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

Print Form

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information
Name of tax exempt organization/municipal agency:
Address: 745 Burnside Ave, East Hartford, CT 06018
Federal Employer Identification Number:
Program title: Providing Academic Support for Low Income Residents
Name of contact person: Joseph Bierbaum, President
860-569-0618 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information Check the appropriate description of your program: 100% credit percentage Energy conservation: or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities; Program serving low-income persons; Child care services: Establishment of a child day care facility: Open space acquisition fund; or Other (specify): Description of program: The 1864 Fund was created to provide financial assistance in the form of academic scholarships to low income residents in higher education and vocational or traditional coursework. Individuals seeking to participate in this program must meet income requirements and complete an application. Need for program: According to the most recent statistics from CTDOLBLS the unemployment rate for the Hartford area exceeds -that of the state by a wide margin. Many of our unemployed residents seeking higher education are economically disadvantaged and would benefit from financial assistance provided by this program. Neighborhood area to be served: East Hartford Plan to implement the program: The 1864 Fund will invest in community outreach via student information application session, parental interaction events, social media, and apartnerships with local nonprofit organizations to solicit applications from members of the community looking to participate in the program. Applications will be reviewed by members of

the foundations scholarship committee and awarded to students based on their meeting the financial and academic requirements. Prior to awarding funds the foundation will enter into contracts with institute of higher

Form NAA-01 (Rev. 02/21)

education to ensure their compliance with the program.

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 ye post-project review is due to the municipality overseeing i after program completion date for all projects receiving \$	implementation no later than three months
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding	ng.
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

Timetable:

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

Name of municipal agency overseeing implementation of the prograr Town of East Hartford	
Mailing address:	
740 Main Street, East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	1
Telephone number:	
860-289-8394 Fax number:	
posullivan@easthartfordct.gov Email address:	

Post-Proj	ect Review
ls a post-project review r	required for this proposal?
⊠Yes	No
If Yes , date post-	project review due:
3/31/23 if fun	ding is received
D	ate

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1546-1150

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

Open to Public

Department of the Treasury

		t of the Treasury range Service	► Go to www.irs.gov/Form990EZ for instruction:	s and	the latest in	formati	on.		Inspection				
			ar year, or tax year beginning JUL 1, 2018		and ending	JU	N 30	. 2	019				
В	Check i	the Ch	Name of organization		· · · · · · · · · · · · · · · · · · ·				entification number				
		ress change				ļ							
	_	Name change THE 1864 FUND INC.							82-2934099				
Ē	Initial return Final return						E Talephone number						
	Final	return/ 7	63 BURNSIDE AVENUE										
	Ame	nded return City	y or town, state or province, country, and ZIP or foreign postal code				F Group	Exem	ption				
			AST HARTFORD, CT 06108				Numb		,				
ß		nting Method:							if the organization is				
		ta: ►N/A							to attach Schedule B				
			theck only one) — X 501(c)(3) 501(c) () ◀(insert no.)	49	47(a)(1) or	527		•	990-EZ, or 990-PF).				
				Other			Ų 5 1.111	000,0	700				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		or if total asse	ts (Part I							
_	colum	n (B)) are \$500.	L000 or more, file Form 990 instead of Form 990-F7		,	no (i an i	" >	s	142043.				
P	art I	Revenu	,000 or more, file Form 990 instead of Form 990-EZ le, Expenses, and Changes in Net Assets or Fund	Bale	INCOS (See	lhe instru	ctions for	Part I	1				
			e organization used Schedule O to respond to any question in this Part !						-				
	1	Contributions	, gifts, grants, and similar amounts received	*******	****************	()		1	142043.				
	2	Program serv	rice revenue including government fees and contracts	*******	************			<u>-</u>	2.200201				
	3	Membership o	dues and assessments		************			3	<u> </u>				
	4	Investment in	COMB			***********	····	4					
	5a	Gross amoun!	t from sale of assets other than inventory	Бш	*****************		····	┿					
	Ь		other basis and sales expenses				T i						
	C	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)											
	6								,				
40													
Revenue			it5,000) 6a of contributions			-							
Š	ь	Gross income			tributions	·							
	İ		om fundralsing events reported on line 1) (attach Schedule G II the sum of such										
			and contributions exceeds \$15,000)	6b									
	c		xpenses from gaming and fundraising events	8c			\neg						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6	d						
	71	Gross sales of	f inventory, less returns and allowances	72	*********		·····	-					
	b	Less: cost of g		75									
	C												
	8	Other revenue	(describe in Schedule 0)	*****	************	****		C B	-				
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	********	**********	-43		9	142043.				
	10	Grants and sin	nilar amounts paid (list in Schedule O)	******	*****************	******		0	137372.				
	11	Benefits paid t	to or for members	*******	****************		····	1	237378				
٧?	12	Salaries, other	r compensation, and employee benefits	********	****************		···· -;	2					
xpenses	13	Professional fe	ees and other payments to independent contractors		*************		~~~ 	3					
<u>ş</u>	14	Occupancy, re-	int, utilities, and maintenance	********	· • · · · · · · · · · · · · · · · · · ·			4					
11	15	Printing, public	cations, postage, and shipping	*******	*********	*:-*	1	5					
	16	Other expense	es (describe in Schedule O)	e S	chedule	∍ 0	···· 1	6	3.				
	17	Total expense	es. Add lines 10 through 16				▶ 1		137375.				
v.	18	Excess or (def	ficit) for the year (Subtract line 17 from line 9)				1		4668.				
Assets	19	Net assets or f	fund balances at beginning of year (from line 27, column (A))					+					
2		(must agree w	rith end-of-year figure reported on prior year's return)				1	9	0.				
ě	20	Other changes	s in net assets or fund balances (explain in Schedule O)					_	0.				
	21	Net assets or f	fund balances at end of year. Combine lines 18 through 20		·····		2	$\overline{}$	4668.				
.HA	For	Paperwork Rec	duction Act Notice, see the separate instructions.						Form 990-EZ (2018)				

HEOCH I AIIII

Municipality: East Hartford



Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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:
Program title: Energy Efficient Repairs and Upgrades
Name of contact person:
860-899-3467 Telephone number:
Email address:
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \frac{150,000}{2}
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Form NAA-01 (Rev. 02/21)

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 Investement Board entity that oversees job training, job search and -workforce development for the capitol region as provided in federal and state DOL regulations. Neighborhood area to be served: Hartford region user of the East Hartford American Jobs Center office. Plan to implement the program: As funds are received, work will be bid and commence on the property at 417 Main Street according to the -correct job specs and estimates.

Page 2 of 5

Program start date: 12/31/21	
Program completion date: 12/31/23	*
The program completion date must not be more than two years from post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 completion date for all projects receiving \$25,000 completion.	entation no later than three months
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 b) components of the project	\$150,000
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

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:
Telephone number: 860-291-7206
860-289-8394 Fax number:
posullivan@easthartfordct.gov Email address:

	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

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

DLN: 93493326006079

Form 990

Department of the Treasury

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No 1545-0047

Open to Public

		venue Service						Inspection
			alendar year, or tax year beging C Name of organization	nning 07-01-2018 , and ending 0	6-30-2019			
B Check if applicable Address change			CAPITAL WORKFORCE PARTNERS I	D Employ	D Employer identification number			
☐ Name change ☐ Initial return ☐ Final return/reminated				06-101	06-1013293			
			Doing business as					
	mend	ed return tion pending	Number and street (or P O box if r	nail is not delivered to street address) Rooi	m/suite	E Telephon (850) 5		
			City or town, state or province, cou HARTFORD, CT 06103	intry, and ZIP or foreign postal code		(880) 3.	22-111	<u> </u>
			F Name and address of princip	al officer	1	G Gross re		
			ALEX JOHNSON			Is this a group ret	um for	
			1 UNION PLACE 3RD FLOOR HARTFORD, CT 06103			subordinates? Are all subordinat	es	□Yes ☑No
I Ta	x-exe	empt status	☑ 501(c)(3) ☐ 501(c)() ◀	(insert no) 4947(a)(1) or 52	- - ` ′	included?		☐ Yes ☐No
J K	/ebsi	ite;≯ WW	W CAPITALWORKFORCEPARTNER			If "No," attach a i Group exemption	st (see number	instructions)
K For	m of c	organization	Corporation Trust Assi	ociation 🔲 Other 🕨	L Year o	f formation 1979	M State	of legal domicile CT
Ρ	art E	Sum	marv					
	1	Briefly des	cribe the organization's mission of	or most significant activities			_	
Activities & Governance		CONNECTI	ORKFORCE PARTNERS IS A REG CUT THE BOARD COORDINATES	IONAL WORKFORCE INVESTMENT BOA COMPREHENSIVE PROGRAMS FOR JO ES TO PRODUCE SKILLED WORKERS F				
ema								
ò	,	Check this	s how by T if the organization du	scontinued its operations or disposed o				
<u>ب</u>	3	Number o	f voting members of the governir	scontinued its operations or disposed on body (Part VI, line 1a)	of more than	25% of its net as	sets	1 36
<u>ب</u>				the governing body (Part VI, line 1b)		• •	4	26 26
₹	5	Total num	ber of individuals employed in ca	lendar year 2018 (Part V, line 2a)			5	82
A C	6	Total num	ber of volunteers (estimate if ne	tessary)			6	74
•				VIII, column (C), line 12			72	74
			ited business taxable income from				7b	15,642
					i i i	Prior Year	170	Current Year
•	8	Contributi	ons and grants (Part VIII, line 1h)		-	20,440,79	-	
Ravenue			ervice revenue (Parl VIII, line 2g)			20,440,7	0	19,006,541
2	10	Investmen	it income (Part VIII, column (A), I	ines 3, 4, and 7d)			0	0
<u></u>	11	Other reve	enue (Part VIII, column (A), lines :	5. 6d. 8c. 9c. 10c. and 11e)	<u> </u>		0	0
				st equal Parl Vill, column (A), line 12)	-	20,440,79	-	19,006,541
			similar amounts paid (Pan IX, c			14,322,07		
i				olumn (A), line 4)	-	X 1,322,01	0	13,198,416
1 2	15	Salaries, o	ther compensation, employee be	nefits (Part IX, column (A), lines 5-10	, 	3,719,25		
ะหมดารคร	162	Profession	al fundraising fees (Part IX, colum	nn (A), line 11e)	′ ⊢	2,713,2.	0	3,380,000
b d			ising expenses (Part IX, column (D), i		<u> </u>		╫—	0
Q			enses (Part IX, column (A), lines 1		<u> </u>	2.003.23		4.004.445
			nses Add lines 13-17 (must equ		-	2,092,32		1,984,145
			ss expenses Subtract line 18 fro		-	20,133,65		18,562,561
Fund Balances					Begin	307,14 ning of Current Yes		443,980 End of Year
38	20	Total asset	s (Part X, line 16)		<u>├</u>	2,945,83	4	3,092,056
됳			ties (Part X, line 26)		 	2,441,53		2,143,777
2.5	22	Net assets	or fund balances Subtract line 2	1 from line 20		504,29		948,279
Pa	rt II	Signa	ture Block			· · ·		<u>`</u> _
Inder nowle	pena edo#	ilties of per and belief	Jury, I declare that I have exami	ned this return, including accompanyi Declaration of preparer (other than o	ng schedules	and statements,	and to !	the best of my
ny kr	owie	dge	was, sorrest, and complete	Decimination of preparer (other than o	mcer) is das	ed on all informat	on of w	hich preparer has
		 						
ign		Signature	e of officer		·	2019-11-21 Date		-
iere		A EV 101	JNCON DOCCIOCNITICEO					
			HNSON PRESIDENT/CEO print name and title					
		Prir	nt/Type preparer's name	Preparer's signature	Date	_ 1~~	IN .	
aid [°]				7	2019-11-20	Check if PD	IN 0543209	
rep		Fire	n's name PKF O'CONNOR DAVIES	LLP	<u> </u>	self-employed Firm's EIN ► 27-17	28945	
Jse		ı	n's address > 100 GREAT MEADOW RO	DAD		Phone on (aca) ==	7 1070	
		Į	WETHERSFIELD, CT 06			Phone no (860) 25	r-12\0	
			nis return with the preparer show			L		

HESELI VIIII



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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:
Program title: Energy Efficient Repairs and Upgrades
Name of contact person: Ron Angelo, CCAT
Telephone number:
Email address: iboucher@capitalworkforce.org (angelaccatius
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \frac{150,000}{2}
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes, attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Form NAA-01 (Rev. 02/21)

Check the appropriate description of your program: 100% credit percentage _X_ Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities; Program serving low-income persons; _ Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: This program will serve to advance Goodwin University's "green initiative" and will provide repairs and energy -saving additions to our current structure; ie solar panels, clean air filters, implementation of gray water systems and faculty-led initiatives to cut down on water or electricity usage, etc. Need for program: This would be a way of saving money for the university as well as cutting back our carbon footprint and doing -our part to help the environment Neighborhood area to be served: East Hartford Plan to implement the program: As funds are received, work will be bid and commence on the property at 417 Main Street according to the -correct job specs and estimates.

Page 2 of 5

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 completion date for all projects receiving \$25,000 completion.	entation no later than three months
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)	ALL CONTRACTOR OF THE PARTY OF
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

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:
Telephone number:
Fax number:
posullivan@easthartfordct.gov Email address:

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 NAA-01 (Rev. 02/21) Page 4 of 5

efi	ie P	ublic Vis	ual Render	ObjectId:	20194308934	9301174 - S	ubmis	sion:	2019	-11-04	T)	IN: 20-1051	854	
990 Return of Organization Exempt From					Inc	ome	Tax		OMB No. 1545-					
Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (de (ex	cept p	rivate		2018	2				
foundations) Do not enter social security numbers on this form as it may be						be ma	ide pub	lic.	l	2010)			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest inform				iforma	tion.		Open to Pu Inspectio							
A F	or t	ne 2019 ca			ning 01-01-2018	, and ending	12-31-2	018			L			
		applicable: change	C Name of organization Connecticut Cent		Technology Inc					D Employe	D Employer identification number 20-1051854			
		hange								20-1051				
	itial r	eturn	Doing business a	5										
Fir netur		ninated			<u>.</u>					E Telephone	E Telephone number			
1		ed return	Number and stre 222 Pitkin Street		mail is not delivered to	street address)	Room/suit	e						
	plica	tion pending	City or town, stal	te or province ico	ountry, and ZIP or foreign	nn nostal code				(860) 291-8832				
			East Hartford, CT		rancing and an or forci	gii postoi couc				G Gross rec	eipts \$ 7	,868,111		
			F Name and add	dress of princip	al officer:			H(a)	Is this	a group retu	rn for			
			John A Glidden 222 Pitkin St Sui	te 101					suboro	finates?		Yes 💆 N	No .	
		I	East Hartford, CT	06108				H(b)	are all	subordinate: ed?	5	Yes 🗌 N	No.	
r Ta:	x-exe	mpt status:	2 501(c)(3)	501(c) () ◀	(Insert no.) 🗍 494	7(a)(1) or 🥽 5	27			" attach a lis				
W	ebsi	te: 🕨 www	v.ccat.us					H(c)	Group	exemption n	umber l	•		
K For	n of a	rnanization:	Corporation	Truct Acco	clation Other >			L Year o	of forma	tion: 2004	M State of legal domicile: CT			
		. gamzation.	Corporation	; 1103C (A330)	Ciation Other P						, a didice	or legal definere.	C 1	
Pa	art I	Sumi												
	-	To develop	direct and concise	cion's mission of e strategies to a	r most significant ac advance applied tech	tivities: nologies that dri	ive innov	ative pr	ocesse	s and value-o	iriven s	olutions to		
20		businesses.												
Ē														
Governance	_	Check this	hov 🏲 🦳	-								-		
	3			of the governir	ng body (Part VI, line	: 1a)		_			13	1	8	
ğ V	4		independent voting members of the governing body (Part VI, line 1b)								4		8	
Acuviues	5			er of individuals employed in calendar year 2018 (Part V, line 2a)							5		61	
É			per of volunteers (estimate if necessary)								6	!	0	
₹			ated business revenue from Part VIII, column (C), line 12								7a	·	0	
	ь	Net unrela	ted business taxa	ble income fror	n Form 990-T, line 34	4		•			7b		0	
									Pric	or Year	j	Current Year		
2	8		ons and grants (Pa							10,336,74	12	6,18	4,463	
Revenue	9		ervice revenue (Part VIII, line 2g)							4,979,40	8	1,683	3,648	
8					lines 3, 4, and 7d)			<u> </u>					0	
					5, 6d, 8c, 9c, 10c, a					-			0	
_					st equal Part VIII, col		2)			15,316,15	50	7,868 —	8,111	
					column (A), lines 1-3	•					4		0	
			aid to or for members (Part IX, column (A), line 4)								0			
S68				ner compensation, employee benefits (Part IX, column (A), lines 5-10) I fundraising fees (Part IX, column (A), line 11e)					6,256,19	6	3,096	5,949		
Expenses 								<u> </u>	<u> </u>				0	
ă i			ising expenses (Par		· -		_	<u> </u>		0.000 ==				
	18				11a-11d, 11f-24e) al Part IX, column (A					9,090,58	_		7,624	
					om line 12	v), iiii∈ 43)		\vdash		15,346,77 -30,62	-		4,573	
	 			LI JOE HITO TO HE			<u> </u>	Beoi	innina a	of Current Ye	 -	End of Year	5,462	
								J		r. venciii 16	"	LIIU UI TEAF		

HESCH I VIIII



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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					
860-282-4202 Telephone number:					
Email address: jboucher@capitalworkforee.org range laaccat, 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?					
X Yes No					
If Yes, attach a copy of the first page of your most recent return.					
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.					

Part II — Program Information

Check the appropriate description of your program:	e.
100% credit percentage	
Energy conservation; or	
Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-6	35(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 cuttin- technology with specialized centers of excellence in manufacturing, education training, energy and entrpreneurialism. The purpose of this program is to provide pre-vocational and vacational educati for 100 local residents, so taht they may be more prepared for employment in this region.	Ĺ
Need for program: There is a growing disconnect between a dvierse local population in the workforce opportunities in There's a great need for basic and pre-vocational education to bridge the large population of unenunskilled residents to existing jobs. Our collaborating social service agencies are seeing hundreds clients monthly who need the types of training to be funded by this proposal.	nployed,
Neighborhood area to be served:	No. No. of Control of
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 progra	ım 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 96182	٠ ,
•	

Program start date: Funds will be awarded on or after 12/31/21	
Program completion date: 12/31/23	•
The program completion date must not be more than two years from post-project review is due to the municipality overseeing implementation projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per projects receivi	nentation no later than three months
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

Timetable:

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:
Telephone number:
Fax number: 860-289-8394
posullivan@easthartfordct.gov Email address:

Post-Project Re	eview			
ls a post-project review require	d for this proposal?			
∑Yes	No			
if Yes, date post-project review due:				
3/31/23 if funding is received				
Date				

990

efile Public Visual Render ObjectId: 201943089349301174 - Submission: 2019-11-04

TIN: 20-1051854 OMB No. 1545-0047

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

	·		Do not enter social security numbers on this form as it may	/ be made publ	ic.			
Internal Revenue Service					Open to Public Inspection			
Ā	or t	he 2019 ca	lendar year, or tax year beginning 01-01-2018, and ending 12-31-2	018	 .			
		applicable:	C Name of organization		D Employe	r identi	fication number	
Address change Connecticut Center for Advanced Technology Inc					o Embrose	, identi	acauon number	
N	ame c	change			20-1051	854		
السمنة		return	Doing business as					
	nal rn/ten	minated		f	E Telephone	numba	<u> </u>	
A	mend	ed return	Number and street (or P.O. box if mall is not delivered to street address) Room/sul 222 Pitkin Street	e	c relephone	HOHIDE	,	
	pplica	tion pending			(860) 29	1-8832		
			City or town, state or province, country, and ZIP or foreign postal code East Hartford, CT 06108					
			F Name and address of principal officer:			G Gross receipts \$ 7,868,111		
			John A Glidden	H(a) Is this		rn for		
			222 Pitkin St Suite 101 East Hartford, CT 06108	subordi : н(ъ) Are all			Yes 🗹 No	
I Ta	x-exe	mpt status:		include	đ?		Yes No	
			2 501(c)(3) ☐ 501(c)() 4 (insert no.) ☐ 4947(a)(1) or ☐ 527				. (see instructions)	
JW	ebsi	ite: www	v.ccat.us	H(c) Group e	exemption n	umber.	•	
K For	m of c	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formati	on: 2004	M State	of legal domicile: CT	
		-		•			· · · · · · · · · · · · · · · · · · ·	
_ ₽	arti	Sumi	mary cribe the organization's mission or most significant activities:	-				
& Governance	2 3	Check this	box ▶☐ voting members of the governing body (Part VI, line 1a)] 3	1 8	
se	4	4 Number of independent voting members of the governing body (Part VI, line 1b)					8	
Activities &	5		5	61				
Ę	6	 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 					0	
7a Total unrelated business revenue from Part VIII, co			ated business revenue from Part VIII, column (C), line 12				0	
	Ь		ted business taxable income from Form 990-T, line 34			7a 7b	0	
				Prior	Year		Current Year	
\$	8		ons and grants (Part VIII, line 1h)		10,336,74	2	6,184,463	
	9		ervice revenue (Part VIII, line 2g)		4,979,40	8	1,683,648	
Reven	2 10 Invest		t income (Part VIII, column (A), lines 3, 4, and 7d)				0	
	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	
	12	Total rever	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,316,15	o	7,868,111	
	ı		similar amounts paid (Part IX, column (A), lines 1-3)		· ···	1	0	
	1		sid to or for members (Part IX, column (A), line 4)		·		0	
88	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		6,256,19	6	3,096,949	
Expenses			al fundraising fees (Part IX, column (A), line 11e)			+	0	
ğ			ising expenses (Part IX, column (D), line 25) ▶0					
(i)			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	·····	9,090,58	1	5,167,624	
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-	15,346,77		8,264,573	
			ss expenses. Subtract line 18 from line 12		-30,62	+	-396,462	
				Beginning of			End of Year	
	l			_ · •		ı		

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

Print Form

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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:
Program title: Job Connection
Name of contact person: Rich McCarty
860-528-4111 Telephone number:
Émail 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
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information Check the appropriate description of your program:

100% cre	dit percentage
	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	it percentage
	Job training/education for unemployed persons aged 50 or over;
y	Job training/education for persons with physical disabilities;
X	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):
Description	n of program:
-provide edi Goodwin U	Iniversity is a community centered, work force focused institution of higher learning. Its mission is to ucation and training leading to employment as a foundation for lifelong learning. Most of the iniversity college students for this program come from referrals from many local community based and many of these students are very low income and need tuition assistance.
 -job training 	rogram: rd labor market area continues to experience a chronic period of unemployment. At the same time, funds in the Hartford area have decreased, creating great needs for retaining our unemployed or loyed workforce. East Hartford training in all and any of the areas cited in the program description.
- Neighborh	ood area to be served:
•	ea with a focus area on East Hartford
•	•
•	
•	
Dian to im-	Noment the meanure.
	olement the program:
•	
Form NAA-01 (Rev. 02/21) Page 2 of 5

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 fro post-project review is due to the municipality overseeing implemater program completion date for all projects receiving \$25,000	entation no later than three months
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) <u>Tuition</u>	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	- 10 m · .
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

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:
Telephone number:
Fax number:860-289-8394
posullivan@easthartfordct.gov Email address:

Post-Proj	ject Review			
ls 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 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Tressury 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.

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

			enainy o	UN 30, 2019				
В	Check i			D Employer	identifi	cation number		
F	Address GOODWIN COLLEGE, INC.		ŀ					
F	Name change Doing business as			06-1627882				
Ē	[Initial			· · · · · · · · · · · · · · · · · · ·				
Ē	Peturn Number and street (or P.O. box if mail is not delivered to street address) Room/suit			E Telephone number 860-727-6906				
	term sted	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 75,544,229				
	Ame retur	ided Pager Hanning on Acres		H(a) is this a group return				
	Appi lion	F Name and address of principal officer: MARK SCHEINBERG		for subordinates? Yes X No				
	pend	SAME AS C ABOVE		1		ocluded? Yes No		
1	Tax-ex	rempt status: X 501(c)(3) 501(c) ()	or 527	1		list. (see instructions)		
J	Webs	ite: WWW.GOODWIN.EDU		H(c) Group ex		•		
		f organization: X Corporation Trust Association Other	L Year			A State of legal domicile: CT		
P	art I	Summary						
d)	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDULE O					
Governance								
Ë	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	net ass	sets.		
ō,	3	Number of voting members of the governing body (Part VI, line 1a)			3	22		
ڻ بد	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	21		
ş	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	792		
Ę	6	Total number of volunteers (estimate if necessary)			6	0		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-1,367,378.		
_	Ь	Net unrelated business taxable income from Form 990-T, line 38			76	-1,183,835.		
	l			Prior Year		Current Year		
40	8	Contributions and grants (Part VIII, line 1h)		13,883,898.		8,653,392.		
Revenue	9	Program service revenue (Part VIII, line 2g)		62,716,170.		63,557,399.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			301.	220,370.		
<u>r</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			585.	252,265.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,661		72,683,426.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,826		14,361,844.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
sp.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,207	206.	28,123,335.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0.		
ē	ь	Total fundraising expenses (Part IX, column (D), line 25) 414,8	358.					
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,754	11 7	25,271,257.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,788		67,756,436.		
	19	Revenue less expenses. Subtract line 18 from line 12		16,872		4,926,990.		
560	1			lianing of Current	$\overline{}$	End of Year		
SE	20	Total assets (Part X, line 16)		249,376		247,327,812.		
A	21	Total liabilities (Part X, line 26)		40,130		35,262,132.		
<u> 25</u>	21 22	Net assets or fund balances. Subtract line 21 from line 20		209,246		212,065,680.		
Pε	ırt II	Signature Block			• • •			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	its, and to the hes	t of my	knowledge and helief it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer h	as any knowledn	A	and modge and boller, it is		
Sigr	1	Signature of officer		Date				
Here MARK SCHEINBERG, PRESIDENT								
Type or print name and title								
Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, CI	PA 06	/04/20 if	— ∋eyotqme-ile			
Prep	arer	Firm's name COHNREZNICK LLP		Firm's E		22-1478099		
	Use Only Firm's address 350 CHURCH STREET, 12TH FLOOR							
		HARTFORD, CT 06103		Phone o	n 959-	200-7000		
May	the II	S discuss this return with the preparer shown above? (see instructions)		i innie i				
	1 12-3		1S.	******************		X Yes No		

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information
Name of tax exempt organization/municipal agency:
Address: 1 Riverside Drive East Hartford, CT 06118
Federal Employer Identification Number:
Program title: Adding Energy Effectivesness
Name of contact person: Rich McCarty 860-528-4111
Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Form NAA-01 (Rev. 02/21)

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 purhcase and install energy efficient building systems for all of -Goodwin University and its affiliate builings. The systems include new windows, new insulated roof, new insulation, a new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut. Need for program: The current building budgets do not include funds to provide higher energy efficiences. These enhancements -will save the institution money throughout the life of the building. Neighborhood area to be served: East Hartford Plan to implement the program: Rich McCarty - VP, Advancement - Overall administration of the grant including mathcing all fudns received to specific project requests as envisioned in this project. Bryant Harrell - VP, Facilities and IT - Oversight of the contract and contractors who will perform the redesign and installation of this project.

Page 2 of 5

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 post-project review is due to the municipality overseeing implementation program completion date for all projects receiving \$25,000 or	tation no later than three months
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

Timetable:

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:
Telephone number:
Fax number:
posullivan@easthartfordct.gov Email address:

Post-Project Review		
Is a post-project review r	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

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

	roi u	e 2018 Calendar year, or tax year beginning 301 1, 2018 and e	nding J	JN 30, 2	2013			
B	Check if applicat			D Empl	oyer identi	fication number		
	Addr Chan Nam	GOODWIN COLLEGE, INC.						
L	chan	Doing business as				06-1627882		
L	Initia	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telep	hone numb	er		
L	Final retur				860-7	27-6906		
	termi sted	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 75,544,229				
L	Amer	EAST HARTFORD, CT 00110		H(a) Is this a group i		return		
	Appli tion pend	ing I		for	subordinate	s? Yes X No		
	Perio	SAME AS C ABOVE		H(b) Araz	ıll subordinates	included? Yes No		
		empt status: X 501(c)(3) 501(c) ()	527	If "1	No," attach	a list. (see instructions)		
_		te: Www.goodwin.edu	Ì	H(c) Gro	up exempti	on number		
		forganization: Corporation Trust Association Other ► Summary	L Year o	of formation	n: 2001	M State of legal domicile; CT		
_	1	Briefly describe the organization's mission or most significant activities: SEE SCH	EDULE O					
Governance	`			-				
Ta Ta	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25%	of its net as	ssets		
ě	3	Number of voting members of the governing body (Part VI, line 1a)						
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)		***********	4			
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	(+,**,********	************	5			
ŧŧ	6	Total number of volunteers (estimate if necessary)		***********	6	 		
충	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			78			
ď	ь	Net unrelated business taxable income from Form 990-T, line 38	************	*************	7t	····		
				Prior		Current Year		
4.	8	Contributions and grants (Part VIII, line 1h)			,883,898.			
E E	9	Program service revenue (Part VIII, line 2g)			,716, 1 70,			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-57,301.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	*****		118,585.			
	12	Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)		76,661,352.		***************************************		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,826,895.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0			
45	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26	,207,206.			
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.			
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	58.					
Ŋ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,754,303. 59,788,404.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•					
	19	Revenue less expenses. Subtract line 18 from line 12			,872,948,			
58				pinging of Current Year				
SE	20	Total assets (Part X, line 16)			,376,415.			
<u> </u>	21	Total liabilities (Part X, line 26)		40	130,206.	35,262,132.		
<u>S</u>	21 22	Net assets or fund balances. Subtract line 21 from line 20		209	,246,209,	212,065,680		
Pa	irt II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	nd stateme	its, and to	the best of m	y knowledge and belief, it is		
		et, and complete. Declaration of preparer (other than officer) is based on all information of whic				-		
Sign	n	Signature of officer			Date			
Her		MARK SCHEINBERG, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	ate	Check	PTIN		
Paid		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, CP	A_ 06	/04/20	il self-emple	pyed P01273422		
Prep	arer	Firm's name COHNREZNICK LLP		F	irm's EIN ⊳	22-1478099		
Use Only		Firm's address 350 CHURCH STREET, 12TH FLOOR						
		HARTFORD, CT 06103		F	hone no.95	9-200-7000		
May	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No		

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

Part I — General Information

Print Form

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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
860-528-4111 Telephone number:
Email address:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities: Program serving low-income persons: Child care services; Establishment of a child day care facility: Open space acquisition fund: or _ Other (specify): _____ Description of program: The purpose of this Goodwin University Foundation Inc program is to secure financial aid from all sources for -the purpose of supporting low income students through Goodwin University. In particular, we are seeking donations to provide aid to students through the college's food pantry, emergency housing and assistance, and other support services. Need for program: With limited financial aid, there is a growing pool of low income residents in our region who need additional -living support to assist them in completing programs and becoming employed. Neighborhood area to be served: _____ CT labor market with focus on East Hartford area Plan to implement the program: _____ Goodwin University - Student services support to include food pantry, emergency housing and other support sergices CT registration # or SSn 1690874-000

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 post-project review is due to the municipality overseeing implemen after program completion date for all projects receiving \$25,000 or	tation no later than three months
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) <u>Tuition</u>	\$150,000
b)	
c)	***************************************
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

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

Name of municipa Town of East Ha	al agency overseeing implementation of the program:
Mailing address:	
	t, East Hartford, CT 06107
Name of municipa	Paul O'Sullivan Il liaison:
Telephone numbe	860-291-7206 r:
Fax number: 86	0-289-8394
Email address:	posullivan@easthartfordct.gov

Pos	t-Project Re	eview		
Is a post-project review required for this proposal?				
∑ Yes		No		
If Yes , dat	e post-project	review due:		
3 <i>1</i> 3	1/23 if funding is re	ceived		
	Date			

EXTENDED TO MAY 15, 2020

Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. inspection For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30. 2019 Check if applicable C Name of organization D Employer identification number GOODWIN COLLEGE EDUCATIONAL SERVICES Address change INC. Doing business as 81-0703551 |loitial |return 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 G Gross receipts \$ 9.829.341.Amended EAST HARTFORD, CT 06118 H(a) is this a group return Applica-F Name and address of principal officer: MARK SCHEINBERG for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3)] 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.GOODWIN.EDU H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 2015 M State of legal domicile; CT Part I Summary Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL Activities & Governance SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 21 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 8 9,829,341 8,960,748. Revenue 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. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,829,341. 8,960,748. Grants and similar amounts paid (Part IX, column (A), lines 1-3) O. 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) 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. Revenue less expenses. Subtract line 18 from line 12 -18,373. 12,208. 5 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 25,000. Ο. 21 Total liabilities (Part X, line 26) 503. 42,295. 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. Signature of officer Sign MARK SCHEINBERG, PRESIDENT Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Paid LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 06/04 /20 sell-employed P01273422 Preparer Firm's name COHNREZNICK LLP 22-1478099 Firm's EIN ➤ Use Only Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103

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

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

Form 990 (2018)

Phone no. 959-200-7000

X Yes

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

Part I — General Information

Print Form

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Name of tax exempt organization/municipal agency:
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
860-528-4111 Telephone number:
Email address:
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?
X Yes No
If Yes, attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

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;				
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;				
60% credit percentage Job training/education for unemployed persons aged 50 or over; Job training/education for persons with physical disabilities;				
Job training/education for unemployed persons aged 50 or over; Job training/education for persons with physical disabilities;				
Job training/education for persons with physical disabilities;				
· · · · · · · · · · · · · · · · · · ·				
Program serving low-income persons;				
Program serving low-income persons;				
Child care services;				
Establishment of a child day care facility;				
Open space acquisition fund; or				
Other (specify):				
Description of program: The purpose of this grant application is to purchase and install energy efficient building systems on all of Goodwin Unveristy (and its affiliates) buildlings. These systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as a model projects to interested partners to support these efforts in other places in the State of Connecticut.				
Need for program: The current building budgets do not include funds to provide higher energy efficiences. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.				
Neighborhood area to be served: East Hartford				
•				
•				
Diam to implement the program.				
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				

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 completion.	nentation no later than three months
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)	
Total Proposed Expenditures:	\$150,000

Timetable:

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

Name of municipal agency overseeing implementation of the program:
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number:
860-289-8394 Fax number:
posullivan@easthartfordct.gov Email address:

Post-Pro	ject Review			
Is a post-project review required for this proposal?				
∑Yes	No			
If Yes , date post-	-project review due:			
3/31/23 if fu	inding is received			
	Date			

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990

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

<u>A</u> .	For th	= 2018 calendar year, or tax year beginning $$ JUL $1,$ 2018 $$ and end	ding J'	UN 30, 2019		
B Check it applicat		GOODWIN COLLEGE EDUCATIONAL SERVICES		D Employer identifi	cation number	
Addr		INC.				
Name chang Initial		Doing business as		81-0	703551	
return Final			om/suite	E Telephone number 860-727-6906		
termi						
	ated Amen	ded page transmood on octao		G Gross receipts 9,829,341.		
\vdash	relum Applic			H(a) Is this a group re		
_	tiph pendi	19		for subordinates		
Τ.	Fay.ev	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	H(b) Are all subordinates in		
		te: NWW.GOODWIN.EDU			list. (see instructions)	
				H(c) Group exemptio	A State of legal domicile: CT	
	art I	Summary	IL rear u	i iorniauon. 2013[h	A State of legal domiclie; C.L.	
	1	Briefly describe the organization's mission or most significant activities: GOODWIN	N COI	LEGE EDUCAT	TIONAL	
Activities & Governance		SERVICES, INC. ENGAGES IN ACTIVITIES THAT S	UPPO	RT. FURTHER	AND	
E L	2	Check this box if the organization discontinued its operations or disposed of				
<u> </u>	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	22	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21	
•0	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
ij	6	Total number of volunteers (estimate if necessary)		6	0	
.	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
•	Ь	Net unrelated business taxable income from Form 990-T, line 38		7b	0.	
	l	· ····································		Prior Year	Current Year	
•	8	Contributions and grants (Part VIII, line 1h)	🗀	8,960,748.	9,829,341.	
릁	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
Œ	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.	
	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.	
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Š	Ь	Total fundraising expenses (Part IX, column (D), line 25)		The state of the s		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,979,121.	<u>9,817,133.</u>	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,979,121.	9,817,133.	
		Revenue less expenses. Subtract line 18 from line 12		-18,373.	12,208.	
S OF			Beg	inning of Current Year	End of Year	
Assets A Baland		Total assets (Part X, line 16)	·-	0.	25,000.	
Net A		Total liabilities (Part X, line 26)	·	29,503.	42,295.	
		Net assets or fund balances. Subtract line 21 from line 20		-29,503.	-17,295.	
. ,			1 - 1 - 1			
riia	correc	ties of perjury, I declare that I have examined this return, including accompanying schedules and t, and complete. Declaration of preparer (other than officer) is based on all information of which p	ı statemen	its, and to the best of my	knowledge and belief, it is	
100	CONCC	L, and complete. Occidination of preparer (other than officer) is eased on an information of which p	preparer n	as any knowledge.		
Sign		Signature of officer Date				
Here		MARK SCHEINBERG, PRESIDENT				
		Type or print name and title				
Paid I Preparer		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN	
		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 06/04/20 self-employed P01273422				
		Firm's name COHNREZNICK LLP		Firm's EIN	22-1478099	
		Firm's address 350 CHURCH STREET, 12TH FLOOR		1,510 & 510		
	·	HARTFORD, CT 06103		Phone no. 9 5 5	9-200-7000	
Vlay	the IF	S discuss this return with the preparer shown above? (see instructions)	****	1	X Yes No	
		-18 LHA For Paperwork Reduction Act Notice, see the separate instructions			Form 990 (2018)	

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General information
Name of tax exempt organization/municipal agency:
Address: 1 Riverside Drive East Hartford, CT 06118
Federal Employer Identification Number:
Program title: Support for Early College Students
Name of contact person: Todd Andrews 860-727-6937
Telephone number:
Email address: tandrews@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \frac{150,000}{2}
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
∑ Yes
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

Form NAA-01 (Rev. 02/21)

Check the ap	propriate description of your program:
100% credit	percentage
Er	nergy conservation; or
C	omprehensive college access Ioan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% credit p	ercentage
Jc	b training/education for unemployed persons aged 50 or over;
	b training/education for persons with physical disabilities;
	ogram serving low-income persons;
	nild care services;
Es	stablishment of a child day care facility;
•	pen space acquisition fund; or
	her (specify):
_	
Description of	f program:endinglements f program:endinglements ersity Educational Services is the operation organization for the university's magnet Schools and
-early college r support for tuit Goodwin.	elationships through our senior Academy and similar projects. This project will provide financial tion and related charges for needy high school students to receive pre-collegiate classes at
	ram:at need for early college credits attaintment for needy students to have a Headstart in college re that they complete within five years.
<u>.</u>	
W	
	J ana da hat
_	d area to be served:a focus on East Hartford
·	A locus on East Hattioid
•	
Plan to imple	nent the program:
Goodwin Univ	ersity - training in vocational areas and ESL CT registration # or SSN 1690874-000
•	
•	
•	

Page 2 of 5

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 post-project review is due to the municipality overseeing implems after program completion date for all projects receiving \$25,000.	entation no later than three months
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

Timetable:

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

Name of municipal agency overseeing implementation of the program:	
Mailing address:	
740 Main Street, East Hartford, CT 06107	
Name of municipal liaison:	_
Telephone number:	_
Fax number:860-289-8394	
Email address: posullivan@easthartfordct.gov	_

Post-Project Review		
Is a post-project review required for this proposal?		
∑ Yes		
If Yes, date post-project review due:		
3/31/23 if funding is received		
Date		

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

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.

O1110 110) 10 10 DD-11	
2018	
Open to Public Inspection	

OMR No. 1545-0047

A	For ti	se 2018 calendar year, or tax year beginning $$	JUN 30, 2019		
В	B Check if C Name of organization			D Employer identification number	
Addre		GOODWIN COLLEGE EDUCATIONAL SERVICES			
Chang		ge LNC.			
Chang		ge Doing business as		81-0703551	
retur Finel retur		Number and street (or P.O. box if mail is not delivered to street address) ONE RIVERSIDE DRIVE	,	E Telephone number 860-727-6906	
	term ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,829,341.	
	Ame	EAST HARTFORD, CT U6118	H(a) Is this a group re	H(a) Is this a group return	
	Appl tion pend	F Name and address of principal officer: MARK SCHEINBERG	for subordinates	for subordinates? Yes X No	
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No	
			527 If "No," attach a	list. (see instructions)	
		ite: ► WWW.GOODWIN.EDU	H(c) Group exemption	n number 🕨	
	orm c art l	forganization: X Corporation Trust Association Other ► LY Summary	ear of formation: 2015	M State of legal domicile: CT	
_	1	Briefly describe the organization's mission or most significant activities: GOODWIN	COLLEGE EDUCA	TIONAL	
Activities & Governance		SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUF	PORT. FURTHER	AND	
Ē	2	Check this box if the organization discontinued its operations or disposed of m			
ē	3	Number of voting members of the governing body (Part VI, line 1a)		22	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0	
ij	6	Total number of volunteers (estimate if necessary)	6	0	
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
_	Ь	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
			Prior Year	Current Year	
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	8,960,748.	9,829,341.	
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.	
ě	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.	
	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.	
e e	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expensés	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
X	b	Total fundraising expenses (Part IX, column (D), line 25)			
	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.	
	18	Total expenses. Add fines 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.	
ts or		Trabel annata (Carlot V. Carlot C)	Beginning of Current Year	End of Year	
Net Asset	20 21	Total assets (Part X, line 16)	0.	<u>25,000.</u>	
a d	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	<u>29,503.</u>	42,295.	
T I	irt II	Signature Block	-29,503.	-17,295.	
_		afties of perjury, I declare that I have examined this return, including accompanying schedules and stat	amonto and to the first of mu	· Immediate and but of the	
true	COLLE	et, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	ements, and to the best of my	knowledge and belief, it is	
		A and completel contained of property functional man officer / 15 based on all information of which property	irci nas any knowledge.		
Sign		Signature of officer	Date		
Here MARK SCHEINBERG, PRESIDENT					
	_	Type or print name and title			
Print/Type preparer's name Preparer's signature Date Check PTIN					
Paid Preparer		LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY	I I		
		Firm's name COHNREZNICK LLP	Firm's EIN	22-1478099	
Use	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR	THITSCIE		
		HARTFORD, CT 06103	Phone no. 951	9-200-7000	
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No	
	11 12-3			Form 990 (2018)	

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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 860-727-6937
Telephone number:
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
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% cre	dit percentage
[X]	Energy conservation; or
4	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	lit 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;
907/1000	Open space acquisition fund; or
a 1000 handig	Other (specify):
Goodwin l efficient ed	on of program: University is in the process of developing a new Veteran's Education Center which will include energy quipment and building systems, in order to allow the project to be operated in a sustainable manner. also be used to upgrade Veterans' classroom equipment to energy efficient standards.
Funding fo	program:
Neighbort	nood area to be served:
CT studen	its attending the East Hartford main campus of Goodwin University.
•	·
Plan to im	plement the program:
	arty, Director of Advancement - receipt of funds, oversight of implementation of program
•	
-	

Program start date:Program start date:	
Program completion date: 12/31/23	
The program completion date must not be more than two years from post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000	entation no later than three months
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

Timetable:

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:			
Telephone number:			
Fax number:			
posullivan@easthartfordct.gov Email address:			

	Post-Proj	ject Review
Is a post-project review required for this proposal?		
Σ	√Yes	No
If Yes, date post-project review due:		
	3/31/23 if fu	nding is received
	D	Pate Page 1

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019						
В	Check i applicat Addr	GOOD	forganization WIN COLLEGE EDUCATIONAL SERVICES	ONAL SERVICES D Employer identification number		
Nam			usiness as	─ │ 81_070	2551	
늗	Initia				81-0703551	
Έ	Final		Number and street (or P.O. box if mail is not delivered to street address) ONE RIVERSIDE DRIVE		7-6906	
	term ated	in-			9,829,341.	
	Ame retur	EAST	HARTFORD, CT 06118	G Gross receipts \$ H(a) Is this a group return		
	Appl tion	F Name a	nd address of principal officer: MARK SCHEINBERG	for subordinates?		
	pand	SAME	AS C ABOVE	H(b) Are all subordinates includ		
		cempt status:		527 If "No," attach a list.	(see instructions)	
			GOODWIN.EDU	H(c) Group exemption no		
				ear of formation: 2015 M St	ate of legal domicile; CT	
عا	art I					
ě	1		the organization's mission or most significant activities: GOODWIN (
Activities & Governance	2		S, INC. ENGAGES IN ACTIVITIES THAT SUP			
Ve.T	3		if the organization discontinued its operations or disposed of meting members of the governing body (Part VI, line 1a)	1 1		
Ĝ	4		ting members of the governing body (Part VI, line 1a) Iependent voting members of the governing body (Part VI, line 1b)	3 4	22 21	
∞ ⊗	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)	5	0	
itie	6	Total number	of volunteers (estimate if necessary)	6	0	
Ċ	7 a	Total unrelate	d 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.	
	ŀ			Prior Year	Current Year	
<u>e</u>	8		and grants (Part VIII, line 1h)	8,960,748.	9,829,341.	
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.	
P.	10	,		0.	0.	
	11 12		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,960,748.	0.	
_	13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0,960,748.	9,829,341.	
	14		to an fau manuface (Doubly and over 68) Page 4)	0.	0.	
y,	45		compensation, employee benefits (Part IX, column (A), lines 5-10)	Ŏ.	0.	
Expenses	16a	Professional fo	undraising fees (Part IX, column (A), line 11e)	0.	0.	
Ge	b		ng expenses (Part IX, column (D), line 25)			
Ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121.	9,817,133.	
	18	Total expense	s. 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.	
SOC				Beginning of Current Year	End of Year	
Assets or Halance	20	Total assets (F		0.	25,000.	
Net /	21 22		(Part X, line 26)	29,503.	42,295.	
	rt 11		fund balances. Subtract line 21 from line 20	-29,503.	<u>-1</u> 7,295.	
*******			declare that I have examined this return, including accompanying schedules and state	aments and to the hest of my kno	uladas and heliaf it is	
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	erronts, and to the dest of my kno erer has any knowledne	Aicode min nener, it is	
			, and the state of			
Signature of officer Date				Date		
Here	e		SCHEINBERG, PRESIDENT			
		Type or p	rint name and title			
		Print/Type prep		Date Check	PTIN	
Paid			THE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY	106/04/20 self-employed	P01273422	
Prep		Firm's name	COHNREZNICK LLP	Firm's EIN ▶ 2	2-1478099	
Use	Unly	Firm's address	The state of the s	_	000 7000	
14	the !	I dicaves Me's	HARTFORD, CT 06103	Phone no. 9 5 9 -		
	11 12-3		return with the preparer shown above? (see instructions)		X Yes No	

HEGER I OTHI

Municipality: East Hartford

Camanal Information



Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information
Name of tax exempt organization/municipal agency: Goodwin University Foundation Inc
GOODWIN ON VERSILY FOOD OUT THE
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
860-528-4111 Telephone number:
Email address:
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% cre	dit percentage
X	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	it percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for persons with physical disabilities;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):
The purpor- conserve eand the us	n of program: se of this grant is to purchase and install an energy efficient mobile. manufacturing lab that will energy in two ways. THe equipment to be purchased will reflect best practice conservation standards e of the lab onsite at local employer sites means all the students serviced at the lab do not have to e East Hartford campus.
There is a incumbent	tremendous statewide intent in using the mobile manufacturing lab concept to provide local worker training. This lab - an energy efficient facility, also allows training to be done at various sites need for individual transportation for the company to the East Hartford campus.
_	ood area to be served:
Rich McCa Bryant Har	olement the program:
	,

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 post-project review is due to the municipality overseeing implementation program completion date for all projects receiving \$25,000 to the completion date for all projects receiving the completion date for all projects received the completion date for al	entation no later than three months
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

Timetable:

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:	_
Felephone number:	
860-289-8394 Fax number:	_
posullivan@easthartfordct.gov Email address:	_

Post-Pro	ject Review
ls a post-project review	required for this proposal?
∑Yes	□No
If Yes , date post	-project review due:
3/31/23 if fu	nding is received
	Date

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019						
В	Check if applicab	Check if upplicable: C Name of organization D Employer identification number				
Г	Addre	GOODWIN COLLEGE FOUNDATION, INC.				
┌	Name		_		06-15	99388
┌	Initial return		06-1599388			
Ē	Final	ONE RIVERSIDE DRIVE (860) 528-4111				
_	termin ated Amen	, i i i i i i i i i i i i i i i i i i i	G	ross receip	ta\$	3,944,579.
느	return	EAST HARTFORD, CT 00116	H(a) Is this a	a group re	tum
L	Applic tion pendi	no I		for sub	ordinates'	? Yes 🗶 No
_		SAME AS C ABOVE	Н(ь	Ave all sui	pordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No,"	attach a	list. (see instructions)
		te: N/A				number 🕨
	ert I	organization: Corporation Trust Association Other Summary	Year of fore	nation: 2	000 N	State of legal domicile; CT
. 2:						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULI				
Ě	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than	25% of i	ts net ass	ets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	*********		3	12
<u>ن</u> حد	4	Number of independent voting members of the governing body (Part VI, line 1b)	***********		4	9
e S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	***********		5	0
ž	6	Total number of volunteers (estimate if necessary)	***********	,	6	0
Ä	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			7ь	. 0.
	۱ ۵	Contibutions and musta (Dr. AMILL)	P	rior Yea		Current Year
Š	8	Contributions and grants (Part VIII, line 1h)	ļ	56	7,481.	463,956.
Revenue	10	Program service revenue (Part VIII, line 2g)		66	0.	0,
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		667,637.		584,518.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-1,292. 1,233,826.		-64,268. 984,206.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	1,23	0.	0.
		Donastin maid to an formanabase (Donath) and the second (ALC) and		0.		0.
en.	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	Č. L. SZG			
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,06	8,629.	702,082,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,06	8,629.	702,082.
	19	Revenue less expenses. Subtract line 18 from line 12		16	5,197.	282,124.
58	20 21 22		Beginnin	g of Curre	nt Year	End of Year
Sets	20	Total assets (Part X, line 16)		10,82	9,033.	11,381,185.
AB	21	Total liabilities (Part X, line 26)		1,67	5,581.	1,999,583.
بَجْ	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	9,15	3,452,	9,381,602.
	art,II,					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta				knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has an	y knowler	dge.	. <u>.</u>
c:		Signature of officer		 Date		
Sign		DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD		Date		
Her	e	Type or print name and title				
			Date		Check	PTIN
Paid Preparer		Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY CPA LORI ROTHE YOKOBOSKY CPA	06/04/	/20	ii —	
		Firm's name COHNREZNICK LLP	P 0 / 0 4 /		sell-employer	22-1478099
	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR		(2001)	s EIN 🛌	
	•	HARTFORD, CT 06103		Phon	e no.959 -	200-7000
May	the IF	S discuss this return with the preparer shown above? (see instructions)	***************************************	1 1 11011	- IIV	X Yes No
						140

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information				
Name of tax exempt organization/municipal agency:				
Address: 1 Riverside Drive East Hartford, CT 06118				
Federal Employer Identification Number:				
Program title: Insurance and Financial Services Pipeline				
Name of contact person: Rich McCarty				
860-528-4111 Telephone number:				
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?				
X Yes No				
If Yes , attach a copy of the first page of your most recent return.				
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.				

Part II — Program Information Check the appropriate description of your program: 100% credit percentage Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over; X Job training/education for persons with physical disabilities; Program serving low-income persons: Child care services; Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: The purpose of this Goodwin University Foundation Inc program is to sercure financial aid from all sources for -the purpose of supporting low income studnets in Goodwin's 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

Program start date: 12/31/2 Funds will be awarded as received	
Program completion date: 12/31/23	
The program completion date must not be more than two years fr post-project review is due to the municipality overseeing impler after program completion date for all projects receiving \$25,000	nentation no later than three months
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) <u>Tuition</u>	\$150,000
b)	
c)	
d)	
Administrative expenses - itemized description:	•
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

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

Name of municipal agency overseeing implementation of the program:	
Mailing address:	
740 Main Street, East Hartford, CT 06107	
Name of municipal liaison:	
Telephone number: 860-291-7206	
Fax number: 860-289-8394	
posullivan@easthartfordct.gov Email address:	

Post-Pro	ject Review
Is a post-project review	required for this proposal?
∑Yes	<u></u> ☐No
If Yes , date post-	-project review due:
3/31/23 if fu	nding is received
	Date

EXTENDED TO MAY 15, 2020 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.

Internal Revenue Service

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

	UMB NO. 1545-0047	
	2018	
•	Open to Public Inspection	:

<u>A</u> .	FOT U	ne 2018 calendar year, or tax year beginning JUL 1, 2018 and	ending J	UN 30, 2019	·		
В	Check i applical	C Name of organization		D Employer	identific	cation number	
	Add	ge GOODWIN COLLEGE FOUNDATION, INC.	GOODWIN COLLEGE FOUNDATION, INC.				
	Nam chan	Doing business as		1	06-15	99388	
	initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number		
	Final	n/ ONE RIVERSIDE DRIVE	THE STATE OF THE S	Liciophon		528-4111	
	termi ateci	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,944,579.			
	Ame	BASI MARIFORD, CI 00118		H(a) Is this a	aroup re		
	Appli lion	F Name and address of principal officer: DR. ETHAN FOXMAN		for subordinates? Yes X No			
_	pend	SAME AS C ABOVE				cluded? Yes No	
1	Tax-ex	cempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1		list. (see instructions)	
		ite; ▶ N/A		H(c) Group e			
K P	Form c art I	forganization: X Corporation Trust Association Other ► Summary	L Year	of formation; 20	,	State of legal domicile: CT	
	1	Briefly describe the organization's mission or most significant activities; SEE SCI	HEDULE O			· · · · · · · · · · · · · · · · · · ·	
Activities & Governance							
E	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	s net ass	ets.	
Ş	3			*******************		12	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		***************************************	4	9	
90	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		*****************	5	0	
Ĭ	6	Total number of volunteers (estimate if necessary)			6	0	
Ę	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	<u></u>		7b	0.	
				Prior Year		Current Year	
<u> </u>	8	Contributions and grants (Part VIII, line 1h)		561	7,481.	463,956.	
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		663	,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.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 0.		0.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	244.44***			0,	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,629.	702,082.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,629.	702,082.	
. "	19	Revenue less expenses. Subtract line 18 from line 12	******	165	,197.	282,124.	
ets or		77.4.1	Beg	inning of Curre		End of Year	
SSe	20	Total assets (Part X, line 16)		10,829		11,381,185.	
et P	21 22	Total liabilities (Part X, line 26)			,581.	1,999,583.	
酓	22 ort II	Net assets or fund balances. Subtract line 21 from line 20	******	9,153	,452.	9,381,602.	
fruo	COLLO	alties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ano statemel	nts, and to the b	est of my	knowledge and belief, it is	
ii uc,	COLLE	and complete. Declaration of preparer (other than officer) is based on all information of will	icit preparer i	ias any knowied	ge.		
Sign Here		Signature of officer		I Date	•		
		DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD					
1161	C	Type or print name and title	to the same of	·			
		Print/Type preparer's name Preparer's signature	TD	ate	Checik	7 PTIN	
Paid	l	LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, C	1	/04/20	if 🖰	~ L	
	arer	Firm's name COHNREZNICK LLP	<u> </u>		seif-employed	22-1478099	
-	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR		Firm's EIN > 22-1478099			
	•	HARTFORD, CT 06103		Phone	nn 959-	200-7000	
May	the I	RS discuss this return with the preparer shown above? (see instructions)		I i none		X Yes No	
				*******	• • • • • • • • • • • • • • • • • • • •		

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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:
Program title: Manufacturing Pipeline
Name of contact person: Rich McCarty
860-528-4111 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description or 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;
X_ Program serving low-income persons;
Child care services;
Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
Description of program:
The purpose of this Goodwin University Foundation Inc program is to sercure financial aid from all sources for the purpose of supporting low income studnets in Goodwin's 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
<u>.</u>

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 or	ntation no later than three months
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)	10.114.01.114.01.01.01.01.01.01.01.01.01.01.01.01.01.
b)	
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000
b)	
c)	·
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

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:
Telephone number: 860-291-7206
Fax number: 860-289-8394
posullivan@easthartfordct.gov Email address:

	Post-Pro	ject Review			
Is a post-project review required for this proposal?					
Tonas Cara	Yes	No	,		
If Yes, date post-project review due:					
	3/31/23 if fu	unding is received			
	[Date			

Form NAA-01 (Rev. 02/21) Page 4 of 5

Form 990

EXTENDED TO MAY 15, 2020 Return of Organization Exempt From Income Tax

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

Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	LOL II	e 2018 calendar year, or tax year beginning 3	UL 1, 2018 and	ending J	UN 30, 2019			
B	Check i applicat	C Name of organization	D Employer	Employer identification number				
	Addi	ge GOODWIN COLLEGE FOUNDATION, INC.	NC.					
L	Nam	Pe Uoing business as	Doing business as			06-1599388		
F	Initia retur Final	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number (860) 528-4111			
_	retur term ated							
_	Ame	tl night vingers on occas			G Gross receipts \$ 3,944,579.			
⊢	iretur Appl tion	F Name and address of principal officer; DR. ETHAN FOXMAN			H(a) Is this a group return			
Ц	nois penc	SAME AS C ABOVE	CDR, ETHAN FUAMAN			for subordinates? Yes X No		
_	T		1 ' '		uded? Yes No			
		empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1		st. (see instructions)	
			one inting	1	H(c) Group e			
	art I		ssociation Other	L Year	of formation: 20	M no	State of legal domicile; CT	
	1	Briefly describe the organization's mission or most	significant activities: SEB SC	HEDULE O	 -			
Governance								
Ē	2	Check this box if the organization disco	ntinued its operations or dispos	ed of more	than 25% of its	asse ten s	fe	
ě	3	Number of voting members of the governing body				1 1	12	
ဗိ	4	Number of independent voting members of the go		**;;***********	******************	. 4	9	
≈ 6	5	Total number of individuals employed in calendar	sear 2018 (Part V line 2a)	************	***************	5	. 0	
نة	6	Total number of volunteers (estimate if necessary)	year 2010 (r art v, inte 2a)	**		6		
Activities &	7,	Total unrelated business revenue from Part VIII, co	dump (C) line 12	**********		" 7a	0.	
ĕ	' "	Net unrelated business taxable income from Form	QQQ.T line 39	**********		7a 7b	0.	
	ऻ	THE BUILDING BESITESS TEACHER FROM TOTAL OFFI	550-1, nice 55	••••••	Prior Year			
	8	Contributions and grants (Part VIII, line 1h)		—		7,481.	Current Year 463,956.	
Ze Ee	9	Florence and the second (Post Mile E. D.)			501	0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		667		584,518.	
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c						
	12	Total revenue - add lines 8 through 11 (must equal				,826.	-64,268. 984,206.	
	13	Grants and similar amounts paid (Part IX, column (1,23.	0.		
	14	Benefits paid to or for members (Part IX, column (0.		0.	
	4-	Salaries, other compensation, employee benefits (0.		0.	
Expenses	150					0.	0.	
ě	IVa	Total fundraising expanses (Part IX, Column (A), I	fessional fundraising fees (Part IX, column (A), line 11e) al fundraising expenses (Part IX, column (D), line 25)				<u> </u>	
ă	17	Other expenses (Part IV solume (A) lines 11s 11d	115040	- 675-	1 066	620	702 002	
	18	Other expenses (Part IX, column (A), lines 11a-11d Total expenses. Add lines 13-17 (must equal Part I	Y column (A) fine (C)	·····	1,068,629.		702,082.	
	19	Revenue less expenses. Subtract line 18 from line				,197.		
5		nevenue less expenses. Subtract line 1a front line	12				282,124.	
ets o		Total assets (Part X, line 16)		DE	ginning of Curre		End of Year	
255	21	Total Enhitting (Dark V. Kan CC)	••••••		10,829		11,381,185.	
<u> </u>	21 22	Net assets or fund balances. Subtract line 21 from	E 20			,581. ,452.	1,999,583.	
P	art II	Signature Block	line 20		3,13	, 404.	9,381,602.	
		lities of perjury, I declare that I have examined this return,	including accompaning schoolules	and stateme	nto and to the b			
		ct, and complete. Declaration of preparer (other than office					nowieuge and beiter, it is	
.,00	, 00.10	L Complete. Decimation of preparat (ethal aight ethal	si) is based on an internation of wil	iicii piepaiei i	nas any knowieu	ye.		
Sign		Signature of officer			Date			
_		DR. ETHAN FOXMAN. CHAIRMAN OF THE BOARD						
Here DR. BTHAN FOXMAN, CHAIRMAN OF THE BOARD Type or print name and title								
		Print/Type preparer's name	Oronararia cianatura	In	ate	Check] PTIN	
Paid		LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY, C		5/04/20	il	- [
Preparer Use Only		Firm's name COHNREZNICK LLP	Post Morning townsbooks, C	pe		Self-employed	P01273422 22-1478099	
		Firm's address 350 CHURCH STREET, 12TH	FLOOR		Firm's	EIN 🕨	27-74/0033	
Jac	J.1.13	HARTFORD, CT 06103			DL	2050	•007600	
Mar	the I	RS discuss this return with the preparer shown abo	ve? (eas instructions)		Pnone	110.2224	X Ves No	
.vict		na annuae nae actual mari DR DRUMER SHOWN 200						

Heacl Form

Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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		
860-528-4111 Telephone number:		
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?		
X Yes No		
If Yes , attach a copy of the first page of your most recent return.		
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.		

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage Energy conservation: or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities; Program serving low-income persons; Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: The purpose of this grant application is to purchase and install energy efficient windows, insulation and other -equipment in the Goodwin University buildings in East Hartford, and its affiliated buildings. According to current design plans, the current cost is estimated to be well in excess of \$150,000. Need for program: Goodwin University's current campus is located in buildings that are more than 50 years old. These buildings -have terrible energy efficiency. Many walls are not insulated, and the windows constantly leak air. This project would provide the efficiency to retrofit various parts of the campus for much greater energy efficiency. Neighborhood area to be served: East Hartford Plan to implement the program: Rich McCarty, VP, Advancement - Overall administrator fo the grant including matching funds received. Brvant Harrell, VP, Facilities and IT, Goodwin University - oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

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 post-project review is due to the municipality overseeing implementation after program completion date for all projects receiving \$25,000 per section of the projects received by \$25,000 per section of the project	nentation no later than three months
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)	4
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford
Mailing address:
Name of municipal liaison: Paul O'Sullivan 860-291-7206 Telephone number:
Fax number: posullivan@easthartfordct.gov Email address:

Post-Proj	ect Review	
Is a post-project review r	required for this proposal?	
⊠Yes	No	
If Yes, date post-project review due:		
3/31/23 if fun	ding is received	
D	ate	

EXTENDED TO MAY 15, 2020

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

			JL 1, 2018 and	ending J	אנ 30, 201	9	
В	Check if applicable	le:			D Employe	r identif	fication number
	Address GOODWIN COLLEGE FOUNDATION, INC.						
<u> </u>	Name change Doing business as .				06-1	.599388	
]initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number		
]Final return∕ termin-	ONE RIVERSIDE DRIVE	·		(860) 528-4111		
	ated □Amend	City or town, state or province, country, and EAST HARTFORD, CT 06118	ZIP or foreign postal code		G Gross receipts \$ 3,944,579		
\vdash	_ireturn TiApplice		MILLY BOULLY		H(a) is this		
_	ition pending	F Name and address of principal officer: DR. I	THAN FORMAN	,			s?Yes 🗓 No
							included? Yes No
				or <u>527</u>			a list. (see instructions)
		n: ► N/A					on number
		organization: X Corporation Trust As	sociation Other >	L Year o	of formation: 2	000	M State of legal domicile: CT
ŖC	سانست						
Activities & Governance	1 6	Briefly describe the organization's mission or most	significant activities: SEE SCE	EDULE O			
Ē	2 (Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	ed of more	than 25% of i	s net as	sets.
Š		lumber of voting members of the governing body					1
ğ		lumber of independent voting members of the gov		*******	* ************	··· 4	
eg S	5 7	otal number of individuals employed in calendar y	ear 2018 (Part V. line 2a)	*************	*********	5	
iệ	6 1	otal number of volunteers (estimate if necessary)		*************	***********	··· 6	
Ç.	7a 1	otal unrelated business revenue from Part VIII, col	umn (C), line 12	***************	***************	7a	0
⋖	b N	let unrelated business taxable income from Form	990·T. line 38	***********	***********	7b	
					Prior Yea		Current Year
	8 (Contributions and grants (Part VIII, line 1h)	***************************************			7,481.	463,956
n			***************************************			0.	0
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		66	7,637.	
Œ		1			-1,292.		
	12 7	otal revenue - add lines 8 through 11 (must equal	Part VIII. column (A) line 12)	*****	1,233,826.		984,206
		grants and similar amounts paid (Part IX, column (0.	0
		senefits paid to or for members (Part IX, column (A		ſ	0.		0
w		alaries, other compensation, employee benefits (F			0.		0.
Expenses		Professional fundraising fees (Part IX, column (A), ti				0.	0.
per	ьТ	otal fundraising expenses (Part IX, column (D), line	25)	0.		N - 7 - 7 - 1	
鱼		other expenses (Part IX, column (A), lines 11a-11d,				8,629.	100 T
ı	18 T	otal expenses. Add lines 13-17 (must equal Part I)	C. column (A), line 25)			8,629.	· · · · · · · · · · · · · · · · · · ·
		levenue less expenses. Subtract line 18 from line				5,197.	· · · · · · · · · · · · · · · · · · ·
ts or					inning of Curre		· · · · · · · · · · · · · · · · · · ·
뚌뎔	20 T	otal assets (Part X, line 16)				9,033.	11,381,185
劉	21 T	otal liabilities (Part X, line 26)			·····	5,581.	1,999,583
碧	20 T 21 T 22 N	let assets or fund balances. Subtract line 21 from	line 20		9,15	3,452.	9,381,602
Pa	rt II	Signature Block			·		'
Unde	r penalt	ies of perjury, I declare that I have examined this return,	including accompanying schedules	and statemer	nts, and to the l	est of my	v knowledge and belief, it is
rue,	correct,	and complete. Declaration of preparer (other than office	r) is based on all information of whi	ich preparer t	ias any knowlei	doe.	,,,
Sign		Signature of officer			Date		
Hero	•	DR. ETHAN FOXMAN, CHAIRMAN OF THE	BOARD				
		Type or print name and title					
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check	PTIN
		ORI ROTHE YOKOBOSKY, CPA	ORI ROTHE YOKOBOSKY, CI	PA 06	/04/20	il sell-employ	red P01273422
Prep	arer	Firm's name COHNREZNICK LLP			Firm'	s EIN 🛌	22-1478099
Use (Only	Firm's address 350 CHURCH STREET, 12TH	PLOOR				
		HARTFORD, CT 06103			Phon	e no.959	-200-7000
May	May the IRS discuss this return with the preparer shown above? (see instructions)						

HESELI VIIII

Municipality: East Hartford



Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information
Name of tax exempt organization/municipal agency:
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
860-528-4111 Telephone number:
Email address:rmccarty@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \frac{150,000}{2}
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information Check the appropriate description of your program: 100% credit percentage Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities: Program serving low-income persons; Child care services; Establishment of a child day care facility: Open space acquisition fund; or Other (specify): Description of program: The purpose of this Goodwin University Foundation Inc program is to sercure financial aid form all sources for -the purposes of supporting low income studnets at Goodwin Unviersity the students identified at or near the federal poverty line, and are often current or former TANF recipients. This program is designed to accept individuals referred by our local and refer them to the private and non-private social services agencies. The students are assessed for basic skill and aptitude and refer them to appropriate training programs offered at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses. Need for program: East Hartford continues to experience a painful period of unemployment, punctuated by a growing social -services casesload. At the same time job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or under employed. Neighborhood area to be served: East Hartford Plan to implement the program: Goodwin University Foundation - Training in vocational areas and ESL CT registration # or SSn 1690874-000

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 post-project review is due to the municipality overseeing impleafter program completion date for all projects receiving \$25,0	ementation no later than three months
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

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison:
Telephone number:
Fax number:
posullivan@easthartfordct.gov Email address:

Post-Projec	ct Review
Is a post-project review red	quired for this proposal?
⊠Yes	No
If Yes , date post-pro	oject review due:
3/31/23 if funding	ng is received
Date	

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 Check if C Name of organization D Employer identification number GOODWIN COLLEGE FOUNDATION, INC. Doing business as 06-1599388 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return ONE RIVERSIDE DRIVE (860) 528-4111 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,944,579, EAST HARTFORD, CT 06118 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR. ETHAN FOXMAN for subordinates? ____ Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes 1 Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 2000 M State of legal domicile; CT Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 17a ٥. b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 567,481, 463,956. Revenue Program service revenue (Part VIII, line 2g) 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. 1,233,826. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 984,206. 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. ٥. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ٥. ٥. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,068,629, 702,082. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,068,629. 702,082. Revenue less expenses. Subtract line 18 from line 12 165,197. 282,124. **Beginning of Current Year** End of Year Assets (Halano 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. 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. Signature of officer Sign Date DR. ETHAN FOXMAN, CHAIRMAN OF THE BOARD Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check PTIN LORI ROTHE YOKOBOSKY, CPA Paid LORI ROTHE YOKOBOSKY, CPA 06/04/20 P01273422 Firm's name COHNREZNICK LLP Preparer Firm's EIN 22-1478099 Firm's address > 350 CHURCH STREET, 12TH FLOOR Use Only HARTFORD, CT 06103

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

Phone no. 959 - 200 - 7000

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part I — General Information
Name of tax exempt organization/municipal agency:
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
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% cre	dit percentage
X	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	it percentage
	Job training/education for unemployed persons aged 50 or over;
	Job training/education for persons with physical disabilities;
	Program serving low-income persons;
	Child care services;
	Establishment of a child day care facility;
	Open space acquisition fund; or
	Other (specify):
The purpo include gre	on of program: se of this grant application if to purchase and install energy efficient building system. The systems seen roof structures, solar projects, alternative energy generation in storage, and other projects. All as are planned for magnet school facilities and other campus buildings.
•	
-enhancem	orogram:
•	
parameter and an analysis of the second	
•	nood area to be served:
East Hartfo	ord .
_	
•	
Plan to im	plement the program:
matching a Bryant Ha	ews, VP, Economic and Strategic Development - overall administration of the grant including all funds received. A specific project request as envisioned in this project. rrell, VP, Facilities and IT - Oversight of the contracts and contractors who will perform the redesign ation of this project.
•	

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 fron post-project review is due to the municipality overseeing impleme after program completion date for all projects receiving \$25,000 c	ntation no later than three months
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)	MARKET
b)	
c)	
d)	•
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	· ·
 a) Solar and other energy efficient programs b) 	\$150,000
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison:
Telephone number:
860-289-8394 Fax number:
Email address: posullivan@easthartfordct.gov

Post-Proje	ect Review
Is a post-project review required for this proposal?	
∑ Yes	No
if Yes , date post-p	project review due:
3/31/23 if fund	ding is received
Da	ate

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury

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.

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

OMB No. 1545-0047

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, Check if C Name of organization D Employer identification number GOODWIN COLLEGE MAGNET SCHOOLS INC. Name change Doing business as 81-0703802 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ ONE RIVERSIDE DRIVE 860-727-6906 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 15,695,914. Amended return EAST HARTFORD, CT 06118 H(a) Is this a group return Applica-F Name and address of principal officer: MARK SCHEINBERG for subordinates? Yes X No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 597 If "No," attach a list. (see instructions) J Website: ► WWW.GOODWIN.EDU H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 2015 M State of legal domicile: CT Part I Summary 1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS Governance INC. OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) б Number of independent voting members of the governing body (Part VI, line 1b) 3 4 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 8' Contributions and grants (Part Vill, line 1h) 10,280,218. 9,298,003. 9 Program service revenue (Part VIII, line 2g) 4,947,297. 5,409,696. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 6,000. 14,245,300. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,695,914. 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. 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) 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. 192,698. 19 Revenue less expenses. Subtract line 18 from line 12 175.641. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,583,847. 4,482,584. 21 Total liabilities (Part X, line 26) 2,327,884. 2,033,<u>923</u>. 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. Signature of officer Date Sign MARK SCHEINBERG, PRESIDENT Here Type or print name and title Date Print/Type preparer's name PTIN Preparer's signature Paid LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 06/04/20 P01273422 Preparer Firm's name COHNREZNICK LLP Firm's EIN > 22-1478099 Firm's address 350 CHURCH STREET, 12TH FLOOR Use Only HARTFORD, CT 06103 Phone no. 959-200-7000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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
860-528-4111 Telephone number:
Email address:tandrews@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \frac{150,000}{250,000}
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

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 completion.	entation no later than three months
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)	AND STATE OF THE S
b)	····
c)	
d)	
Total Funding:	\$150,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000
b)	
c)	····
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

Part IV — Municipal Information

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

Name of municip	al agency overseeing implementation of the program:
Mailing address:	
	t, East Hartford, CT 06107
Name of municipal	Paul O'Sullivan al liaison:
Telephone number	860-291-7206 er:
Fax number:8	60-289-8394
Email address: _	posullivan@easthartfordct.gov

Post-Proj	ect Review
Is a post-project review	required for this proposal?
Yes	□No
If Yes , date post-	project review due:
3/31/23 if fu	nding is received
D	eate

EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning $$ JUL $1,$ 2018 $$ and ending	JUN 30, 2019		
В	Check if applicab	C Name of organization	D Employer identifi	· · · · · · · · · · · · · · · · · · ·	
Address change		* [GOODWIN COLLEGE MAGNET SCHOOLS INC.	_		
Ļ	Name Chang	• Doing business as	81-0	703802	
Initial return		Number and street (or P.O. box if mail is not delivered to street address) ONE RIVERSIDE DRIVE		727-6906	
	termi: sted	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,695,914.	
	Amen	ded EAST HARTFORD, CT 06118		H(a) Is this a group return	
L	Applic tion pendi	na		? Yes X No	
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)	
		te: > WWW.GOODWIN.EDU	H(c) Group exemption		
	orm of	organization: X Corporation	fear of formation: 2015	A State of legal domicile; CT	
6 1	1	Briefly describe the organization's mission or most significant activities: GOODWIN	COLLEGE MAGNE	r SCHOOLS,	
Activities & Governance		INC. OPERATES AND MANAGES EDUCATIONAL SERVICE			
Ë	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	sets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	
ن مح	4	Number of independent voting members of the governing body (Part VI, line 1b)	······ 4	3	
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0	
vit	6	Total number of volunteers (estimate if necessary)	6	0	
ĄĊ	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	Ь	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
	_	A	Prior Year	Current Year	
ě		Contributions and grants (Part VIII, line 1h)	9,298,003.	10,280,218.	
Revenue		Program service revenue (Part VIII, line 2g)	4,947,297.	5,409,696.	
Æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,000.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,300.	15,695,914.	
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	45	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
SeS	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	gan and equipment on any	0.	
찞	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.	
56	<u>"</u>	ACTION 1655 EXPONSES. CUDITAGE TO HOLL BILE 12	Beginning of Current Year		
ets	20	Total assets (Part X, line 16)	4,583,847.	End of Year 4,482,584.	
SS	21	Total liabilities (Part X, line 26)	2,327,884.	2,033,923.	
Net I		Net assets or fund balances. Subtract line 21 from line 20	2,255,963.	2,448,661.	
Pa	irt III.	Signature Block	_,,	2/220/0020	
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	lements, and to the best of my	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.		
				<u> </u>	
Sign Here		Signature of officer	Date		
		MARK SCHEINBERG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Preparer		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY	Z 06/04/20 sell-emptoys		
		Firm's name COHNREZNICK LLP	Firm's EIN ▶	22-1478099	
Use	Unly	Firm's address 350 CHURCH STREET, 12TH FLOOR			
		HARTFORD, CT 06103	Phone no. 9 5 !	9-200-7000	
		S discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No	
63200	1 12-31	-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2018)	

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

Part I — General Information

Print Form

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Name of tax exempt organization/municipal agency:
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 860-727-6937 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?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage X Energy conservation: or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities; Program serving low-income persons: Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: The purpose of this grant application is to purhoase and install energy efficient building systems for all of -Goodwin University and its affiliate builings. The systems include new windows, new insulated roofing, new wall insulation and new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut. Need for program: The current building budgets do not include funds to provide higher energy efficiences. While these -enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost. Neighborhood area to be served: East Hartford Plan to implement the program: Todd Andrews, VP, Economic and Strategic Development - Overall administration of the grant including matching funds received to specific project requests as envisioned in this project. CT tax Registration # 81-070355 Bryant Harrell - VP, Facilities and IT - Oversight of the contract and contractors who will perform the redesign and installation of this project.

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per program completion date for all projects receiving \$25,000 per program completion date must not be more than two years from the program completion date must not be more than two years from the projects receiving \$25,000 per projects receiving \$25,0	entation no later than three months
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
energy efficient windows, roofing and wall systems	<u> </u>
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Mailing address:
740 Main Onces, East Harriott, O'r 00107
Name of municipal liaison:
Telephone number:
Fax number: 860-289-8394
posullivan@easthartfordct.gov Email address:

Post-Project Review
Is a post-project review required for this proposal?
∑Yes
If Yes , date post-project review due:
3/31/23 if funding is received
Date

efile GRAPHIC print - DO NOT PROCESS As Filed Data

DLN: 93492134040259

Form 990-EZ

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)

2017

OMB No 1545-1150

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number ☐ Address change GREAT RIVER LAND TRUST INC ☐ Name change 45-4128786 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return ONE RIVERSIDE DRIVE ☐ Final return/terminated (860) 727-6906 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return EAST HARTFORD, CT 06118 F Group Exemption ☐ Application pending 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: NA 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses b 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) бb Less direct expenses from gaming and fundraising events бc Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances ... Ь Less cost of goods sold 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 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 Total expenses. Add lines 10 through 16 17 17 209,913 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -209,913 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 204.647 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 Net assets or fund balances at end of year Combine lines 18 through 20 21 -5,266

Municipality: Town of East Hartford



Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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?
X Yes No
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

rart ii — r Togram 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:
Plan to implement the program: Habitat will build two new houses on Chester and Forbes Street during the plan year. All of the energy

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.

Program start date: May 2021	
Program completion date: March 2022	
The program completion date must not be more than two years post-project review is due to the municipality overseeing impafter program completion date for all projects receiving \$25,0	lementation no later than three months
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	75,000
Other funding sources - itemized sources:	
a) HUD SHOP	30,000
b) Business and Foundations	285,000
c) Gifts-in-kind	70,000
d) Habitat Investment	250,000
Total Funding:	710,000
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Land Acquisition and Site Development	170,000
b) Construction	325,000
c) Energy Conservation	75,000
d) Closing Costs	20,000
Administrative expenses - itemized description:	
a) Administrative Expenses	120,000
b)	
c)	
d)	
Total Proposed Expenditures:	710,000

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:						
Town of East Hartford 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-Proje	ect Review	
ls a post-r	oroject review re	equired for this pro	posal?
	∑Yes	No	
lf Y	′es , date post-p	oroject review due:	
	Septem	ber 2022	
•	Da	ate	

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public inspection

Go to www.irs.cov/Form990 for instructions and the latest information. and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019

В	Check if	C Name of organization	D Employer identification number					
_		* WARMEDOND AND WARDEN TOO WINGANTON TA	TC:					
chang			NC.	**_1	***304	a		
┝	Mame change initial return		Room/suite	E Telephon				
누			Unnit # # prints		-541-2	208		
L	Final Helum/ termin	P.O. BOX 1933		G. Gross recel		4,683,744.		
_	aled Amend return	City of town, state of province, country, and zim of toreign postal code						
\vdash	iretum Applica tion	MARTICAL, CT UVIA			H(a) is this a group return for subordinates?Yes X No			
<u></u>	ition pendin			UIVEL	H(b) Are all subordinates included? Yes No			
	.	SAME AS C ABOVE mot status: X 501(c)(3)	or 527			at. (see instructions)		
			3 321	H(c) Group				
4	Webail	e: WWW. HARTFORDHABITAT. ORG	1 Vant	I file) Group	007	State of legal domicile; CT		
		organization: X Corporation Trust Association Other ► Summary	11. 7947	us torression	L 30 / N	State of least conficile, C. I.		
		Briefly describe the organization's mission or most significant activities: <u>HART</u>	ZODD 3	DES US	TTAT	ROB.		
8	1	Briefly describe the organization's mission of most significant activities: <u>marking</u> COMMANITY IS DEDICATED TO STRENGTHENING COMMANITY	NUNUTATE	יתנו משמע ים סקדתי	A MANDU	WPDTNC		
Activities & Governance								
į		Check this box if the organization discontinued its operations or dispos			1 _ 1	17		
á		Number of voting members of the governing body (Part VI, line 1a)				17		
4		Number of independent voting members of the governing body (Part VI, line 1b)				30		
3		Total number of individuals employed in calendar year 2019 (Part V, line 2a)				2000		
3	6	Total number of vokinteers (estimate if nacessary)			*****			
3		Total unrelated business revenue from Part VIII, column (C), line 12			·····	0.		
	b	Net unrelated business taxable income from Form 990-T, line 39						
	١			Prior Yes	.431.	1 . 491 . 010 .		
5	8	Contributions and grants (Part VIII, line 1h)				2.723.423.		
Revenue	9	Program service revenue (Part VIII, line 2g)			.847. .525.	3,141.		
٤	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)				432,549.		
	111	Other revenue (Part VII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			874.			
	***************************************	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,983		4,650,123.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		1 200	0.			
-	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,370		1,331,555.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.			
Ŕ	þ.	Total fundraising expenses (Part IX, column (D), line 25) 188, 3		0.014	FCC	2 426 255		
	177	Other expenses (Part IX, column (A), lines 11s-11d, 11f-24e)		2,814		<u>3,436,355.</u>		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.,	4.185		4.767.910.		
		Revenue less expenses. Subtract line 18 from line 12		,339.	<u>-117,787.</u>			
Net Assets or	Š		ginning of Cur		End of Year			
22	20	Total assets (Part X, line 16)		10,189		10,119,870.		
£	21	Total Habilities (Part X, Ine 26)		1.438		1.487.082.		
		Net assets or fund balances. Subtract line 21 from line 20		8.750	, 2 / 2 .	8,632,788.		
		Signature Block						
		ities of perjury, I declare that I have examined this return, including accompanying schedule				Kuomisa de su a psiist' it iz		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nch preparer	nas any know	leage.			
		Characters of affines		Date				
\$ign								
He	re	KARRAINE MOODY, CHIEF EXECUTIVE OFFIC: Type or or int name and title	KK					
			·····	Date	Check	PTIN		
		Print/Type preparer's name Preparer's signature]'	J-10	if	¹		
Pai		EDWARD SULLIVAN		E'_	and empisys	<u> 1200579546</u> **-***3326		
	PATET	Firm's name WHITTLESEY PC		1 11111	1's EIN 🛌 '			
UBG	Oaly	Firm's address 280 TRUMBULL ST 24TH FL		n.	na na P C 1	0.522.3111		
_		HARTFORD, CT 06103		I PRO	ins no. o o t			
Ma	r the li	35 discuss this return with the preparer shown above? (see instructions)	*********		***********	X Yes No		

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

Part i — General Information
Name of tax exempt organization/municipal agency:
Address: 745 Burnside Avenue East Hartford, CT 06018
Federal Employer Identification Number: 06-1349947
Program title: Energy Conse <i>rvat</i> ion Project
Name of contact person: Victor Lopez
203-558-5438 Telephone number:
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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities: Program serving low-income persons; Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): _____ Description of program: 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

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 fit post-project review is due to the municipality overseeing imple after program completion date for all projects receiving \$25,00	mentation no later than three months
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

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: Town of East Hartford						
Mailing address:						
740 Main Street, East Hartford, CT 06107						
Name of municipal liaison:						
Telephone number:						
Fax number:						
posullivan@easthartfordct.gov Email address:						

Post-Project	Review
Is a post-project review requ	
⊠Yes	∏No
If Yes , date post-pro	iect review due:
3/31/23 if funding	
Date	

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

DLN: 93493026006000

Form 990 *****

Denorment of the

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Treas				ov/Form990 for instructions and the	latest info	ormation.		Open to Public Inspection
		enue Service le 2019 c		ning 07-01-2018 , and ending 06-	0.2010			<u> </u>
		pplicable	C Name of organization	ming or or 2020 7 and chang ou-	10-2029	D Empioyer	denti	fication number
_	Address change HISPANIC COALITION OF GREATER WATERBURY INC			ı	1			
	ame ch	-	Doing business as			06-134993	17	
	iital re	iturn m/tennmated	boning business as					
_		d return	Number and street (or P O box if it	ail is not delivered to street address) Room/s	uite	E Telephone n	umbei	
□ Ap	plicati	on pending	135 EAST LIBERTY STREET			(203) 754-	6172	
			City or town, state or province, cou	ntry, and ZIP or foreign postal code				
			WATERBURY, CT 06706			G Gross receip	ts \$ 1	,312,870
			F Name and address of principa	i officer	H(a) Is	this a group return	n for	
			VICTOR LOPEZ 135 EAST LIBERTY STREET		1	ibordinates?		□Yes ☑No
			WATERBURY, CT 06706			e all subordinates cluded?		□ Yes □No
[Ta	x-exer	mpt status	☑ 501(c)(3) ☐ 501(c)() ◀	(insert no.) 4947(a)(1) or 527	E .	"No," attach a list	(see	
W	ebsit	te:► WW	W THEHISPANICCOALITION ORG			oup exemption nu		
								
К Гоп	m of o	rganization	Corporation Trust Asso	ciation 🔲 Other 🕨	L Year of fo	ormation 1991 M	State	of legal domicile CT
						<u>_</u>		
-	art I	Sum	mary cribe the organization's mission o					<u> </u>
	1	THE ORGA	INIZATION'S PRIMARY PURPOSE 1	F MOST SIGNIFICANT ACTIVITIES S TO PROVIDE ADVOCACY, COLLABORA	TION AND C	REATION OF SELE	-505	TAINING ENTITIES
e Ç] 3	TO ENHAN	ICE THE WELL BEING OF THE HIS	PANIC COMMUNITY				
Ē	1 :				·			-
= =	-							
ş	2	Check this	s box > 🗖 if the organization dis	continued its operations or disposed of r	nore than 2	.5% of its net asse	ts	
ACHAILES & GOVERNAIKE	3	Number o	of voting members of the governing	g body (Part VI, line 1a)		•	3	12
ŝ				the governing body (Part VI, line 1b)		• •	4	12
Ě	1			lendar year 2018 (Part V, line 2a) 🔒 .			5	46
<u> </u>			nber of volunteers (estimate if neo				6	0
•				VIII, column (C), line 12		•	7a	O
	b	Net unrela	ated business taxable income from	n Form 990-T, line 34 ,			7Ь	0
				·		Prior Year		Current Year
3			ions and grants (Part Vill, line 1h)			357,993		583,571
Ravenue		9 Program service revenue (Part VIII, line 2g)				627,713		703,479
å	1		nt income (Part VIII, column (A), i		ļ	0		0
			enue (Part VIII, column (A), lines !	•	<u> </u>	2,845		15,533
	_			st equal Part VIII, column (A), line 12)		988,551		1,302,583
			d similar amounts paid (Parl IX, c			0		0
				lumn (A), line 4)		0		0
enses			other compensation, employee benefits (Part IX, column (A), lines 5–10)			629,106		820,108
Ë				nn (A), line 11e)		0		0
និ			aising expenses (Part IX, column (D), I		ļ			
_			enses (Part IX, column (A), lines :		<u> </u>	311,123		373,053
			enses Add lines 13–17 (must equ			940,229		1,193,161
, in	123	vezaune	ess expenses Subtract line 18 fro	om line 12	4	48,322		109,422
Fund Balances					Reginni	ing of Current Year		End of Year
25	20	Total asse	ets (Parl X, line 16)			325,605		537,987
Ę.	ı		lities (Part X, line 26)		<u> </u>	94,705		197,665
2	ł		s or fund balances. Subtract line 2			230,900		340,322
	rt II	Signa	iture Block					
Inder	pena	ities of pe	rrury, I declare that I have exami	ned this return, including accompanying	schedules a	and statements, ar	nd to	the best of my
ny ki	nowie	dge	, it is true, correct, and complete	Declaration of preparer (other than office	er) is basei	d on all information	n of w	hich preparer has
		ls.						
		Signatur	re of officer			2020-01-20		
ign Iera		<u> </u>			ı	Date .		
lere	•		LOPEZ EXECUTIVE DIRECTOR print name and btle					
		<u> </u>		Described and the second secon				·
)~:-			int/Type preparer's name				69D50	. —
aic	-	Fir	rm's name > ZACKIN ZIMYESKI SULI	IVAN CPA'S LLC		self-employed		
	pare	. <u> </u>				Firm's EIN ► 06-1438	6U0	
126	Onl	Fir	rm's address > 1 EXCHANGE PLACE 6TO		7	Phone no (203) 753-	2200	
			WATERBURY, CT 0670	21391				
lay ti	he IRS	5 discuss t	this return with the preparer show	n above? (see instructions)			Mv.	es DNo

Municipality: Town of East Hartford



Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information
Check the appropriate description of your program:
100% credit percentage
Energy conservation; or
Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% credit percentage
Job training/education for unemployed persons aged 50 or over;
Job training/education for persons with physical disabilities;
Program serving low-income persons;
Child care services;
Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
Description of program:
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.

Program start date: 11/1/2021	
Program completion date: 12/31/2022	
The program completion date must not be more than two years post-project review is due to the municipality overseeing implafter program completion date for all projects receiving \$25,0	ementation no later than three months
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)	<u> </u>
b)	
c)	
d)	
Total Funding:	
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Salaries	\$90,000.00
b) Fringe	\$48,000.00
c) Supplies	\$12,000.00
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

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

Post-Project Review
Is a post-project review required for this proposal?
∑ Yes
If Yes , date post-project review due:
3/31/2022
Date

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, D Employer identification number В Check if applicable: C Name of organization Address change INTERCOMMUNITY, INC. **-***4809 Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (860)291-1350 Final return/ 111 FOUNDERS PLAZA, SUITE 1802 26,742,126. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended EAST HARTFORD, CT 06108 H(a) is this a group return Applica-tion pending F Name and address of principal officer: JEFFREY HUGHES ່Yes ເX່No for subordinates? H(b) Are all subordinates included? Yes SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ► WWW.INTERCOMMUNITYCT.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Other L Year of formation: 1977 M State of legal domicile: CT Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE LIVING WITH Governance MENTAL ILLNESS AND ADDICTION DISORDERS IMPROVE THEIR QUALITY OF LIFE Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 410 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 **Current Year Prior Year** 12,214,497. 11,037,845. Contributions and grants (Part VIII, line 1h) Revenue 13,235,239. 14,356,174. Program service revenue (Part VIII, line 2g) 51,989. 112,724. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -433.228,886. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,682,962. 24,553,959 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 18,296,223. 19,894,572. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Mark the second A Some of the second second b Total fundraising expenses (Part IX, column (D), line 25) 5,873,105. 6,605,299.

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, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of which prepare	er has any knowle	dge.
Sign Here	Signature of officer JEFFREY HUGHES, CFO Type or print name and title		Date	
Paid	Print/Type preparer's name LISA WILLS	Preparer's signature	Date	Check PTIN If self-emoloyed P01828548
Preparer	Firm's name WHITTLESEY PC		Firm's	s EIN **-***3326
Use Only	Firm's address 280 TRUMBULL ST, HARTFORD, CT 061		Phon	e no.(860) 522-3111
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	······	X Yes No

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

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances, Subtract line 21 from line 20

Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

Form 990 (2018)

26,499,871.

3,946,574.

5,977,449.

End of Year 9,924,023.

183,091.

24,169,328.

8,439,479.

2,645,121.

5,794,358

Beginning of Current Year

384,631

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

Reset Form



Municipality: East Hartford

Form NAA-01

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
The LEARN Project Inc
Address: 44 Hatchetts Hill Road Old Lyme, CT 06371
Federal Employer Identification Number: 02-0635478
Program title: Magnet Schools Energy and Conservation Project
Name of contact person: Eileen Howley
860-434-4800 Telephone number:
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
If Yes, attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% cred	dit percentage
X	Energy conservation; or
	Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% credi	t percentage
The second secon	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):
.	n of program:
projects, al current ma Magnet Sc and the Riv	application is to purchase and install energy efficient building systems; green roof structures, solar ternative energy generation and storage and other projects. All these systems are planned for gnet school facilities. hool facilities include the CT River Academy (CTRA) high school, Inter-distrcit Magnet high school verside Inter-district Magnet elementary school (RMS) whih are both located on the Goodwin campus. Both of these magnet schools are managed by LEARN.
	t buildling budget does not include funds to rpovide higher energy efficiences. While these ents will save the institution money throughout the life of the building, additional funds are needed to
_	ood area to be served:and RMS magnet schools serve students from Hartford, East Hartford and surrounding es.
Plan to imp	plement the program:
	N Project Inc - management of the grant.
	RMS - LEARN - project coordination niversity Magnet Schools Inc - Project management including mathcing all funds received to
specific pro	ject requests as envisioned in this project.
	niversity Inc - Bryant Harrell, VP, Facilities and IT - Oversight of the contracts and contractors who in the redesign and installation of this project.

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 post-project review is due to the municipality overseeing implementation date for all projects receiving \$25,000 completion.	entation no later than three months
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

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:			
Mailing address:			
740 Main Street, East Hartford, CT 06107			
Name of municipal liaison: Paul O'Sullivan			
Telephone number:			
Fax number: 860-289-8394			
posullivan@easthartfordct.gov Email address:			

	Post-Pro	ject Review
ls a	a post-project review	required for this proposal?
	∑Yes	No
	If Yes , date post	-project review due:
	3/31/23 if fu	unding is received
		Date

Form 990EZ

Department of the

Treasury

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)

2018

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990F7 for the latest information

Open to **Public**

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	_		trenue Service Total Control of the facest information	· .	_	Inspection
Address change Nemer change N				19		
Name change					D Emplo	oyer identification number
Internal return/terminated Anneled return Anneled return Applications produced Copy 44 HANCHET'S HILL ROAD			change	02-0635478		
Description of town, size or province, country, and ZIP or foreign postal code Code Cod		Number and street (or P O box, if mail is not delivered to street address) Room/suite 44 HATCHETTS HILL ROAD			E Teleph	one number
G.D.LYME, CT 06371 F. Group Examption Number Composition F. Group Examption Number F. Group Examption Number F. Group Examption Number F. Group Examption Number F. Group Examption F. Group Examption Number F. Group Examption F. Group Examp	_		City or hours, choke an extraction and 770 of the control of the c			(860) 434-4800
GAccounting Method Cash B/Accrusi Other (specify)			OLD LYME, CT 06371			
Website: Purw	_	Аррисс			Numbe	er ▶
TWebstete Pwww Learnet Nacrous The National Policy The Natio			re (F	quired t	o attach	Schedule B
K Form of organization			te: NWW LEARN K12 CT US		.,	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts 1f gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$3,354 Port 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, grifs, grants, and similar amounts received. 1 2,241 2 Program service revenue including government fees and contracts. 2 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 B						
PST I Everune_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 Contributions, gifts, grants, and similar amounts received Contributions gifts, grants, and similar amounts part of the similar gifts gifts grants and similar amounts gifts greater than inventory Contributions gifts, grants, and similar amounts part gifts greater than sits, gifts				f tatal a	to (F)
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 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 4 Gross amount from sale of assets other than inventory 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	are	\$500	,000 or more, file Form 990 instead of Form 990-EZ	rtotala		'art 11, column (B) below)
1			Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in-	truction	e for D	od 1\
Membership dues and assessments Investment income Investment income Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from gaming (attach Schedule G if greater than \$15,000) Gain of such gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Diametric paid the subtract line 10 from line 9 Diametric paid the subtract line 10 from line 9 Total expenses, Add lines 10 through 16 Diametric paid the subtract line 17 from line 9 Diametric paid the subtract line 18 through 20 Diametric paid the subtract line 20 Diametric paid the subtract line 21 from line 21 through 20 Diametric paid the subtract line 20 Diametric paid the su	-	1	Contributions, gifts, grants, and similar amounts received			
Membership dues and assessments Investment income Gross amount from sale of assets other than inventory		2			2	
Sa Since Secretary Since Secretar		3			3	
b Less cost or other basis and sales expenses		4	Investment income		4	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amount from sale of assets other than inventory			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7 b Less cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 7 total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 c Salaries, other compensation, and employee benefits 7 c Salaries, other compensation, and employee benefits 7 c Salaries, other compensation, and employee benefits 7 d Scupancy, rent, utilities, and maintenance 7 d Scupancy of deficit) for the year (Subtract line 17 from line 9) 7 d Total expenses. Add lines 10 through 16 7 d Scupancy reported on prior year's return) 8 d Scupancy reported on prior year's return) 8 d Scupancy reported on prior year's return) 9 d Scupancy rep		ь	Less cost or other basis and sales expenses	_	1	
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 (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Scherist or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Scherist or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross sprift or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (loss) from sales of inventory (Subtract line 17 from line 9) d Caross profit or (С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		- 5c	
sum of such gross income and contributions exceeds \$15,000		6	Gaming and fundraising events			
sum of such gross income and contributions exceeds \$15,000	Š	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
sum of such gross income and contributions exceeds \$15,000)	Reven	Ь	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the			
c Less direct expenses from gaming and fundraising events						
7a Gross sales of inventory, less returns and allowances		С			1	
7a Gross sales of inventory, less returns and allowances		ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6:		- 6d	
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,765		7a		-		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		ь			- 1	-
8		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		ا پر ا	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8				1 112
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits		9			-	
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765		10				
12 Salaries, other compensation, and employee benefits		11		•	+	
Professional fees and other payments to independent contractors	,	12	Salaries, other compensation, and employee benefits	•	-	541
15 Printing, publications, postage, and snipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765	350			•	-	
15 Printing, publications, postage, and snipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765	Dic.			• •	—	· ·
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765	ŭ				 	
17 Total expenses. Add lines 10 through 16	Ì			• •	1	4 704
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765			Total expanses Add lines 10 through 16	•	1	
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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 24,765	\dashv				₹	
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,765	ا ج		•	• •	18	1,112
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,765	3		· · · · · · · · · · · · · · · · · · ·			
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,765	<u>-</u>	20		• •	 	
24,765	ž			• •	 	·
	<u>ب</u> دو			• •	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.

Program start date: 12/1/2021	_	
Program completion date: 12/1/2023	_	•
The program completion date must not be more than two year post-project review is due to the municipality overseeing impafter program completion date for all projects receiving \$25	olement	ation no later than three months
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:		

Timetable:

Part IV — Municipal Information

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

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



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

IP 2015(13)

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.

RESOLUTION

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 here Town of East Hartford this day	unto set my hand and affix the corporate seal of said of June, 2021.
	Angela M. Attenello, Town Council Clerk

seal