioral/mental health services for low-income students and families through out neighborhoods in the town of East Hartford.

Plan to implement the program:

We will expand our primary care and behavioral health service capacity within our SBHCs to provide additional access to care for low-income East Hartford students. In addition to scheduled primary care encounters and walk-in services, our APRNs will provide primary care health education groups such as for reproductive health, chronic disease management, and nutrition education. We will extend hours after the end of the school day to allow students and families to access care (i.e. physical exams) conveniently. We will continuously assess service need and utilization and will adjust these schedules based on the student need.

Timetable:

Program start date: 11/1/2021

Program completion date: 12/31/2022

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

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

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Salaries	$90,000.00
b) Fringe	$48,000.00
c) Supplies	$12,000.00
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford Grants Administration Office

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

Name of municipal liaison: Grants Manager Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

[X] Yes [ ] No

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

3/31/2022

Date

EXTENDED TO MAY 15, 2020

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 — **2018** — Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

C Name of organization: INTERCOMMUNITY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 111 FOUNDERS PLAZA, SUITE 1802 — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: EAST HARTFORD, CT 06108

D Employer identification number: **-***4809

E Telephone number: (860)291-1350

G Gross receipts $ 26,742,126.

F Name and address of principal officer: JEFFREY HUGHES, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.INTERCOMMUNITYCT.ORG

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

L Year of formation: 1977 M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE LIVING WITH MENTAL ILLNESS AND ADDICTION DISORDERS IMPROVE THEIR QUALITY OF LIFE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	410
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,037,845.	12,214,497.
	9	Program service revenue (Part VIII, line 2g)	13,235,239.	14,356,174.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,989.	112,724.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	228,886.	-433.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,553,959.	26,682,962.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,296,223.	19,894,572.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 199,205.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,873,105.	6,605,299.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,169,328.	26,499,871.
	19	Revenue less expenses. Subtract line 18 from line 12	384,631.	183,091.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,439,479.	9,924,023.
	21	Total liabilities (Part X, line 26)	2,645,121.	3,946,574.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,794,358.	5,977,449.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ JEFFREY HUGHES, CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LISA WILLS				P01828548

Firm's name ▶ WHITTLESEY PC — Firm's EIN ▶ **-***3326

Firm's address ▶ 280 TRUMBULL ST, 24TH FLOOR, HARTFORD, CT 06103 — Phone no. (860) 522-3111

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Print Form Reset Form

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information

Name of tax exempt organization/municipal agency: The LEARN Project Inc

Address: 44 Hatchetts Hill Road Old Lyme, CT 06371

Federal Employer Identification Number: 02-0635478

Program title: Magnet Schools Energy and Conservation Project

Name of contact person: Eileen Howley

Telephone number: 860-434-4800

Email address: ehowley@learn.k12.ct.us

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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:

This grant application is to purchase and install energy efficient building systems; green roof structures, solar projects, alternative energy generation and storage and other projects.All these systems are planned for current magnet school facilities.

Magnet School facilities include the CT River Academy (CTRA) high school, Inter-distrcit Magnet high school and the Riverside Inter-district Magnet elementary school (RMS) whih are both located on the Goodwin University campus. Both of these magnet schools are managed by LEARN.

Need for program:

The current buildling budget does not include funds to rpovide higher energy efficiences. 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:

The CTRA and RMS magnet schools serve students from Hartford, East Hartford and surrounding communities.

Plan to implement the program:

The LEARN Project Inc - management of the grant.

CTRA and RMS - LEARN - project coordination

Goodwin University Magnet Schools Inc - Project management including mathcing all funds received to specific project requests as envisioned in this project.

Goodwin University Inc - Bryant Harrell, VP, Facilities and IT - Oversight of the contracts and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/21 Funds will be awarded as received

Program completion date: 12/31/23

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$150,000
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Energy efficient windows, roofing and wall systems	$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$150,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford

Mailing address: 740 Main Street, East Hartford, CT 06107

Name of municipal liaison: Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☒ Yes ☐ No

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

3/31/23 if funding is received

Date

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492065008080

Form **990EZ**

Department of the Treasury
Internal Revenue Service

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)

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

▶ Go to *www.irs.gov/Form990EZ* for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE LEARN PROJECT INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
44 HATCHETTS HILL ROAD

City or town, state or province, country, and ZIP or foreign postal code
OLD LYME, CT 06371

D Employer identification number
02-0635478

E Telephone number
(860) 434-4800

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶

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

I Website: ▶WWW LEARN K12 CT US

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add 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) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 3,354

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	2,241
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	1,113
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	3,354
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	541
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	1,701
	17	**Total expenses.** Add lines 10 through 16 ▶		17	2,242
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,112
	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	23,653
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	24,765

Department of Revenue Services
State of Connecticut
(Rev. 02/21)

Municipality: Town of East Hartford

Form NAA-01

2021 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: Town of East Hartford

Address: 740 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 066001989

Program title: Energy Efficiency Improvements to Town-owned Buildings

Name of contact person: Paul O'Sullivan

Telephone number: (860) 291-7206

Email address: posullivan@easthartfordct.gov

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

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

☐ Yes ☒ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [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:

Energy Efficiency Improvements to East Hartford Town-owned buildings

Need for program:

Several East Hartford Town-owned buildings are in the beginning stages of a renovation project. Funds are needed to ensure that modern, energy efficient equipment is installed to maximize savings and reduce the buildings, carbon footprint.

Neighborhood area to be served:

Townwide

Plan to implement the program:

Several Town-owned buildings are in various phases of refurbishing. Energy efficient materials and processes will be integrated with construction as much as possible.

Timetable:

Program start date: 12/1/2021

Program completion date: 12/1/2023

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving $25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	$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) To be determined	
b)	
c)	
d)	
Administrative expenses - itemized description:	
a) To be determined	
b)	
c)	
d)	
Total Proposed Expenditures:	

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford Grants Administration Office

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

Name of municipal liaison: Grants Manager Paul O'Sullivan

Telephone number: 860-291-7206

Fax number: 860-289-8394

Email address: posullivan@easthartfordct.gov

Post-Project Review

Is a post-project review required for this proposal?

☐ Yes ☒ No

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

_____
Date