

GRANTS ADMINISTRATION MEMORANDUM

TO: Mayor Marcia A. Leclerc
FROM: Paul O'Sullivan, Grants Manager
SUBJECT: Council Resolution for Neighborhood Assistance Act Applications
DATE: June 20, 2021

Twenty-three (23) community programs have asked to be included in the Town of East Hartford's annual participation in the State of Connecticut "Neighborhood Assistance Act Program." The Neighborhood Assistance Act provides State tax credits to businesses who contribute to community programs benefiting low income or handicapped individuals in such areas as: job training, job education, community services, and energy conservation. An informational publication explaining the program is attached.

It is important to note that these are State, not municipal, tax credits. The "Tax Credit Program" was authorized under Connecticut General Statutes SS 12-630aa, as amended. Energy conservation and comprehensive college access loan forgiveness programs are awarded a 100% credit; all others receive a 60% credit.

Those programs wishing to participate are listed on the attached summary. All 23 proposals were presented at a Public Hearing held May 19, 2021.

I respectfully request that the attached Resolution be placed on the June 21, 2021 agenda of the Town Council for their approval. If approved, these proposals will be forwarded to the State of Connecticut Department of Revenue Services by July 1, 2021.

Attachments: as stated

Cc: Eileen Buckheit, Development Director

TOWN OF EAST HARTFORD: PROPOSAL SUMMARIES (23)
2021 STATE OF CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROGRAM

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
1864 Fund, Inc.	Academic Support for Low Income East Hartford Residents	Provide financial assistance in the form of academic scholarships to low income residents in vocational or traditional higher education	\$150,000 (60%)	Joseph Bierbaum 745 Burnside Avenue East Hartford, CT 06108 (860) 569-0618 jbierbaum@stone.edu
Capital Workforce Partners	Energy Efficient Repairs and Upgrades	Replacement of mechanical and other systems at the new American Jobs Center in East Hartford	\$150,000 (100%)	Jim Boucher 417 Main Street East Hartford, CT 06118 (860) 899-3467 jboucher@capitalworkforce.org
Connecticut Center for Advanced Technology, Inc.	Construction of Composite Center of Excellence Using Energy Efficient Materials	Construction of a state-of-the-art composite laboratory at 1 Pent Road, East Hartford	\$150,000 (100%)	Ron Angelo 222 Pitkin St. East Hartford, CT 06108 (860) 282-4202 rangelo@ccat.us
Connecticut Center for Advanced Technology, Inc.	Work Force Technology Program	Provide pre-vocational and conventional education programs for local residents	\$150,000 (60%)	Ron Angelo 222 Pitkin St. East Hartford, CT 06108 (860) 282-4202 rangelo@ccat.us

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
Goodwin College, Inc.	Job Connection	Education and training leading to employment for low income students	\$150,000 (60%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 860-528-4111 rmccarty@goodwin.edu
Goodwin University, Inc.	Redesign of Campus to Add Energy Effectiveness	Purchase and install new energy efficient building systems	\$150,000 (100%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 860-528-4111 rmccarty@goodwin.edu
Goodwin University Educational Services	Food/Diaper Pantry and Support for low income students	Secure financial aid from all sources for the purpose of supporting low income students through Goodwin University	\$150,000 (60%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 860-528-4111 rmccarty@goodwin.edu
Goodwin University Educational Services	Renovation of Buildings for Energy Savings	Purchase and install energy efficient building systems, including new window systems, new insulated roofing, new wall insulation and new energy efficient boiler systems.	\$150,000 (100%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 860-528-4111 rmccarty@goodwin.edu

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
Goodwin University Educational Services	Support for Early University Students	Provide financial support for tuition and related charges for needy high school students to receive precollegiate and collegiate classes at Goodwin University	\$150,000 (60%)	Todd Andrews One Riverside Dr. East Hartford, CT 06118 860-727-6937 tandrews@goodwin.edu
Goodwin University Educational Services	Veteran's Center Construction	Development of a new Veteran's Education Center which will include energy-efficient equipment and building systems	\$150,000 (100%)	Bryant Harrell One Riverside Dr. East Hartford, CT 06118 (860) 727-6937 bharrell@goodwin.edu
Goodwin University Foundation, Inc.	Construction of an Energy Efficient Mobile Manufacturing Lab	Purchase and install an energy efficient mobile manufacturing lab that reflects best practice conservation standards	\$150,000 (100%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 (860) 528-4111 rmccarty@goodwin.edu
Goodwin University Foundation, Inc.	Insurance and Financial Services Pipeline	Secure financial aid for low income students attending Goodwin University's Insurance and Financial Services Program	\$150,000 (60%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 (860) 528-4111 rmccarty@goodwin.edu

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
Goodwin University Foundation, Inc.	Manufacturing Pipeline	Secure financial aid for low income students attending Goodwin University's Manufacturing Program	\$150,000 (60%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 (860) 528-4111 rmccarty@goodwin.edu
Goodwin University Foundation, Inc.	Retrofit Building for Energy Efficiency	Purchase and install energy efficient windows, insulation and HVAC equipment in the Goodwin University buildings in East Hartford	\$150,000 (100%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 (860) 528-4111 rmccarty@goodwin.edu
Goodwin University Foundation, Inc.	Support for Low Income Students	Secure financial aid for low income students attending Goodwin University	\$150,000 (60%)	Rich McCarty One Riverside Dr. East Hartford, CT 06118 (860) 528-4111 rmccarty@goodwin.edu
Goodwin University Magnet Schools, Inc.	Conservation Project	Purchase and install energy efficient building systems including green roof structures, solar projects, alternative energy generation and storage and other projects	\$150,000 (100%)	Todd Andrews One Riverside Dr. East Hartford, CT 06118 860-727-6937 tandrews@goodwin.edu

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
Goodwin University Magnet Schools, Inc.	Support for Magnet School Students	Provide Magnet School students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin University	\$150,000 (60%)	Todd Andrews One Riverside Dr. East Hartford, CT 06118 860-727-6937 tandrews@goodwin.edu
Great River Land Trust, Inc.	Energy Upgrades for the Bio Lab and South Meadows Trail System	Provide solar collectors for the bio Science Lab, install trail upgrades and energy efficient lighting, supports, repairs and maintenance equipment	\$150,000 (100%)	Todd Andrews One Riverside Dr. East Hartford, CT 06118 860-727-6937 tandrews@goodwin.edu
Hartford Area Habitat for Humanity	Energy Conservation Program	Install energy conservation materials and systems to two new houses on Chester/Forbes Street in East Hartford.	\$75,000 (100%)	Christina D'Amato 75 Charter Oak Ave. Bldg 2, Suite 205 Hartford, CT 06106 860-541-2208 x2206 Christina@hartfordhabitat.org
Hispanic Coalition of Greater Waterbury	Energy Conservation Project	Replace current building HVAC systems and add other energy saving enhancements	\$150,000 (100%)	Victor Lopez 745 Burnside Avenue East Hartford, CT 06018 (203) 558-5438 victorlopezjr@yahoo.com

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
InterCommunity, Inc.	School Based Health Center Enhancement Project	Expand primary care and behavioral health services within SBHCs to additional low-income children and families in East Hartford.	\$150,000 (60%)	Melinda Gomez 800 Connecticut Boulevard, FL 4 East Hartford, CT 06108 (860) 569-5900 melindagomez@intercommunityct.org
The LEARN Project	Magnet Schools Energy and Conservation Project	Purchase and install energy efficient building systems at magnet school facilities	\$150,000 (100%)	Eileen Howley 44 Hatchetts Hill Road Old Lyme, CT 06317 (860) 434-4800 ehowley@learn.k12.ct.us
Town of East Hartford	Town Hall Energy Efficiency Measures	Replacement and/or refurbishment of various town building infrastructures to improve energy efficiency.	\$150,000 (100%)	Paul O'Sullivan Town of East Hartford 740 Main Street East Hartford, CT 06108 (860) 291-7206 posullivan@easthartfordct.gov

***Please note: full proposals are available for review at the Grants Administration Office in East Hartford Town Hall, 740 Main Street, East Hartford, CT 06108 or on the Grants Administration section of the Town's website at <http://www.easthartfordct.gov/grants-administration>**



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 a partnerships 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 receivedProgram 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?
<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> 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

OMB No. 1545-1150

2018

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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE 1864 FUND INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 763 BURNSIDE AVENUE 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 ▶ H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ N/A	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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

☒

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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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



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
☒ 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 Investment 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?

☒ Yes

☐ No

If Yes, date post-project review due:

3/31/22 if funding is received

Date

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

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

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

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

OMB No 1545-0047

2018Open 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 FLOORCity or town, state or province, country, and ZIP or foreign postal code
HARTFORD, CT 06103**F** Name and address of principal officer
ALEX JOHNSON
1 UNION PLACE 3RD FLOOR
HARTFORD, CT 06103**D** Employer identification number
06-1013293**E** Telephone number
(860) 522-1111**G** Gross receipts \$ 19,006,541**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CAPITALWORKFORCEPARTNERS.ORG**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 ▶**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
7b Net unrelated business taxable income from Form 990-T, line 34	7b	15,642

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
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
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
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

2019-11-21

Date

ALEX JOHNSON, PRESIDENT/CEO
Type or print name and titlePaid
Preparer
Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ PKF O'CONNOR DAVIES LLP		2019-11-20		P00543209
Firm's address ▶ 100 GREAT MEADOW ROAD			Firm's EIN ▶ 27-1728945	
WETHERSFIELD, CT 06109			Phone no (860) 257-1870	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)



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: ~~j.boucher@capitalworkforce.org~~ rangel@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: _____

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: 12/31/21Program 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
990 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		D Employer identification number 20-1051854
Doing business as		E Telephone number (860) 291-8832
Number and street (or P.O. box if mail is not delivered to street address) 222 Pitkin Street	Room/suite	
City or town, state or province, country, and ZIP or foreign postal code East Hartford, CT 06108		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 <input checked="" type="checkbox"/> No <input type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.ccat.us		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 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 <input type="checkbox"/>		
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,336,742	6,184,463
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,979,408	1,683,648
	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



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: ~~j.boucher@capitalworkforce.org~~ - rangele@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 entrepreneurship. The purpose of this program is to provide pre-vocational and vocational education programs for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: _____

There is a growing disconnect between a diverse 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 after 12/31/21Program 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**

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

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

D Employer identification number

20-1051854

E Telephone number

(860) 291-8832

G Gross receipts \$ 7,868,111

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

J Website: ▶ www.ccat.us

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 ▶

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

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** 10,336,742 **Current Year** 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

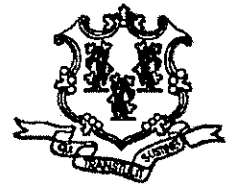
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 9,090,581 5,167,624

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



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 receivedProgram 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

2018Open 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

F Name and address of principal officer: MARK SCHEINBERG

SAME AS C ABOVE

D Employer identification number

06-1627882

E Telephone number

860-727-6906

G Gross receipts \$ 75,544,229.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.GOODWIN.EDU**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 38	7b	-1,183,835.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	13,883,898.	8,653,392.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,716,170.	63,557,399.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-57,301.	220,370.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,585.	252,265.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,661,352.	72,683,426.
14		Benefits paid to or for members (Part IX, column (A), line 4)	11,826,895.	14,361,844.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	26,207,206.	28,123,335.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 414,858.	0.	0.
	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.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	249,376,415.	247,327,812.
22		Net assets or fund balances. Subtract line 21 from line 20	40,130,206.	35,262,132.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARK SCHEINBERG, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422
Firm's name	Firm's EIN		22-1478099		
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103		Phone no. 959-200-7000		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

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

Form **990** (2018)



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 Effectiveness

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 grant application is to purchase and install energy efficient building systems for all of Goodwin University and its affiliate buildings. 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 efficiencies. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Rich McCarty - VP, Advancement - Overall administration of the grant including matching all funds 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 receivedProgram 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

2018Open 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE, INC.		D Employer identification number 06-1627882
	Doing business as		E Telephone number 860-727-6906
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE RIVERSIDE DRIVE		G Gross receipts \$ 75,544,229.
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		
F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.GOODWIN.EDU K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2001 M State of legal domicile: CT			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	792	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,367,378.	
7b Net unrelated business taxable income from Form 990-T, line 38	-1,183,835.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,883,898.	Current Year 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.
	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.
Expenses	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.
	20 Total assets (Part X, line 16)	Beginning of Current Year 249,376,415.	End of Year 247,327,812.
Net Assets or Fund Balances	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				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422
Firm's name	Firm's name ▶ COHNREZNICK LLP		Firm's EIN ▶ 22-1478099		
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103		Phone no. 959-200-7000		

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



Municipality: 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 services CT registration # or SSn 1690874-000

Timetable:Program start date: 12/31/21 Funds will be awarded as receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 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) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118**F** Name and address of principal officer: **MARK SCHEINBERG**
SAME AS C ABOVE**D** Employer identification number**81-0703551****E** Telephone number
860-727-6906**G** Gross receipts \$ **9,829,341.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GOODWIN.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2015** **M** State of legal domicile: **CT****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,960,748.	9,829,341.
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0.	25,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,503.	42,295.
		-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				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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)

☒ Yes ☐ No

832001 12-31-18

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

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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

- ☒ 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) buildings. These systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as 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 efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served:

East Hartford

Plan to implement the program:

Todd Andrews, 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE EDUCATIONAL SERVICES INC.		D Employer identification number 81-0703551
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	ONE RIVERSIDE DRIVE		860-727-6906
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.GOODWIN.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2015 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,960,748.	Current Year 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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 0.	End of Year 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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Check if self-employed <input type="checkbox"/> PTIN P01273422
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103		Phone no. 959-200-7000

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

832001 12-31-18

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

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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 attainment 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 receivedProgram 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

OMB No. 1545-0047

2018

Open to Public Inspection

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.**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**F** Name and address of principal officer: **MARK SCHEINBERG**
SAME AS C ABOVE**D** Employer identification number**81-0703551****E** Telephone number**860-727-6906****G** Gross receipts \$ **9,829,341.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,960,748.	9,829,341.
	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.	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0.	25,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,503.	42,295.
		-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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20
	Firm's name	Firm's EIN	PTIN
	COHNREZNICK LLP	22-1478099	P01273422
	Firm's address	Phone no.	
	350 CHURCH STREET, 12TH FLOOR	959-200-7000	
	HARTFORD, CT 06103		

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

832001 12-31-18

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

Form **990** (2018)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**



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

- ☒ 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 Veterans 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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE EDUCATIONAL SERVICES INC.		D Employer identification number 81-0703551
	Doing business as		E Telephone number 860-727-6906
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,829,341.
	ONE RIVERSIDE DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GOODWIN.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,960,748.	Current Year 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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 0.	End of Year 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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Check if self-employed <input type="checkbox"/> PTIN P01273422
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR	Phone no. 959-200-7000	
	HARTFORD, CT 06103		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

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

Form **990** (2018)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**



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

- ☒ 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 for 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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

F Name and address of principal officer: DR. ETHAN FOXMAN

SAME AS C ABOVE

D Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 3,944,579.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2000**M** State of legal domicile: CT**Part I Summary****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.
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	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed PTIN
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY, CPA	06/04/20	P01273422
Use Only	Firm's name ▶	Firm's EIN ▶		
	CORNREZNICK LLP	22-1478099		
	Firm's address ▶	Phone no.		
	350 CHURCH STREET, 12TH FLOOR	959-200-7000		
	HARTFORD, CT 06103			

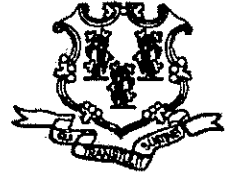
May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

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

Form **990** (2018)



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;
☒ 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 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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE FOUNDATION, INC.		D Employer identification number 06-1599388
	Doing business as		E Telephone number (860) 528-4111
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,944,579.
	ONE RIVERSIDE DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DR. ETHAN FOXMAN SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2000 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 567,481. Current Year 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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,829,033. End of Year 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					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LORI ROTHE YOKOBOSKY, CPA		LORI ROTHE YOKOBOSKY, CPA	06/04/20		P01273422
Preparer Use Only	Firm's name ▶ COHNREZNICK LLP		Firm's EIN ▶ 22-1478099			
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103		Phone no. 959-200-7000			

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



Municipality: 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 secure financial aid from all sources for the purpose of supporting low income students in Goodwin's manufacturing program. This program is designed to accept low income individuals referred by our local agencies and employers, and refer them to manufacturing training programs at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in 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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 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) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118**F** Name and address of principal officer: DR. ETHAN FOXMAN
SAME AS C ABOVE**D** Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 3,944,579.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2000**M** State of legal domicile: CT**Part I Summary****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.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,829,033.	End of Year 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

Print/Type preparer's name

LORI ROTHE YOKOBOSKY, CPA

Preparer's signature

LORI ROTHE YOKOBOSKY, CPA

Date

06/04/20

Check if self-employed

☐

PTIN

P01273422

Preparer

Firm's name

COHNREZNICK LLP

Firm's EIN

22-1478099

Use Only

Firm's address

350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103

Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

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

Form 990 (2018)



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

- ☒ 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 for 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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE FOUNDATION, INC.		D Employer identification number 06-1599388
	Doing business as		E Telephone number (860) 528-4111
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,944,579.
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: DR. ETHAN FOXMAN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2000 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 567,481. Current Year: 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.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
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Expenses	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. 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.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
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.

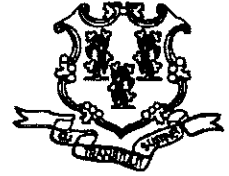
Sign Here	Signature of officer		Date
	DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD		
Paid	Print/Type preparer's name		Preparer's signature
	LORI ROTHE YOKOBOSKY, CPA		LORI ROTHE YOKOBOSKY, CPA
Preparer Use Only	Firm's name	COHNREZNICK LLP	Firm's EIN
	Firm's address	350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	22-1478099
		Phone no. 959-200-7000	

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

832001 12-31-18

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

Form 990 (2018)



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 secure financial aid from all sources for the purposes of supporting low income students at Goodwin University 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 caseload. 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 receivedProgram 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**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

2018Open 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

F Name and address of principal officer: DR. ETHAN FOXMAN

SAME AS C ABOVE

D Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 3,944,579.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2000**M** State of legal domicile: CT**Part I Summary****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
		567,481.	463,956.
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	667,637.	584,518.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,292.	-64,268.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,233,826.	984,206.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
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.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,829,033.	11,381,185.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,675,581.	1,999,583.
		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	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY, CPA
	Date 06/04/20	Check if self-employed <input type="checkbox"/> PTIN P01273422
Use Only	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

632001 12-31-18

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

Form 990 (2018)



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

860-528-4111

Telephone number: _____

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: _____

The purpose of this grant application is 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 efficiencies while these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Todd Andrews, 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?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date post-project review due:
3/31/23 if funding is received

Date

EXTENDED TO MAY 15, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE MAGNET SCHOOLS INC.		D Employer identification number 81-0703802
	Doing business as		E Telephone number 860-727-6906
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,695,914.
	ONE RIVERSIDE DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GOODWIN.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 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.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,298,003. Current Year 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.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,583,847. End of Year 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 <input type="checkbox"/> 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) ☒ Yes ☐ No

632001 12-31-18

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

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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 receivedProgram 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****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOODWIN COLLEGE MAGNET SCHOOLS INC.		D Employer identification number 81-0703802
	Doing business as		E Telephone number 860-727-6906
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,695,914.
	ONE RIVERSIDE DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARK SCHEINBERG SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.GOODWIN.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2015 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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.
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,298,003.	Current Year 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.	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,583,847.	End of Year 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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	06/04/20
	Firm's name	Firm's EIN	PTIN
	COHNREZNICK LLP	22-1478099	P01273422
	Firm's address	Phone no.	
	350 CHURCH STREET, 12TH FLOOR	959-200-7000	
	HARTFORD, CT 06103		

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

832001 12-31-18

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

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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

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

60% credit percentage

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

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient building systems for all of Goodwin University and its affiliate buildings. 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 efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

Todd Andrews, 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 receivedProgram 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

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

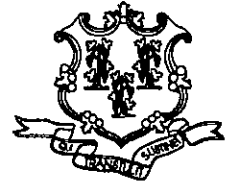
45-4128786

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



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

- ☒ 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 2021Program 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	<u>75,000</u>
Other funding sources - itemized sources:	
a) <u>HUD SHOP</u>	<u>30,000</u>
b) <u>Business and Foundations</u>	<u>285,000</u>
c) <u>Gifts-in-kind</u>	<u>70,000</u>
d) <u>Habitat Investment</u>	<u>250,000</u>
Total Funding:	<u>710,000</u>

Proposed Program Expenditures:

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

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

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:

September 2022

Date

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HARTFORD AREA HABITAT FOR HUMANITY, INC.		D Employer identification number ** - ***3049
	Doing business as		E Telephone number 860-541-2208
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,683,744.
	P.O. BOX 1933		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06144		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: KARRAINE MOODY SAME AS C ABOVE		H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HARTFORDHABITAT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 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 <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,793,431.	1,491,010.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,731,847.	2,723,423.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,525.	3,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,525.	4,215.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	454,874.	432,549.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,983,677.	4,650,123.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a 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.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	798,339.	-117,787.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,189,543.	10,119,870.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,438,968.	1,487,082.

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	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	EDWARD SULLIVAN	
Firm's name	Firm's address	Firm's EIN ▶
	WHITTLESEY PC 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103	** - ***3326
Phone no. 860.522.3111		Check <input type="checkbox"/> PTIN P00579546

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



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

- ☒ 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 receivedProgram 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

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

D Doing business as

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

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

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

D Employer identification number
06-1349937

E Telephone number
(203) 754-6172

G Gross receipts \$ 1,312,870

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

J Website: WWW.THEHISPANICCOALITION.ORG

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 ▶

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

Revenue

	Prior Year	Current Year
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

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
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

Signature of officer _____ Date 2020-01-20
 VICTOR LOPEZ, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date 2020-01-20
 Check ☐ if self-employed PTIN P00369050
 Firm's name ▶ ZACKIN ZIMYESKI SULLIVAN CPA'S LLC Firm's EIN ▶ 06-1438606
 Firm's address ▶ 1 EXCHANGE PLACE 6TH FL Phone no (203) 753-2200
 WATERBURY, CT 067021391

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat No 11282Y

Form 990 (2018)



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: 11/1/2021Program 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:	<u>_____</u>
-----------------------	--------------

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	<u>\$90,000.00</u>
b) <u>Fringe</u>	<u>\$48,000.00</u>
c) <u>Supplies</u>	<u>\$12,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:	<u>\$150,000.00</u>
-------------------------------------	---------------------

Part IV — Municipal Information

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

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

3/31/2022

Date

EXTENDED TO MAY 15, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERCOMMUNITY, INC.		D Employer identification number ** - *** 4809
	Doing business as		E Telephone number (860) 291-1350
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,742,126.
	111 FOUNDERS PLAZA, SUITE 1802		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06108		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JEFFREY HUGHES SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.INTERCOMMUNITYCT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1977 M State of legal domicile: CT

Part I Summary

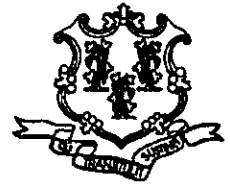
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE LIVING WITH MENTAL ILLNESS AND ADDICTION DISORDERS IMPROVE THEIR QUALITY OF LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,037,845.	12,214,497.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,235,239.	14,356,174.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,989.	112,724.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,886.	-433.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,553,959.	26,682,962.
	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)	18,296,223.	19,894,572.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 199,205.	0.	0.
	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.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	384,631.	183,091.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,439,479.	9,924,023.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,645,121.	3,946,574.
		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		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LISA WILLS		
	Firm's name ▶ WHITTLESEY PC	Firm's EIN ▶ ** - *** 3326	PTIN P01828548
	Firm's address ▶ 280 TRUMBULL ST, 24TH FLOOR	Phone no. (860) 522-3111	
	HARTFORD, CT 06103		

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



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

- ☒ 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-district Magnet high school and the Riverside Inter-district Magnet elementary school (RMS) which are both located on the Goodwin University campus. Both of these magnet schools are managed by LEARN.

Need for program: _____

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

Neighborhood area to be served: _____

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 matching 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 receivedProgram 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

Form **990EZ**

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

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

2018Department of the
Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for the latest information.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 INCNumber and street (or P.O. box, if mail is not delivered to street address) Room/suite
44 HATCHETTS HILL ROADCity or town, state or province, country, and ZIP or foreign postal code
OLD LYME, CT 06371**D** Employer identification number

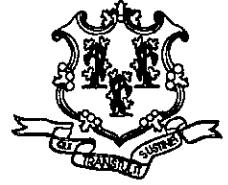
02-0635478

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



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

- ☒ 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: 12/1/2021Program 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

INFORMATIONAL PUBLICATION

The Connecticut Neighborhood Assistance Act Tax Credit Program

Purpose: This Informational Publication explains the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program.

Effective Date: Upon issuance.

Statutory Authority: Conn. Gen. Stat. §12-630aa et. seq.

Definitions: For purposes of the NAA tax credit program:

Business firm means any business entity authorized to do business in Connecticut and subject to any of the following taxes:

- Insurance Companies and Health Care Centers (Chapter 207);
- Corporation Business (Chapter 208);
- Air Carriers (Chapter 209);
- Railroad Companies (Chapter 210);
- Certified Competitive Video Service Companies (Chapter 211);
- Community Antenna Television System Companies (Chapter 211);
- Satellite Companies (Chapter 211);
- Utility Companies (Chapter 212); **or**
- Business Entity (Chapter 213a). For purposes of a business entity subject to the Business Entity Tax, the credit may only be used by the members or partners of the entity that are subject to the Corporation Business Tax.

Donation of money to an open space acquisition fund means money contributed to an open space acquisition fund of any political subdivision of the state or any nonprofit land conservation organization.

The money must be used for the purchase of land, interest in land, or permanent conservation restriction on land to be permanently preserved as protected open space.

Energy conservation projects means programs to promote energy conservation that are directed toward properties where at least 75% of occupants are at an income level not exceeding 150% of the poverty level for the year immediately preceding the year during which the tax credit is to be granted or at properties owned or occupied

by charitable corporations, foundations, trusts, or other entities. Such projects include, but are not limited to:

- Energy conserving modification or replacement of windows and doors;
- Caulking and weather-stripping;
- Insulation;
- Automatic energy control systems;
- Hot water systems;
- Equipment required to operate variable steam, hydraulic, and ventilating systems;
- Replacement of burners, furnaces, or boilers;
- Electrical or mechanical furnace ignition systems; **or**
- Replacement or modification of lighting fixtures.

The Connecticut Neighborhood Assistance Act Tax Credit Program: The NAA Tax Credit Program provides a tax credit to business firms that make cash investments in qualifying community programs conducted by tax exempt or municipal agencies.

The credit may be applied against the following taxes:

- Insurance Companies and Health Care Centers (Chapter 207);
- Corporation Business (Chapter 208);
- Air Carriers (Chapter 209);
- Railroad Companies (Chapter 210);
- Certified Competitive Video Service Companies (Chapter 211);
- Community Antenna Television System Companies (Chapter 211);
- Satellite Companies (Chapter 211); **and**
- Utility Companies (Chapter 212).

The community programs must be approved by both the municipality in which the programs are conducted and by the Department of Revenue Services (DRS).

Community Programs That Qualify for the NAA Tax Credit Program: Listed below are examples of the types of programs that qualify for the NAA tax credit and the amount of the available credit.

A tax credit equal to 100% of the cash invested is available to business firms that invest in energy conservation projects.

A tax credit equal to 60% of the cash invested is available to business firms that invest in programs that provide:

- Neighborhood assistance;
- Job training;
- Education;
- Community services;
- Crime prevention;
- Construction or rehabilitation of dwelling units for families of low and moderate income in the state;
- Donation of money to an open space acquisition fund;
- Child day care facilities;
- Child care services;
- Employment and training programs directed at handicapped persons;
- Employment and training programs for unemployed workers who are 50 years of age or older;
- Education and employment training programs for recipients in the temporary family assistance program;
- Community-based alcoholism prevention or treatment; **or**
- Any other program which serves a group of individuals where at least 75% of the individuals are at an income not exceeding 150% of the poverty level for the year immediately preceding the year during which the tax credit is to be granted.

Obtaining Approval for the NAA Tax Credit Program:

Tax exempt entities and municipal agencies desiring to obtain benefits under the NAA must complete **Form NAA-01, Connecticut Neighborhood Assistance Act Program Proposal**, Parts I, II, and III and submit the form to the municipal agency overseeing the implementation of the proposal. The overseeing municipal agency then completes Form NAA-01, Part IV and submits the form to DRS on or before July 1 of each year. Prior to submitting Form NAA-01 to DRS, each municipality must hold a public hearing on all program applications. The governing body of the municipality must vote to approve the programs. Copies of the public hearing notice and minutes of the meeting approving the programs must be submitted by the municipality to DRS with the approved program proposals.

Limits on the Amount of Contributions That May Be Made or on the Amount of Tax Credit Available: The NAA Tax Credit Program has several statutory limits which must be observed, including the following:

- A business firm is limited to receiving \$150,000 in tax credits annually; however, the amount of tax credit allowed any business firm for investments in child day care facilities for any income year may not exceed \$50,000.

- The minimum contribution on which a tax credit can be granted is \$250.
- Any organization conducting a program or programs eligible for funding under the NAA is limited to receiving an aggregate of \$150,000 of funding for any program or programs for any fiscal year.
- The total amount of all tax credits allowed in any fiscal year is \$5 million, which, if exceeded, results in prorating the approved tax credits among the approved organizations.

Business Applications Deadlines: Each business firm requesting a tax credit under the NAA Tax Credit Program must complete a separate **Form NAA-02, Connecticut Neighborhood Assistance Act (NAA) Business Application**, for **each** program it wishes to sponsor. Form NAA-02 must be submitted to DRS on or after September 15 but not later than October 1 of each year. Business firms may electronically submit their application by emailing a signed Form NAA-02 to **NAAProgram@ct.gov**. Any application that is not electronically submitted may be mailed or hand-delivered to DRS.

Claiming the Tax Credit: DRS issues an NAA program approval letter to business firms that make cash investments in qualified community programs. The letter indicates the tax credit amount that may be claimed on the applicable business tax return. The tax credit amount must also be entered on **Form CT-1120K, Business Tax Credit Summary**, and/or **Form CT-207K, Insurance/Health Care Tax Credit Schedule**.

Carry Back Provisions: The amount of tax credit that is not taken on the tax return of a business firm for the income year beginning during the calendar year in which the program proposal was approved may be carried back to the two immediately preceding income years (beginning with the earlier of the years). No carry forward is allowed.

Obtaining Additional Information: Direct inquiries to:

Department of Revenue Services
Research Unit
450 Columbus Blvd. Ste 1
Hartford CT 06103

Call: **860-297-5687**

Email: **DRS.TaxResearch@po.state.ct.us**

Effect on Other Documents: Informational Publication 2013(9), The Connecticut Neighborhood Assistance Act Tax Credit Program, is superseded and may not be relied upon after the date of issuance of this Publication.

Effect of This Document: An Informational Publication issued by DRS addresses frequently asked questions about a current position, policy, or practice, usually in a less technical question and answer format.

Related Forms and Publications: Request the most recent edition of the following forms: **Form NAA-01**, *Neighborhood Assistance Act Program Proposal*, and **Form NAA-02**, *Neighborhood Assistance Act Business Application*.

For Further Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Paperless Filing/Payment Methods (fast, easy, free, and confidential): Business and individual taxpayers can use the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC to file a variety of tax returns, update account information, and make payments online.

File Electronically: You can choose first-time filer information and filing assistance or log directly into the **TSC** to file returns and pay taxes.

Pay Electronically: You can pay taxes for tax returns that cannot be filed through the **TSC**. Log in and select the *Make Payment Only* option. Designate a payment date up to the due date of the tax and mail a paper return to complete the filing process.

DRS E-Alerts Service: Get connected to the latest news from DRS. Receive notification by email of changes to legislation, policies, and procedures. **DRS E-Alerts** provide information for employer's withholding tax, News – Press Releases, and Top 100 Delinquency List. Visit the DRS website at www.ct.gov/DRS and select *Sign up for e-alerts* under *How Do I?* on the gold navigation bar.

I, Angela M. Attenello, the duly appointed Clerk of the Town Council of the Town of East Hartford, a corporation organized and existing under the laws of the State of Connecticut, hereby certify that the following is a true copy of a resolution adopted at a meeting of the East Hartford Town Council of said corporation, duly held on the 22nd of June, 2021.

R E S O L U T I O N

WHEREAS, the Connecticut Neighborhood Assistance Act Tax Credit Program provides State of Connecticut tax credits to businesses who contribute to community programs benefiting low income or handicapped individuals in such areas as: job training, job education, community services, and energy conservation, and;

WHEREAS, twenty-three proposals have been received from area agencies, listed on the 2021 State of Connecticut Neighborhood Assistance Act Proposal Summaries sheet as attached, and have requested to be included in the 2021 State of Connecticut tax credit program through the Town of East Hartford, and;

WHEREAS, a Public Hearing to present these applications was held on May 19, 2021, as required by the State of Connecticut.

NOW, THEREFORE, LET IT BE RESOLVED: That Marcia A. Leclerc, Mayor of the Town of East Hartford, is authorized to forward these applications to the State of Connecticut Department of Revenue Services for their review and inclusion into the 2019 Neighborhood Assistance Act Tax Credit Program.

AND I DO FURTHER CERTIFY that the above resolution has not been in any wise altered, amended, or repealed, and is now in full force and effect.

IN WITNESS WHEREOF, I do hereunto set my hand and affix the corporate seal of said Town of East Hartford this ____ day of June, 2021.

Angela M. Attenello, Town Council Clerk

seal