Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:Capital Workforce Partners
Address: 417 Main Street, East Hartford, CT 06118
Federal Employer Identification Number: 06-1013293
Program title: Energy Efficient Repairs and Upgrades
Name of contact person:
Telephone number: (860) 899-3467
Email address: jboucher@capitalworkforce.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 _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: Capital Workforce has opened a new American Jobs Center in the south end of East Hartford. This center is being opened in a former bank building. Many of the mechanical and other systems are dated and need to be replaced in order for the center to remain sustainable. Need for program: Capital Workforce is the Workforce Investment Board entity that oversees job training, job search and workforce development for the capitol region as provided in federal and state DOL regulations. Neighborhood area to be served: Hartford region users of the East Hartford American Jobs Center Office.

Plan to implement the program:

correct job specs and estimates

As funds are received work will be bid and commence on the property at 417 Main Street according to the

Timetable:	
Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to	the program completion date.
Any program receiving \$25,000 or more in NAA funding is requir prepared by a certified public accounting firm, to the municipality than three months after the program completion date.	red to provide a post-project audi y overseeing the program, no late
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) Direct contracts for energy efficent and related componer	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	

d) _____

Total Proposed Expenditures:

\$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	
Town of East Hartford Grants Administration Office	
Mailing address:	
740 Main Street , East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	
Telephone number: (860) 291-7206	-
Fax number: (860) 289-8394	_
Email address: posullivan@easthartfordct.gov	

· · · · · · · · · · · · · · · · · · ·
Post-Project Audit
Is a post-project audit required for this proposal?
If Yes , date post-project audit due:
03/31/26 if funding is received
Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

file Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-**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. partment of the Open to Public ▶ Go to www.irs.gov/Form990 for Instructions and the latest information. asury Inspection ernal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization CAPITAL WORKFORCE PARTNERS INC D Employer identification number Check if applicable: Address change 06-1013293 Name change Initial return Doing business as Final turn/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 UNION PLACE 3RD FLOOR Application pending (860) 522-1111 City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06103 G Gross receipts \$ 19,543,412 F Name and address of principal officer: H(a) Is this a group return for ALEX JOHNSON subordinates? Yes V No 1 UNION PLACE 3RD FLOOR Are all subordinates Yes Mo HARTFORD, CT 06103 included? If "No," attach a list. (see instructions) [F] 4947(a)(1) or [F] 527 H(c) Group exemption number ▶ Website: ► WWW.CAPITALWORKFORCEPARTNERS.ORG Form of organization: Corporation Trust Association Other L Year of formation: 1979 M State of legal domicile: CT Part I Summary 1 Briefly describe the organization's mission or most significant activities: CAPITAL WORKFORCE PARTNERS IS A REGIONAL WORKFORCE INVESTMENT BOARD SERVING 37 MUNICIPALITIES IN NORTH CENTRAL CONNECTICUT. THE BOARD COORDINATES COMPREHENSIVE PROGRAMS FOR JOB SEEKERS AND EMPLOYERS, AND ITS MISSION IS TO LEVERAGE PUBLIC AND PRIVATE RESOURCES TO PRODUCE SKILLED WORKERS FOR A COMPETITIVE REGIONAL ECONOMY. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 26 4 Number of independent voting members of the governing body (Part VI, line 1b) . 26 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . 5 55 Total number of volunteers (estimate if necessary) 6 74 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 . 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 19,006,541 19,543,412 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0

0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,006,541 19,543,412 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13,198,416 14,119,735 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,380,000 3,688,808 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥ b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,984,145 2,039,139 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,562,561 19,847,682 19 Revenue less expenses. Subtract line 18 from line 12 443,980 -304,270

Beginning of Current 20 Total assets (Part X, line 16) . 3,092,056 21 Total liabilities (Part X, line 26) . 2,143,777

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

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

parer has any knowledge. 2021-05-17 Signature of officer

948,279

End of Year

4,088,820

3,444,811

644,009

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



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Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin Foundation, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number:06-1599388
Program title: Manufacturing Pipeline
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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 program is to secure financial aid from all sources for the purpose of supporting low income students to Goodwin University's manufacturing program. This program is designed to accept individuals referred by our local agencies and employers and refer them to manufacturing training training programs at Goodwin. Students will be eligble to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas. Need for program: There are a large number of unfilled entry-level manufacturing positions in the Hartford labor market while there is a growing pool of low income residents in our region who could be trained for these jobs. Funds are needed to help pay for tuition and personal support for the students. Neighborhood area to be served: Hartford labor market area Plan to implement the program: Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL. Manufacturing and pre-manufacturing training.

Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
MM - DD - YYYY	
The program start date must not be more than two years prior to t	he program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	
Town of East Hartford Grants Adminsitration Office	
Mailing address:	
740 Main Street , East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	
Telephone number: 860-291-7206	-
Fax number: _860-289-8394	_
Email address: posullivan@easthartfordct.gov	

Post-Project Audit

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

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Additional Information

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DLN: 934931610012201

"990

nartment 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)

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

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

OMB No 1545-0047

2018

Open to Public Inspection

'n	nal Rev	nue Service				Inspection
	For t	e 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30	-2019			
:h	neck if	applicable C Name of organization GOODWIN COLLEGE FOUNDATION INC		D Employe	r identi	fication number
	Address change			06-1599	388	
	lame c nitial r	Dama husanana				
		ra/terminated				
		d return Number and street (or P O box if mail is not delivered to street address) Room/suil	e	E Telephon	numbe	г
A	pplicat	on pending. ONE RIVERSIDE DRIVE		(860) 52	8-4111	L
		City or town, state or province, country, and ZIP or foreign postal code	0 , 1	(330)5	-	
		EAST HARTFORD, CT 06118		G Gross red	eipts \$ 3	1.944.579
		F Name and address of principal officer	H(a) Is this			,,
		DR ETHAN FOXMAN		inates?	u111 101	□Yes ☑No
		ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118	H(b) Are all		es	
Ta	ax-exe	mpt status	include	ed?		Yes No
-						instructions)
A.	vedsi	re:▶ N/A	H(c) Group	exemption	number	•
		rganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of format	2000	M Chaha	of legal domicile CT
OI	rm of c	rganization ♥ Corporation □ Trust □ Association □ Other ▶	. Tear of Tollifa	doi: 2000	m State	or legal domicile. Cr
P	Part I	Summary				
Т	1	Briefly describe the organization's mission or most significant activities				
	1	THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLL	GE TO EXTEN	ID EDUCATI	ONAL O	PPORTUNITIES TO
		JNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INI NDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGI	TIATIVES WI	TH THE GUI	DANCE	OF AN
	1	THROUGH MAJOR GIVING, ANNUAL FUND. AND ALUMNI GIVING CAMPAIGNS THROU	GH A COORDI	NATED DI AL	OF IN	STITUTIONAL
	1	GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS F DVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDE	OR A WIDE RA	ANGE OF ST	IDENT	S INCLUDING THE
		STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED	THE DESIRE	TO ACHIEV	FACAD	FMIC
	1	SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVE	S TARGETED A	AT CLOSING	THE E	DUCATIONAL
		ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WO	DMEN INVEST	ED IN SEEKI	NG ED	JCATION (WISE),
	'					
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo	re than 25%	of its net as	sets	·
		Number of voting members of the governing body (Part VI, line 1a)			3	12
	1	Number of independent voting members of the governing body (Part VI, line 1b) .			4	9
		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	0
	1	Total number of volunteers (estimate if necessary)		•	6	0
		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	Ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0
			Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		567,48	1	463,956
	9	Program service revenue (Part VIII, line 2g)			o	0
	10	Investment income (Part Vill, column (A), lines 3, 4, and 7d)		667,63	7	584,518
	,	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,29		-64,268
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	1,233,82		984,206
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	+		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)			0	
	•	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	0
		Professional fundraising fees (Part IX, column (A), line 11e)			4	0
		Total fundraising expenses (Part IX, column (D), line 25) ▶0			0	0
				4 000 00		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,068,62		702,082
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,068,62	9	702,082
,	19	Revenue less expenses Subtract line 18 from line 12		165,19	기	
2			I Continuing of			282,124
_			beginning of	Current Yea	•	282,124 End of Year
	20	Fotal accets (Part Y. line 16)	beginning of			End of Year
		Fotal labelities (Part X, line 16)	beginning of	10,829,03	3	End of Year 11,381,185
-	21	Total assets (Part X, line 16)	beginning of		3	End of Year

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 06-1599388
Program title: Retrofit for Energy Efficiency
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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.
Revenue Service.

Part II — Program Information Check the appropriate description of your program: 100% credit percentage Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over; Job training/education for persons with physical disabilities: Program serving low-income persons; Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): ____ Description of program: The purpose of this grant application is to purchase and install energy efficient windows, insulation and other equipment in the Goodwin University buildings in East Hartford and its affiliated buildings. According to current design plans, the current cost of such projects is estmated 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 insultated and the window constantly leak air. This project would provide the efficiency to retofit various parts of the campus for much greater energy efficiency.

Plan to implement the program:

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

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

Program start date: 12/31/2023	
Program completion date: 12/31/2025	_
Post-project audit due date: 03/31/2026	
MM - DD - YYYY	_
The program start date must not be more than two years pr	. •
Any program receiving \$25,000 or more in NAA funding is reprepared by a certified public accounting firm, to the municitian three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Construction costs	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

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 Adminsitration Office	
Mailing address:	
740 Main Street , East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	
Telephone number: 860-291-7206	-
Fax number: _860-289-8394	
Email address: posullivan@easthartfordct.gov	

Post-Project Audi	t
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Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

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Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

"990

nartment of the asurv rnal Revenue Servi

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

applicable change hange beginning O7-01-2018 , and ending O6-30 applicable change hange burn Doing business as Inverminated did return Number and street (or P O box if mail is not delivered to street address) Room/suit	D Employe 06-1599	or identification number
GOODWIN COLLEGE FOUNDATION INC change hange elturn Doing business as rn/terminated dr return Number and street (or P O box if mail is not delivered to street address) Room/suit	06-1599	
hange Doing business as rn/terminated Id return Number and street (or P O box if mail is not delivered to street address) Room/suit		388
rn/terminated Id return Number and street (or P O box if mail is not delivered to street address) Room/suit	P 7 1 1	
d return Number and street (or P O box if mail is not delivered to street address) Room/suit		
ONE DIVERSIDE DOIVE		number
City or town, state or province, country, and ZIP or foreign postal code	(860) 52	8-4111
EAST HARTFORD, CT 06118		
F. Name and address of principal officer		eipts \$ 3,944,579
DR ETHAN FOXMAN		
		Yes No
mot etable.	included?	LJYes LJNo
501(c)(3) LJ 501(c)() ◀ (insert no) LJ 4947(a)(1) or LJ 527		st (see instructions)
te: ► N/A	n(c) Group exemption i	iumber 🟲
2	Vear of formation 2000	M State of legal domicile CT
rganization	L rear or rormadorr 2000	ri State of legal domicile. C1
Summary		
Briefly describe the organization's mission or most significant activities		
THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLE UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INI	GE TO EXTEND EDUCATION	ONAL OPPORTUNITIES TO
INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGI	C FUNDRAISING GOALS A	ND CUITIVATES DONORS
THROUGH MAJOR GIVING, ANNUAL FUND. AND ALUMNI GIVING CAMPAIGNS. THROUG	GH A COORDINATED PLAN	OF INSTITUTIONAL
OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDE	OR A WIDE RANGE OF STA	JDENTS, INCLUDING THE
STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED. AND HAVE DEMONSTRATED	THE DESIRE TO ACHIEV	E ACADEMIC
SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN FOLICATION (MOVE) AND WE	S TARGETED AT CLOSING	THE EDUCATIONAL
The state of the s	MALIN INVESTED IN SEEKI	NG EDUCATION (WISE),
Charles have been bill state of the state of		
Number of voting members of the governing body (Part VI. line 1a)		1 _ 1
		3 12 4 9
	• • • •	5 0
	• • • •	6 0
	• • • •	
	• • •	
The diversity passings taxable income from 10th 550-1, line 54	Delen Veen	11
Contributions and grants (Part VIII line 1h)		Current Year
	367,48	463,956
		0
		_
		
		0
		0 0
		0 0
		0
Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	1,068,629	
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1 200.000
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629	
	165,19	7 282,124
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7 282,124
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	165,19 Beginning of Current Year	7 282,124 r End of Year
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	165,19 Beginning of Current Yea 10,829,03	7 282,124 Find of Year 3 11,381,185
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	165,19 Beginning of Current Year	7 282,124 r End of Year 3 11,381,185 1,999,583
	ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118 mpt status	F. Name and address of principal officer DR ETHAN FOXMAN ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118 mpt status

Department of Revenue Services State of Connecticut (Rev. 02/23)





Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin Foundation, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 06-1599388
Program title: Support for Low Income Students
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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:
This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin University. The students identified are at or near the federal poverty line and are often current or former TANF receipients. This program is designed to accept individuals referred to by our local government and refer them to the private and non-private social servies agencies. The students are assessed for basic skill and aptitude and referred to appropriate traiing programs offered at Goodwin. Students are eligible to take collegiate certificate, vocational certificate or degree level courses.
Need for program: East Hartford continues to experiences painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed and underemployed population.
Neighborhood area to be served: East Hartford .
Plan to implement the program: Goodwin Foundation, Inc 1 Riverside Drive East Hartford, CT 06118-Traiing in vocational areas and ESL.

Timetable:	
imetable:	
Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior	to the program completion date.
Any program receiving \$25,000 or more in NAA funding is req prepared by a certified public accounting firm, to the municipa than three months after the program completion date.	uired to provide a post-project audit,
Part III Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000.00
b)	

Total Proposed Expenditures:

\$150,000.00

Administrative expenses - itemized description:

Part IV — Municipal Information

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

Tours of Foot House Onesto Administrative Off	
Town of East Hartford Grants Adminsitration Office	
Mailing address:	
740 Main Street , East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	
Telephone number: _860-291-7206	-
Fax number: _ ⁸⁶⁰⁻²⁸⁹⁻⁸³⁹⁴	_
ax hambon.	

Post-Project Audit

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connect**icut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

DLN: 934931610012201

...990

nartment of the asury mal Revenue Service

Partil Signature Block

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

2018

Open to Public Inspection

OMB No 1545-0047

T	or ti	ne 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-3	0-2019			
		C Name of organization		D Employe	r identi	fication number
A	dress	change GOODWIN COLLEGE FOUNDATION INC		06-1599	200	
		hange Doing business as		00-1399	300	
	itial r	Sauth S				
		m/terminated Number and street (or P O box if mail is not delivered to street address) Room/su	ıte .	E Telephone	number	-
		ion pending ONE RIVERSIDE DRIVE		(860) 52	8-4111	
		City or town, state or province, country, and ZIP or foreign postal code		(000)01	-	
		EAST HARTFORD, CT 06118		G Gross rec	eipts \$ 3	.944.579
		F Name and address of principal officer	H(a) Is this	a group ret	urn for	
		DR ETHAN FOXMAN ONE RIVERSIDE DRIVE	1	inates?		□Yes ☑No
_		EAST HARTFORD, CT 06118	H(b) Are all	subordinate	<u>!</u> s	Yes No
Ta	x-exe	mpt status	include		/aaa	instructions)
W	ehsi	te: ► N/A	H(c) Group			
_				CACITIPATOTT	- annoci	
or	m of c	rganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion 2000	M State	of legal domicile CT
Beer						
Ρ	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLI	FGE TO EXTEN	ID EDUCATI	ONALO	DDODTHNITIES TO
	1	UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER IN	IITIATIVES WI	TH THE GUI	DANCE	OF AN
	1	INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEG THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS THROU	IC FUNDRAISI	NG GOALS A	ND CUL	TIVATES DONORS
	1	GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS	FOR A WIDE RA	ANGE OF ST	UDENTS	5. INCLUDING THE
		OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDI	ENTS THE FOU	INDATION S	EEKS TO	O SUPPORT THOSE
		STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRAT(SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVI	ED THE DESIRE	TO ACHIEV	E ACAD	DEMIC DICATIONAL
	1	<u>ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND W</u>	OMEN INVEST	ED IN SEEKI	NG EDI	JCATION (WISE),
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of m	ore than 25%	of its not as	cate	
	3	Number of voting members of the governing body (Part VI, line 1a)		or its rice as	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b) .			4	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	0
	6	Total number of volunteers (estimate if necessary)			6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	Ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0
	-		Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		567,48	31	463,956
	1	Program service revenue (Part VIII, line 2g)		25.71	0	0
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2400	667,63	-	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,29	_	584,518 -64,268
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,233,82	_	984,206
-	_	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	+	-,,02	_	
		Benefits paid to or for members (Part IX, column (A), line 4)	-		0	0
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			+	0
					0	0
		Professional fundraising fees (Part IX, column (A), line 11e)			0	0
•	•	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
		Other expenses (Parl IX, column (A), lines 11a-11d, 11f-24e)		1,068,62		702,082
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,068,62	+	702,082
_	19	Revenue less expenses Subtract line 18 from line 12		165,19	-	282,124
dire.			Beginning o	f Current Yea	ır	End of Year
Î	20	Total assets (Part X, line 16)		10 920 02	2	11 201 105
2				10,829,03	_	11,381,185
\$		Net assets or fund balances Subtract line 21 from line 20		1,675,58	_	1,999,583
L .						

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University Educational Services, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 81-0703551
Program title: Food/Diaper Pantry and Support for Low Income Students
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: _sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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 programs
Description of program: This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of
supporting low income students at Goodwin University. In particular, we are seeking donations to provide aid
to students through the university's food pantry, emergency housing assistance and other support services.
Need for program: With limited financial aid, there is a growing pool of low income residents in our region who need individual
living support to assist them in completing programs and become employed.
,
Neighborhood area to be served:
Last Hattioid .
· · · · · · · · · · · · · · · · · · ·
Plan to implement the program:
Goodwin Foundation, Inc 1 Riverside Drive, East Hartford, CT 06118-Student services support to include food pantry, emergency housing and other support.
•

Program start date: 12/31/2023	
Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to the	e program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality o than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Student Support Services	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Town of East Hartford Grants Adminsitration Office	
Mailing address:	
740 Main Street , East Hartford, CT 06107	
Name of municipal liaison: Paul O'Sullivan	
Telephone number: 860-291-7206	-
Fax number: _ ⁸⁶⁰⁻²⁸⁹⁻⁸³⁹⁴	_

 	1
Post-Pro	oject Audit
ls a post-project audit i	equired for this proposal?
Yes	No
If Yes , date pos	t-project audit due:
03/31/26 if fur	oding is received
	Pate

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connect**icut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

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NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

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Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form NAA-01 (Rev. 02/23) Page 5 of 5

DLN: 93493161006200

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nartment of the asury rnal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

	alendar year, or tax year beginning 07-01-2018 ,and ending 06-3	0-2019				
heck if applicable	C Name of organization GOODWIN COLLEGE EDUCATIONAL SERVICES			D Employ	er ident	ification number
Address change Name change	INC		ĺ	81-070	3551	
nitial return	Doing business as					
inal return/terminated imended return	Number and street (or P O box if mail is not delivered to street address) Room/su	to		E Telephon	e numbe	er
Application pending	ONE RIVERSIDE DRIVE			(860) 7	27-690	6
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118					
				G Gross re	eipts \$ 1	9,829,341
	F Name and address of principal officer MARK SCHEINBERG	H(a)	Is this	a group rel	urn for	
	ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118	H/L\	_	inates? subordinat		□Yes ☑No
ax-exempt status			ınclude	d?		☐ Yes ☐No
Johnita: NW	☑ 501(c)(3) ☐ 501(c)() ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527 W GOODWIN EDU					instructions)
iebsite. P WW	W GOODWIN EDO	(0)	Group	exemption	numbei	r >
m of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	f format	ion 2015	M State	of legal domicile CT
art I Sumr	nary					
1 Briefly des	cribe the organization's mission or most significant activities					
GOODWIN	COLLEGE EDUCATIONAL SERVICES. INC. ENGAGES IN ACTIVITIES THAT S	UPPOR	Γ, FURT	HER, AND	PROMO	TE GOODWIN
I PUBLIC SC	INC AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRI HOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES	BUTING S SURR	HT OT	E DEVELOP NG GOODW	MENT (OF WELL-EDUCATE
THROUGH	INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS					
	[7]			 -		
2 Check this 3 Number of	box $ ightharpoonup$ if the organization discontinued its operations or disposed of miferoning members of the governing body (Part VI, line 1a)	ore than	25% (of its net as	sets 3	1 .
	f independent voting members of the governing body (Part VI, line 1b)				4	2
					1 7	
	ber of individuals employed in calendar year 2018 (Part V, line 2a)				5	
	ber of individuals employed in calendar year 2018 (Part V, line 2a)				5	
6 Total num 7a Total unre	ber of volunteers (estimate if necessary)			•	-	
6 Total num 7a Total unre	ber of volunteers (estimate if necessary)			•	6	
6 Total num 7a Total unre b Net unrela	ber of volunteers (estimate if necessary)		• •	· Year	6 7a	
6 Total num 7a Total unre b Net unrela 8 Contribution	ber of volunteers (estimate if necessary)		• •	• Year 8,960,74	6 7a 7b	Current Year
6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program s	ber of volunteers (estimate if necessary)		• •		6 7a 7b	Current Year 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program si 10 Investmen	ber of volunteers (estimate if necessary)		• •		6 7a 7b	Current Year
6 Total num 7a Total unre b Net unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve	ber of volunteers (estimate if necessary)		• •	8,960,74	6 7a 7b 88 0 0	Current Year 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program si 10 Investmen 11 Other reve 12 Total rever	ber of volunteers (estimate if necessary)		• •		6 7a 7b 8 0 0 0 0	Current Year 9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program si 10 Investmen 11 Other reve 12 Total rever	ber of volunteers (estimate if necessary)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 88	9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa	ber of volunteers (estimate if necessary) dated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34 ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g) t income (Part VIII, column (A), lines 3, 4, and 7d) tinue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) I similar amounts paid (Part IX, column (A), lines 1–3) sind to or for members (Part IX, column (A), line 4)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 88 0	9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of	ber of volunteers (estimate if necessary)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 88 0 0	9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribute 9 Program s 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession	ber of volunteers (estimate if necessary) dated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34 ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g) t income (Part VIII, column (A), lines 3, 4, and 7d) tinue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) I similar amounts paid (Part IX, column (A), lines 1–3) sind to or for members (Part IX, column (A), line 4)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 88 0	9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribution 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other expe	ber of volunteers (estimate if necessary)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 8 0 0 0 0	9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribution 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other expe 18 Total exper	ber of volunteers (estimate if necessary)		• •	8,960,74 8,960,74	6 7a 7b 88 0 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,829,34
6 Total num 7a Total unre b Net unrela 8 Contribution 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other expe 18 Total exper	ber of volunteers (estimate if necessary)		• •	8,960,74 8,960,74 8,979,12	6 7a 7b 88 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,817,13 9,817,13
6 Total num 7a Total unre b Net unrela 8 Contribution 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other expe 18 Total exper	ber of volunteers (estimate if necessary)		Prior	8,960,74 8,960,74 8,979,12 8,979,12	6 7a 7b 88 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,829,34 9,817,13
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6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other exper 18 Total exper 19 Revenue le	ber of volunteers (estimate if necessary)		Prior	8,960,74 8,960,74 8,979,12 8,979,12 -18,37 Current Yea	6 7a 7b 88 00 00 00 00 00 11 11	9,829,34 9,829,34 9,829,34 9,817,13 9,817,13 12,200 End of Year 25,000
6 Total num 7a Total unre b Net unrela 8 Contributio 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Profession b Total fundral 17 Other expe 18 Total exper 19 Revenue le 20 Total asset: 21 Total liabilit	ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34 ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g) t income (Part VIII, column (A), lines 3, 4, and 7d) nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) I similar amounts paid (Part IX, column (A), lines 1–3) and to or for members (Part IX, column (A), lines 1–3) ther compensation, employee benefits (Part IX, column (A), lines 5–10) al fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) >0 enses (Part IX, column (A), lines 11a–11d, 11f–24e) sinses Add lines 13–17 (must equal Part IX, column (A), line 25) ss expenses Subtract line 18 from line 12		Prior	8,960,74 8,960,74 8,979,12 8,979,12 -18,37 Current Yea	6 7a 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,817,13 9,817,13: 12,200 End of Year

2020-06-08

Date

Signature of officer

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information					
Name of tax exempt organization/municipal agency:					
Goodwin University Educational Services, Inc.					
Address: 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: Sandra Ward					
Telephone number: (860) 727-6974					
Email address: sward@goodwin.edu					
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00					
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?					
X Yes No					
If Yes , attach a copy of the first page of your most recent return. If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.					

Part II — Program Information

Check the appropriate description of your program: 100% credit percentage _X_ Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over: Job training/education for persons with physical disabilities: Program serving low-income persons; Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: The purpose of this grant application is to purchase and install energy efficient building systems for all Good University (and its affiliates) buildings. These systems include new windows, new insulated roofing, new wall insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut. Need for program: The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost. Neighborhood area to be served: East Hartford Plan to implement the program: _____

Todd Andrews, Senior Vice President-Overall administration of the grant including matching all funds received for specific project requests as envisioned in this project.

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

Program start date: 12/31/2023	
Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
MIM - DD - YYYY	
The program start date must not be more than two years prior to t	, •
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Solar projects	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Town of East Hartford Grants Adminsitration Office
Mailing address:
740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: _860-289-8394
Email address: posullivan@easthartfordct.gov

Pos	t-P	roi	ect	Αu	ıdit
			VVL	nu	

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

"990

nartment of the astiry rnal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018

DLN: 93493161006200

Open to Public Inspection

	lender year or tay year beginning 07 04 2040	2010	The same of the later of		
	alendar year, or tax year beginning 07-01-2018 , and ending 06-30	-2019			
heck if applicable Address change	GOODWIN COLLEGE EDUCATIONAL SERVICES INC	D Employer identification number			
Name change				5551	
Initial return	Doing business as				
Final return/terminated Amended return	Number and street (or P O box if mail is not delivered to street address) Room/sui	·a	E Telephone	numbe	
Application pending	ONE DIVERGIDE DODIE		(860) 727-6906		
	City or town, state or province, country, and ZIP or foreign postal code		(000) 72	.7-030	0
	EAST HARTFORD, CT 06118		G Gross red	eipts \$	9.829.341
	F Name and address of principal officer	H(a) Is this			
	MARK SCHEINBERG ONE RIVERSIDE DRIVE		inates?		□Yes ☑No
	EAST HARTFORD, CT 06118	H(b) Are all	subordinate	25	Yes No
ax-exempt status	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	include If "No."		st (sea	instructions)
Vebsite: ► WW	W GOODWIN EDU	H(c) Group			
		<u> </u>			_
rm of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of format	ion 2015	M State	of legal domicile CT
Compa					
art Sumn	nary cribe the organization's mission or most significant activities				
GOODWIN	COLLEGE EDUCATIONAL SERVICES. INC. ENGAGES IN ACTIVITIES THAT S	UPPORT, FURT	HER AND	PROMO	TE GOODWIN
COLLEGE, 1	INC. AND LIS COMMEMBER FOR EDUCATE STUDENTS. INCHIDING CONTRI	UT OT SMITH	E DEVELOR	MENT /	NE MELL COLLEGE
THROUGH	HOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS	SURROUNDI	NG GOODW	IN COL	LEGE, INC
					· · · · · · · · · · · · · · · · · · ·
			_		
2 Check this	box ▶ ☐ If the organization discontinued its operations or disposed of mo	15 350/			
3 Number of	voting members of the governing body (Part VI, line 1a)	re than 25% (or its net as:	3	2
4 Number of	independent voting members of the governing body (Part VI, line 1b) .			4	
	per of individuals employed in calendar year 2018 (Part V, line 2a)			5	
6 Total numb	per of volunteers (estimate if necessary)		•	6	
	ated business revenue from Part VIII, column (C), line 12			7a	
b Net unrela	ted business taxable income from Form 990-T, line 34			7b	
		Prior	Year	1	Current Year
	ns and grants (Part VIII, I:ne 1h)		8,960,74		
9 Program se	ervice revenue (Part VIII, line 2g)	1	0,500,7	8	9,829,34
		—		8	
10 Investment	t income (Part Villi, column (A), lines 3, 4, and 7d)		<u> </u>		
10 Investment 11 Other reve	t income (Part Vill, column (A), lines 3, 4, and 7d) nue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	9,829,34
10 Investment 11 Other reve 12 Total reven	t income (Part Vill, column (A), lines 3, 4, and 7d)			0	
10 Investment 11 Other reve 12 Total reven 13 Grants and	tincome (Part Vill, column (A), lines 3, 4, and 7d)		8,960,74	0	9,829,34
10 Investment 11 Other reve 12 Total reven 13 Grants and 14 Benefits pa	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74	0	9,829,34
10 Investment 11 Other reve 12 Total reven 13 Grants and 14 Benefits pa 15 Salaries, other	tincome (Part Vill, column (A), lines 3, 4, and 7d)		8,960,74	0 0 0 8 0 0	9,829,34
10 Investment 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, ot 16a Professional	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74	0 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34
10 Investment 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, ot 16a Professiona b Total fundrais	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34
10 Investment 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Professiona b Total fundrais 17 Other expe	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34
10 Investment 11 Other rever 12 Total revent 13 Grants and 14 Benefits par 15 Salaries, of 16a Professiona b Total fundrate 17 Other exper 18 Total exper	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34 9,817,13
10 Investment 11 Other rever 12 Total revent 13 Grants and 14 Benefits par 15 Salaries, of 16a Professiona b Total fundrate 17 Other exper 18 Total exper	tincome (Part VIII, column (A), lines 3, 4, and 7d)		8,960,74 8,979,12	0 0 0 0 8 8 0 0 0 0 0	9,829,34 9,817,13 9,817,13
10 Investment 11 Other rever 12 Total revent 13 Grants and 14 Benefits par 15 Salaries, of 16a Professiona b Total fundrate 17 Other exper 18 Total exper	tincome (Part VIII, column (A), lines 3, 4, and 7d)	Beginning of	8,960,74 8,979,12 8,979,12 -18,37;	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34 9,817,13 9,817,13
10 Investment 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Professiona b Total fundrate 17 Other expe 18 Total exper 19 Revenue les	tincome (Part VIII, column (A), lines 3, 4, and 7d)	Beginning of	8,960,74 8,979,12 8,979,12 -18,37 Current Yea	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34 9,817,13 9,817,13 12,200 End of Year
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10 Investment 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, of 16a Professiona b Total fundrati 17 Other expe 18 Total exper 19 Revenue let 20 Total assets 21 Total liabilit	tincome (Part VIII, column (A), lines 3, 4, and 7d)	Beginning of	8,960,74 8,979,12 8,979,12 -18,37 Current Yea	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,817,13: 9,817,13: 12,200 End of Year 25,000 42,295

2020-06-08

Signature of officer

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University Educational Services, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: _81-0703551
Program title: Support for Early College Students
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: _sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:
100% credit percentage
Energy conservation; or
Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% credit percentage
Job training/education for unemployed persons aged 50 or over;
Job training/education for persons with physical disabilities;
Program serving low-income persons;
_ Child care services;
Establishment of a child day care facility;
Open space acquisition fund; or
Other (specify):
Description of program:
Goodwin University Educational Services is the operating organization for the University's Magnet Schools and Early College relationships through our Senior Academy and similar projects. This project will provide financial support for tuition and related charges for in-need high school students to receive pre-collegiate classes at Goodwin University.
Need for program: There is a great need for early college credit attainment for in-need students to have a headstart in college and
ensure that they complete their higher education within five years.
Neighborhood area to be served:
All of Connecticut with a focus East Hartford
Plan to implement the program:
Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.
·

Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to the	ne program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	I to provide a post-project audit,
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) <u>Tuition</u>	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Town of East Hartford Grants Adminsitration Office
Mailing address:
740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: _860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Pro	oject	Audit
----------	-------	--------------

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form NAA-01 (Rev. 02/23) Page 5 of 5

DLN: 934931610062001

_m990

nartment of the asury rmal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

Theck if applicable	alendar year, or tax year beginning 07-01-2018 ,and ending 06-30	ひーズひよう			
	C Name of organization GOODWIN COLLEGE EDUCATIONAL SERVICES		D Employ	er identi	fication number
Address change	INC	81-0703551			
Name change Initial return	Doing business as				
Final return/terminated					
Amended return	Number and street (or P O box if mail is not delivered to street address) Room/sui	Suite E Telephone number		r	
Application pending	ONE RIVERSIDE DRIVE		(860) 7	27-6906	5
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118				
			G Gross re	ceipts \$ 9	,829,341
	F Name and address of principal officer MARK SCHEINBERG	H(a) Is t	his a group rei	urn for	
	ONE RIVERSIDE DRIVE		ordinates?		□Yes ☑No
	EAST HARTFORD, CT 06118		: all subordinat luded?	es	☐ Yes ☐No
Tax-exempt status	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		No," attach a l	st (see	instructions)
Website: ► WW	w goodwin edu		up exemption		
orm of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of for	mation 2015	M State	of legal domicile CT
Part I Sumr	narv				
	cribe the organization's mission or most significant activities				***
GOODWIN	COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT S	SUPPORT, F	URTHER, AND	PROMO	TE GOODWIN
COLLEGE,	INC AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRI- HOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES	BUTING TO	THE DEVELOR	MENT C	NEWELL-EDUCATED
THROUGH	INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS	5 SUKKOUP	IDING GOODW	IN COL	LEGE, INC
2 Check this	box $ ightharpoonup$ if the organization discontinued its operations or disposed of mo	ore than 25	10% of the mot as	aata	
3 Number of	voting members of the governing body (Part VI, line 1a)		·	3	2:
4 Number of	independent voting members of the governing body (Part VI, line 1b) .		•	4	21
5 Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)			1	
1			•	5	1 (
6 Total num	ber of volunteers (estimate if necessary)			6	(
	ber of volunteers (estimate if necessary)		•		
7a Total unre			•	6	(
7a Total unre	lated business revenue from Part VIII, column (C), line 12		rior Year	6 7a	(
7a Total unre b Net unrela	lated business revenue from Part VIII, column (C), line 12			6 7a 7b	Current Year
7a Total unre b Net unrela 8 Contributo	lated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·	6 7a 7b	Current Year 9,829,34
7a Total unre b Net unrela 8 Contribute 9 Program s	lated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	6 7a 7b	Current Year 9,829,34
7a Total unrela 8 Contribute 9 Program se 10 Investment	ted business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	6 7a 7b	Current Year 9,829,34
7a Total unrela 8 Contribute 9 Program s 10 Investmen 11 Other reve 12 Total rever	lated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	6 7a 7b 48 0 0	9,829,34
7a Total unrela 8 Contribute 9 Program s 10 Investmen 11 Other reve 12 Total rever	ted business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0	9,829,34 (9,829,34)
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total rever	lated business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0 0	9,829,34 (9,829,34)
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa	Interest business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0 0	9,829,34 (9,829,34)
7a Total unrela 8 Contribute 9 Program s 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o	Interest business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0 0 0 88 0	9,829,34 (9,829,34) (9,829,34)
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total revei 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession	lated business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0 0 0 0 0 0	9,829,341 (0) (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (6) (6) (7)
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total revei 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundral	lated business revenue from Part VIII, column (C), line 12		 rior Year 8,960,7	6 7a 7b 48 0 0 0 0 0 0 0 0 0	9,829,34 9,829,34 (0 9,829,34
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total revei 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe	Inted business revenue from Part VIII, column (C), line 12			6 7a 7b 48 0 0 0 0 0 0 0 0	9,829,34 9,829,34 9,829,34 0 0 0 0 0 0 0 0 0 0 0 0 0
7a Total unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundral 17 Other expe 18 Total exper 19 Revenue le	Intervice revenue (Part VIII, line 1h)		8,960,74	6 7a 7b 48 0 0 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 (0) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9
7a Total unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe 18 Total exper 19 Revenue le	Interpolation of the part IX, column (A), line 12	P	8,960,74 8,960,74 8,979,12	6 7a 7b 48 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 (0) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9
7a Total unrela 8 Contribute 9 Program se 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe 18 Total exper 19 Revenue le	Inted business revenue from Part VIII, column (C), line 12	P	8,960,74 8,960,74 8,979,12 8,979,12	6 7a 7b 48 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 9,829,343 0 0 0 0 0 0 0 0 0 0 0 0 0
7a Total unrela 8 Contribute 9 Program s 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe 18 Total expei 19 Revenue le	ted business revenue from Part VIII, column (C), line 12	P	8,960,74 8,960,74 8,979,12 8,979,12	6 7a 7b 48 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 9,829,343 0 0 0 0 0 0 0 0 0 0 0 0 0
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total revei 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe 18 Total expei 19 Revenue le 20 Total asset 21 Total liabili	Inter business revenue from Part VIII, column (C), line 12	P	8,960,74 8,960,74 8,979,12 8,979,12	6 7a 7b 48 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 (0) 9,829,343 (0) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9
7a Total unrela 8 Contribute 9 Program si 10 Investmen 11 Other reve 12 Total rever 13 Grants and 14 Benefits pa 15 Salaries, o 16a Profession b Total fundra 17 Other expe 18 Total exper 19 Revenue le 20 Total asset 21 Total liabili 22 Net assets	ted business revenue from Part VIII, column (C), line 12	P	8,960,74 8,960,74 8,979,12 8,979,12 -18,37	6 7a 7b 48 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9,829,343 9,829,343 (0) 9,829,343 (0) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University Magnet Schools, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 81-0703802
rederal Employer Identification Number.
Program title: Conservation Project
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: _sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information Check the appropriate description of your program: 100% credit percentage _X_ Energy conservation; or Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)). 60% credit percentage Job training/education for unemployed persons aged 50 or over; Job training/education for persons with physical disabilities; Program serving low-income persons; Child care services: Establishment of a child day care facility; Open space acquisition fund; or Other (specify): Description of program: The purpose of this grant application is to purchase and install energy-efficient building systems. The systems include green roof structures, solar projects, alternative energy generation in storage and other projects. All of the systems are planned for magnet school facilities and other campus buildings. Need for program: _____ The current building budget does not include funds to provide higher efficiency. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost. Neighborhood area to be served: **East Hartford**

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

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

Plan to implement the program: _____

Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to the	
Any program start date must not be more than two years prior to the Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	l to provide a post-project audit,
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Green roof structures, solar panels and energy saving up	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	· · · · · · · · · · · · · · · · · · ·
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Town of East Hartford Grants Adminsitration Office
Mailing address:
740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: _ ⁸⁶⁰⁻²⁸⁹⁻⁸³⁹⁴
Email address: posullivan@easthartfordct.gov

Post-P	roject	Audit
--------	--------	--------------

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connect**icut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

DLN: 93493161000200

_m990

partment of the asurs email Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

for the 2019 c	alendar year, or tax year beginning 07-01-2018 , and ending 06-3	0-2019	
eck if applicable	C Name of organization GOODWIN COLLEGE MAGNET SCHOOLS INC	D Employer identification numbe	
ddress change	TO THE STATE OF TH	81-0703802	
ame change nitial return	Doing business as		
nal return/terminated			
mended return	Number and street (or P O box if mail is not delivered to street address) Room/su ONE RIVERSIDE DRIVE	te E Telephone	e number
oplication pending		(860) 72	27-6906
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		
		G Gross rec	eipts \$ 15,695,914
	F Name and address of principal officer MARK SCHEINBERG	H(a) Is this a group ret	
	ONE RIVERSIDE DRIVE	subordinates?	□Yes ☑No
x-exempt status	EAST HARTFORD, CT 06118	H(b) Are all subordinate included?	Yes 🗆 Yo
x-exempt status	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		st (see instructions)
ebsite:► WW	W GOODWIN EDU	H(c) Group exemption i	number 🕨
n of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 2015	M State of legal domicile CT
rt I Sum	mary		
1 Briefly des GOODWIN	cribe the organization's mission or most significant activities COLLEGE MAGNET SCHOOLS, INC OPERATES AND MANAGES EDUCATION TUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT	AL SERVICES TO MAGNET	SCHOOLS SERVING PUB
2 Check the	s box ▶ ☐ If the organization discontinued its operations or disposed of m	ore than 25% of its net as	rate
3 Number o	f voting members of the governing body (Part VI, line 1a)	• • • •	3
	f independent voting members of the governing body (Part VI, line 1b)		4
5 Total num	iber of individuals employed in calendar year 2018 (Part V, line 2a)		5
6 Total num	ber of volunteers (estimate if necessary)		6
7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a
	ated business taxable income from Form 990-T, line 34		7b
		Prior Year	Current Year
8 Contributi	ons and grants (Part VIII, line 1h)	9,298,00	10,280,2
9 Program s	service revenue (Part VIII, line 2g)	4,947,29	
10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)		0
	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 6,0
	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,30	
	d similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits p	aid to or for members (Part IX, column (A), line 4)		0
	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	nal fundraising fees (Part IX, column (A), line 11e)		0
	nising expenses (Part IX, column (D), line 25) ▶0		
17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,069,65	9 15,503,2
	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,069,65	
19 Revenue l	ess expenses Subtract line 18 from line 12	175,64	
		Beginning of Current Yea	
20 Total asse	ts (Part X, line 16)	4,583,84	7 4,482,5
	ities (Part X, line 26)	2,327,88	4 2,033,9
22 Net assets	or fund balances Subtract line 21 from line 20	2,255,96	
	ture Block		
penalties of pendge and belief, pwledge	rjury, I declare that I have examined this return, including accompanying s it is true, correct, and complete Declaration of preparer (other than office	chedules and statements, a r) is based on all informati	and to the best of my on of which preparer has
15			
A *****		2020-06-08	

MARK SCHEINBERG PRESIDENT

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University Magnet Schools, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 81-0703802
Program title: Support for Magnet School Students
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: _sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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;				
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:				
Goodwin University Magnet Schools Inc. is the nonprofit operator of all Goodwin University Magnet Schools (PK through 12th grade) as well as the collaborator with many other statewide magnet school operations. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin University.				
Need for program: Magnet school budgets have suffered in the past few years and this budget squeeze is likely to continue well into the future. We are seeking to augment public support of the magnet school with funds contributed by our parents as well as the corporate supporters.				
Neighborhood area to be served: East Hartford				
Plan to implement the program:				

Program start date: 12/31/2023	·
Program completion date: 12/31/2025	Y
MM - DD - \	YYYY
Post-project audit due date: 03/31/2026	YYYY
The program start date must not be more than	two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA	funding is required to provide a post-project audit, o the municipality overseeing the program, no later
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed to	otal 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 descript	ion:
a) <u>Tuition</u>	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized descriptio	n:
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00
	_+.551000.00

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 06107			
Name of municipal liaison: Paul O'Sullivan			
Telephone number: 860-291-7206			
Fax number: _ ⁸⁶⁰⁻²⁸⁹⁻⁸³⁹⁴			
Email address: posullivan@easthartfordct.gov			

Post-Project Audit		
Is a post-project audit required for this proposal?		
X Yes No		
If Yes , date post-project audit due:		
03/31/26 if funding is received		
Date		

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connect**icut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form NAA-01 (Rev. 02/23) Page 5 of 5

_m990

partment of the asury smal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

-	For t	be 2010 co	londay year or have year having in 07 04 2040 t. tt. oc. oc.				
			lendar year, or tax year beginning 07-01-2018 , and ending 06-30 C Name of organization	-2019	T		
	heck if applicable GOODWIN COLLEGE MAGNET SCHOOLS INC			D Employer identification number			
	Name change			81-0703	302		
		eturn	Doing business as		1		
	Final return/terminated Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite				E Telephone	number	
		tion pending	Number and street (or P O box if mail is not delivered to street address) Room/suit ONE RIVERSIDE DRIVE	e			
		· 1	City or town, state or province, country, and ZIP or foreign postal code		(860) 72	7-6906	
			EAST HARTFORD, CT 06118		G Gross rece	unte d 15	: 605 014
		ľ	F Name and address of principal officer	H/a) to th			,,053,514
			MARK SCHEINBERG		is a group retu irdinates?	rn tor	□Yes ☑No
			ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		all subordinate	5	
Ta	x-exe	empt status	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		ded?		☐ Yes ☐No
W	lehei		V GOODWIN EDU		o," attach a lis p exemption n		
	CDS		4 GOODWIN EDO	- (C) Grou	p exemption n	umberi	
or	m of o	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of form	nation 2015	1 State o	of legal domicile CT
Р	art I	Sumn	narv				
	1	Briefly desc	ribe the organization's mission or most significant activities				
	1	GOODWIN (COLLEGE MAGNET SCHOOLS, INC. OPERATES AND MANAGES EDUCATIONAL	AL SERVICES	S TO MAGNET	SCHOOL	LS SERVING PUBLIC
		3CHOOL 31	UDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT	******			
							
	3	Check this	box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of mo voting members of the governing body (Part VI, line 1a)	re than 25%	% of its net ass		
	4			• • •	•	3	6
	5		independent voting members of the governing body (Part VI, line 1b) .	• • •	•	4	3
	ı		per of individuals employed in calendar year 2018 (Part V, line 2a)	• • •	•	5	0
			per of volunteers (estimate if necessary)	• • •	•	6	0
			ated business revenue from Part VIII, column (C), line 12	• • •	•	7a	0
	-	Net unrelat	ed business taxable income from Form 990-1, line 34		•	7b	0
		Contributio	ne and grante (Dad VIII. Iva. 45)	Pri	ior Year	+	Current Year
	8 Contributions and grants (Part VIII, line 1h)			9,298,00	+	10,280,218	
			: income (Part VIII, column (A), lines 3, 4, and 7d)		4,947,29	+	5,409,696
						-	0
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14 345 30	1	6,000
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	14,245,300		15,695,914
			similar amounts paid (Part IX, column (A), lines 1–3)		(7	0
			her compensation, employee benefits (Part IX, column (A), lines 5-10)		(0
			of tundraising fees (Part IX, column (A), line 11e)		(_	0
					(<u>'</u>	0
			sing expenses (Part IX, column (D), line 25) >0		40.00-		
i			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,069,659	+	15,503,216
			ses Add lines 13-17 (must equal Part IX, column (A), line 25)		14,069,659		15,503,216
		veseine is:	ss expenses Subtract line 18 from line 12	n	175,641		192,698
	1			Beginning	of Current Year	1	End of Year
	20	Total assets	s (Part X, line 16)		4,583,847	1	4,482,584
			ies (Part X, line 26)		2,327,884		2,033,923
:			or fund balances Subtract line 21 from line 20		2,255,963		2,448,661
	t II	Signat	ure Block				
er	pena	alties of perj	ury, I declare that I have examined this return, including accompanying sci	hedules and	statements, a	nd to th	e best of my
AAII	eage 10wle	and delier, i	it is true, correct, and complete Declaration of preparer (other than officer) is based oi	n all informatio	n of wh	ich preparer has
		I.					
		Signature	of officer		0-06-08		
n		1 signature	or once	Date			·····

MARK SCHEINBERG PRESIDENT

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University, Inc.
=
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 06-1627882
rederal Employer Identification Number.
Program title: Job Connection
·· · · · · · · · · · · · · · · · · · ·
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Total ITAA Tananig requested (\$200 himman), \$100,000 hidaman). \$\psi \frac{1-1-7-1-1-2}{2-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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;				
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: Goodwin University is a community centered, workforce focused instituition of higher learning. Its mission is to provide education and training, leading to employment as a foundation for lifelong learning. Most of the Goodwin University students for this program come from referrals from local community based organizations and many of these students are low income and need tuition assistance.				
Need for program: The Hartford labor market area continues to experience a chronic period of unemployment. At the same time, job taining funds in the Hartford area have decreased, ccreating great unaddressed needs for retraining our unemployed or under employed workforce. East Hartford training in all and any of the areas cited in the program description.				
Neighborhood area to be served: Hartford area with a focus on East Hartford				
•				
Plan to implement the program: Conduit University 1 Biverside Drive Foot Hotford CT 00118 Training in vegetional cases and FOL CT				
Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL, CT Registration Number 1690874-000				
·				

Program start date: <u>12/31/2023</u>		
MM - DD - YYYY Program completion date: 12/31/2025		
MM - DD - YYYY		
Post-project audit due date: 03/31/2026		
The program start date must not be more than two years prior to the	e program completion date.	
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	to provide a post-project audit,	
Part III — Financial Information		
Program Budget:		
Complete in full. Expenditures must equal or exceed total funding.		
Sources of Revenue:		
NAA funds requested	\$150,000.00	
Other funding sources - itemized sources:		
a)		
b)		
c)		
d)		
Total Funding:	\$150,000.00	
Proposed Program Expenditures:		
Direct operating expenses - itemized description:		
a) Tuition	\$150,000.00	
b)		
c)		
d)		
Administrative expenses - itemized description:		
a)		
b)		
c)		
d)		
Total Proposed Expenditures:	\$150,000.00	

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:			
Town of East Hartford Grants Adminsitration Office			
Mailing address:			
740 Main Street , East Hartford, CT 06107			
Name of municipal liaison: Paul O'Sullivan			
Telephone number: 860-291-7206			
Fax number: _860-289-8394			
Email address: posullivan@easthartfordct.gov			

Post-Pro	ject Audit
----------	------------

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

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Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

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Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form NAA-01 (Rev. 02/23) Page 5 of 5

Type or print name and title

990

partment 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.

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>.

OMB No. 1545-0047

Open to Public

IN Leasure Setaids					Inspection
For the 2018 ca	endar year, or tax year beginning 07-01-2018 , and ending 06-30-2019)			
neck if applicable:	C Name of organization GOODWIN COLLEGE INC		D Employer	Identif	cation number
Address change	GOODWIN COLLEGE INC		06-1627	882	
larne change nitial return	Doing business as		**		
inal	Doing business as		.		
rn/terminated mended return				number	
pplication pending	ONE DIVERSIDE DRIVE			7-690	6
	City or town, state or province, country, and ZIP or foreign postal code	-	(,		
	EAST HARTFORD, CT 06118		G Gross receip	pts \$ 75	,544,229
	F Name and address of principal officer:	H(a) Is this	s a group retu	rn for	
	MARK SCHEINBERG	subor	dinates?		Yes 🗸
	ONE RIVERSIDE DRIVE EAST HARTFORD,CT 06118		ll subordinate	S	Yes No
x-exempt status:	▼ 501(c)(3)	Includ		et (ea	e instructions)
			exemption n		-
'ebsite:▶ WW	W.GOODWIN.EDU	- Coloup	exemption ii	univer	
m of organization:	✓ Corporation Trust Association Other ►	L Year of for	rmation: 2001	M Sta	te of legal domicile
rt I Sum	mary			L	
1 Briefly de	scribe the organization's mission or most significant activities:		1		
SEE SCH	EDULE O				
-					
> Check th	is box 🔰 if the organization discontinued its operations or disposed o	f more than	25% of its ne	t asset	rs.
	of voting members of the governing body (Part VI, line 1a)			3	
	of independent voting members of the governing body (Part VI, line 1b)			4	
	nber of individuals employed in calendar year 2018 (Part V, line 2a) .			5	7
	nber of volunteers (estimate if necessary)		• •	6	,
1	elated business revenue from Part VIII, column (C), line 12		•	7a	-1 267 2
	ated business taxable income from Form 990-T, line 34		•	7b	-1,367,3
D Net onle	aced business casable income from Form 550-1, fine 54		٧	1 1	-1,183,8
8 Contribut	lons and grants (Part VIII, line 1h)	PIN	or Year		Current Year
			13,883,898	_	8,653,3
_	service revenue (Part VIII, line 2g)		62,716,170		63,557,3
	int income (Part VIII, column (A), lines 3, 4, and 7d)				220,3
	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		118,585		252,2
	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	<u>:) </u>	76,661,352		72,683,4
13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		11,826,895		14,361,8
14 Benefits	paid to or for members (Part IX, column (A), line 4)		0		
	other compensation, employee benefits (Part IX, column (A), lines 5-		26,207,206		28,123,3
16a Professio	nal fundralsing fees (Part IX, column (A), line 11e)		0		
b Total fundr	alsing expenses (Part IX, column (D), line 25) ▶414,858				
17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,754,303		25,271,2
18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,788,404		67,756,4
19 Revenue	less expenses. Subtract line 18 from line 12		16,872,948		4,926,9
			g of Current		End of Year
20 Total ass	ets (Part X, line 16)		<u>Year</u> 249,376,415		247,327,8
	Hitles (Part X, line 26)		40,130,206		
	s or fund balances. Subtract line 21 from line 20				35,262,1
	ature Block	2	209,246,209	<u></u>	212,065,6
penalties of p	erjury, I declare that I have examined this return, including accompany elief, it is true, correct, and complete. Declaration of preparer (other tha	ing schedules n officer) is b	s and stateme pased on all in	ents, a forma	nd to the best o
		20	20-06-05		
Signa	ture of officer	Da	ite		
MARI	SCHEINBERG PRESIDENT				

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Goodwin University, Inc.
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 06-1627882
Program title: Adding Energy Efficiencies
Name of contact person: _Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Total MAA Turiding Todacotca (#200 minimum, #100,000 maximum). #
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes, attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:					
100% credit percentage					
X Energy conservation; or					
Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).					
60% credit percentage					
Job training/education for unemployed persons aged 50 or over;					
Job training/education for persons with physical disabilities;					
Program serving low-income persons;					
Child care services;					
Establishment of a child day care facility;					
Open space acquisition fund; or					
Other (specify):					
Description of program: The purpose of this grant application is to purchase and install energy efficient building systems in all of the					
Goodwin University and its affilliate buildings. The systems include new windows, new insulated roof, new					
insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effictiveness and construction as model projects to interested partners to support these efforts in other places in the state of					
Connecticut.					
Need for program:					
The current building budgets do not include funds to provide higher energy efficiencies. These enhancements will save the instituion money throughout the life of the building.					
·					
·					
Neighborhood area to be served:					
East Hartford					
•					
Plan to implement the program:					
Overall administration of the grant including matching all funds received to specific project requests as					
envisioned in this project. Oversight of the contract and contractors who will perform the redesign and					
installation of this project					

Program start date: 12/31/2023	
Program completion date: 12/31/2025	
MM - DD - YYYY	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to	the program completion date.
Any program receiving \$25,000 or more in NAA funding is requir prepared by a certified public accounting firm, to the municipality than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Energy efficiency upgrades	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	<u> </u>
b)	
c)	
d)	

Total Proposed Expenditures:

Timetable:

\$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Town of East Hartford Grants Adminsitration Office
Mailing address:
740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: _860-289-8394
Email address: posullivan@easthartfordct.gov

Is a post-project audit required for this proposal?

X Yes

No

If Yes, date post-project audit due:

03/31/26 if funding is received

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

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Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

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Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

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NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

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

Additional Information

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Form NAA-01 (Rev. 02/23) Page 5 of 5

afile Public Visual Render | ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

990

partment 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.
 Information about Form 990 and its instructions is at www.IRS.gov/form990.

OMB No. 1545-0047

Open to Public

ema	II KEVE	inue Service					Inspection	
-	or t	he 2018 ca	endar year, or tax year beginning 07-01-2018 , and ending 06-30-2019	,				
Ch	eck if	applicable:	C Name of organization GOODWIN COLLEGE INC		D Employer	Ident	ification number	
-		s change change	ange GOODWIN COLLEGE INC					
		return	Doing business as					
	nal m/ten	minated						
40		ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/sult	e	E Telephone r	numbe	r	
A	pplica	tion pending	ONE RIVERSIDE DRIVE		(860) 72	7-69	06	
			City or town, state or province, country, and ZIP or foreign postal code			-1419	W. W.	
		- 1	EAST HARTFORD, CT 06118		G Gross receip	ots \$ 7.	5,544,229	
			F Name and address of principal officer:	H(a) Is this	a group retu	rn for	•	
			MARK SCHEINBERG ONE RIVERSIDE DRIVE	subor	dinates?		Yes 🗸 No	
_	_		EAST HARTFORD, CT 06118	H(b) Are all	l subordinate ed?	S	Yes No	
Ta	x-ex	empt status:	▼ 501(c)(3)			st. (se	e instructions)	
-			W.GOODWIN.EDU		exemption n			
For	m of	organization:	✓ Corporation Trust Association Other ►	L Year of for	mation: 2001	M Sta	ate of legal domicile: Ci	
Pa	rt I		mary					
	1		scribe the organization's mission or most significant activities:				NO	
		SEE SCHE	DULE O					
	l							
	2	Check thi	s box $lacktriangleright$ if the organization discontinued its operations or disposed of	more than 2	5% of its ne	asse	ts.	
	3		f voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$.		•	3	22	
	4		f independent voting members of the governing body (Part VI, line 1b)			4	21	
	5		ber of Individuals employed in calendar year 2018 (Part V, line 2a) .			5	792	
	6		ber of volunteers (estimate if necessary)			6	0	
			elated business revenue from Part VIII, column (C), line 12		•	7a	-1,367,378	
	ь	Net unrel	ated business taxable income from Form 990-T, line 34			7b	-1,183,835	
				Prio	r Year		Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)		13,883,898		8,653,392	
	9	Program s	service revenue (Part VIII, line 2g)		62,716,170		63,557,399	
	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		-57,301		220,370	
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		118,585		252,265	
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,661,352		72,683,426	
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		11,826,895		14,361,844	
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		0		0	
3	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-		26,207,206		28,123,335	
	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		0		0	
			Ising expenses (Part IX, column (D), line 25) ▶414,858		AND ASSESSED.		A SOLVE TO SHE	
1	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,754,303		25,271,257	
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,788,404		67,756,436	
	19		ess expenses. Subtract line 18 from line 12		16,872,948		4,926,990	
8	- 5							
					of Current ear		End of Year	
8			ts (Part X, line 16)		49,376,415		247,327,812	
Fund Balances			litles (Part X, line 26)		40,130,206	925	35,262,132	
	22		or fund balances. Subtract line 21 from line 20	20	09,246,209		212,065,680	
	t II	Signa	ture Block					
aer kn	pen owle	alties of pe	rjury, I declare that I have examined this return, including accompanying it is true correct, and complete Declaration of preserve (other the	ng schedules	and statemen	nts, a	nd to the best of	
ра	er h	as any kno	lief, it is true, correct, and complete. Declaration of preparer (other than wiedge.	omicer) is ba	ssea on all inf	orma	tion of which	
					0-06-05			
gn			ure of officer	Date	e			
ere)		SCHEINBERG PRESIDENT or print name and title					
		I PO I YPE C	reprint minute and title					

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Address: 1 Riverside Drive, East Hartford, CT 06118
Federal Employer Identification Number: 45-4128786
Program title: Energy Updates for the Bio Lab and South Meadows Trail System
Name of contact person: Sandra Ward
Telephone number: (860) 727-6974
Email address: sward@goodwin.edu
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
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;					
Child care services;					
Establishment of a child day care facility;					
Open space acquisition fund; or					
Other (specify):					
Description of program:					
The funds from the programs will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for trail upgrades and energy efficient lightings and supports energy efficient repairs and maintenance equipment, in addition to the promotion of this trail network project as a model for other individuals and organizations in the State of Connecticut.					
Need for program:					
The Bio Science Lab and Meadows property in the contiguous towns near East Hartford have been designated as public access recreations areas. These funds will help complete the system with energy efficient components and will connect this system with the greater Riverfront Recapture trail system.					
Neighborhood area to be served: Connecticut River Watershed with a focus on East Hartford					
· .					
Plan to implement the program:					
Sandra Ward, AVP of Strategic Partnerships and Development-Receipt of funds, oversight and implementation of program					

Program start date: 12/31/2023	
MM - DD - YYYY Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
MM - DD - YYYY	
The program start date must not be more than two years prior to th	e program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality o than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Installation of solar collectors and trail upgrades	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

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 Adminsitration Office				
Mailing address:				
740 Main Street , East Hartford, CT 06107				
Name of municipal liaison: Paul O'Sullivan				
Telephone number: 860-291-7206				
Fax number: _860-289-8394				
Email address: posullivan@easthartfordct.gov				

Post-Proje	ect Audit
ls a post-project audit red	quired for this proposal?
If Yes , date post-p	project audit due:
03/31/26 if fundir	ng is received
Dat	te

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

"990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

artment of the Treasury mal Revenue Service

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

Open to Public Inspection

			and ending 06	5-30-2018		
	ck if applicable ress change				D Employer identification number	
Name				ute	45-4128786 E Telephone number	
	initial return ONE RIVERSIDE DRIVE			nte	E relepn	
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code				(860) 727-6906	
Amended return Application pending Application pending			F Group Exemption Number			
	. <u>.</u>				Numbe	
\ccour	nting Method (□ Cash ☑ Accrual Other (specify) ►		required	to attac	he organization is not h Schedule B EZ, or 990-PF)
	te: ▶ <u>N/A</u>			, (10,1,7,5	, , , , , ,	12, 01 330 11)
ıx-exe	empt status(check	k only one) - ☑ 501(c)(3) ❷ ☐ 501(c)() ◀(Insert no) ☐ 4947(a)((1) or 🔲 527			
orm o	f organization	☑ Corporation ☐ Trust ☐ Association ☐ Other				
dd lin \$500	,000 or more, fi	7b to line 9 to determine gross receipts If gross receipts are ile Form 990 instead of Form 990-EZ	<u> </u>	· • • • • •		. ▶\$0
art I	Check if the	e organization used Schedule O to respond to any question	in this Part I			art I)
1	Contributions,	gifts, grants, and similar amounts received	• • • • • • •		1	0
2	Program service	ce revenue including government fees and contracts	• • • • • • •		2	
3	Membership di	ues and assessments			3	
4	Investment inc	come			4	
5a	Gross amount	from sale of assets other than inventory	5a			
b	Less cost or o	other basis and sales expenses	5b			
С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	
6	Gaming and fu	undraising events				
а	Gross income	from gaming (attach Schedule G if greater than \$15,000)	6a			
Ь		from fundraising events (not including \$ents reported on line 1) (attach Schedule G if the	_ of contribution	s from		
	sum of such gr	ross income and contributions exceeds \$15,000)	6b			
c	Less direct ex	openses from gaming and fundraising events	6c		\neg	
d	Net income or	(loss) from gaming and fundraising events (add lines 6a an	d 6b and subtra	ct line 6c)	6d	
7a	Gross sales of	inventory, less returns and allowances	7a			
b	Less cost of g	goods sold	7b			
С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a	1)		7c	
8	Other revenue	(describe in Schedule O)			8	
9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	0
10	Grants and sin	nilar amounts paid (list in Schedule O)			10	208,051
11	Benefits paid t	to or for members			11	
12	Salaries, other	r compensation, and employee benefits			12	
13		ees and other payments to independent contractors			13	1,862
14	Occupancy, rei	nt, utilities, and maintenance			14	
15	Printing, public	cations, postage, and shipping			15	
16	Other expense	es (describe in Schedule O)			16	
17	•	es. Add lines 10 through 16			▶ 17	209,913
18					18	-209,913
19	• • •	fund balances at beginning of year (from line 27, column (A)				
			, , (must agree v		19	204,647
20					20	0
21	_	fund balances at end of year Combine lines 18 through 20			21	-5,266
						3,200

Department of Revenue Services State of Connecticut (Rev. 02/23)

Municipality: East Hartford



Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information
Name of tax exempt organization/municipal agency:
Hispanic Coalition of Greater Waterbury
Address: 745 Burnside Avenue, East Hartford, CT 06018
Federal Employer Identification Number: 06-1349937
Program title: Energy Conservation Project
Name of contact person: Victor Lopez
Telephone number: (203) 558-5438
Email address:victorlopez_jr@yahoo.com
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X Yes No
If Yes , attach a copy of the first page of your most recent return.
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:								
100% credit percentage								
_X Energy conservation; or								
Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).								
60% credit percentage								
Job training/education for unemployed persons aged 50 or over;								
Job training/education for persons with physical disabilities;								
Program serving low-income persons;								
Child care services;								
Establishment of a child day care facility;								
Open space acquisition fund; or								
Other (specify):								
Description of program:								
The purpose of this application is to replace our buildings current systems and add other energy saving enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than five 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 whil maintaining the historic integrity of the building wherever possible.								
Neighborhood area to be served: East Hartford								
Plan to implement the program: Olmstead Realty-745 Burnside Avenue, East Hartford, CT 06018-Oversight of any building work to state standards.								

Program start date: 12/31/2023 MM - DD - YYYY	
Program completion date: 12/31/2025	
Post-project audit due date: 03/31/2026	
The program start date must not be more than two years prior to t	he program completion date.
Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality of than three months after the program completion date.	
Part III — Financial Information	
Program Budget:	
Complete in full. Expenditures must equal or exceed total funding.	
Sources of Revenue:	
NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Construction Costs	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Timetable:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:
Town of East Hartford Grants Administration Office
Mailing address:
740 Main Street, East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: _ 860-289-8394
Email address: posullivan@easthartfordct.gov

Post-Project Audit	
Is a post-project audit required for this proposal? X Yes No	
If Yes , date post-project audit due:	
03-31-2026	
Date	

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 **Connec**ticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

Part I — General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II — Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III — Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV — Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at **portal.ct.gov/DRS**. E-mail any questions to **NAAProgram@ct.gov** or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

DLN: 93493085012002

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 www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

-		enue Service						- Inspection	
A	or th	he 2020 c	alendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021						
B Check if applicable: ☐ Address change ☐ Name change			C Name of organization HISPANIC COALITION OF GREATER WATERBURY			D Employ	D Employer identification number		
			WATERBURY INC			06-134	06-1349937		
	itial re	-	Doing business as	· · · · · · · · · · · · · · · · · · ·		-1			
		rn/terminated							
_		ed return	Number and street (or P.O. box if ma	ail is not delivered to street address) Room	n/suite	E Telephon	e number	•	
□ Ap	plicat	tion pending	135 EAST LIBERTY STREET			(203) 7	(203) 754-6172		
			City or town, state or province, country, and ZIP or foreign postal code			<u> </u>	(====		
			WATERBURY, CT 06706	WATERBURY, CT 06706				,730,536	
		ľ	F Name and address of principa	l officer:	H(a) to the			,,,,,,,,,	
			VICTOR LOPEZ	VICTOR LOPEZ				—. •	
			135 EAST LIBERTY STREET WATERBURY, CT 06706			subordinates?			
T Ta	V-6V6	mpt status:			inclu	included? Yes No			
	- CAC	impe status.	✓ 501(c)(3) 	insert no.) 4947(a)(1) or 527	If "N	o," attach a l	ist. (see	instructions)	
J W	ebsi	te:▶ WW	W.THEHISPANICCOALITION.ORG		H(c) Grou	p exemption	number	•	
K For	m of o	organization:	Corporation Trust Associ	ciation 🔲 Other 🕨	L Year of forn	nation: 1991	M State	of legal domicile: CT	
_									
P.	art I	Sumi		<u>-</u>					
	1	Briefly des	cribe the organization's mission or	most significant activities:	ATTON AND CO.				
q.	[-	TO ENHAN	CE THE WELL BEING OF THE HISP	TO PROVIDE ADVOCACY, COLLABOR	RATION AND CR	EATION OF SI	ELF-SUS	TAINING ENTITIES	
2									
Ë	'	-							
Activities & Governance				· · ·			_		
3		Check this	s box ▶ ☐ if the organization disc	continued its operations or disposed of	of more than 25%	% of its net as		ı	
>ರ	3			g body (Part VI, line 1a)			3	11	
<u>e</u> s	4			the governing body (Part VI, line 1b)			4	11	
¥	5	Total num	ber of individuals employed in cal	endar year 2020 (Part V, line 2a) .		•	5	55	
Ş	6	Total num	ber of volunteers (estimate if nec	essary)			6	0	
•	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	0	
	Ь	Net unrela	ated business taxable income from	Form 990-T, line 39			7b	0	
						ior Year	十一	Current Year	
_	8	Contributi	ions and grants (Part VIII, line 1h)			1,351,1	12	1,700,934	
Ravenue			service revenue (Part VIII, line 2g)		-		-		
₹			nt income (Part VIII, column (A), li			36,9		17,611	
œ						0	0		
			enue (Part VIII, column (A), lines 5				20,858 1:		
			nue-add lines 8 through 11 (mus	1,408,8	84	1,730,536			
			and similar amounts paid (Part IX, column (A), lines 1–3)						
				umn (A), line 4)			_0	0	
æ	15	Salaries, o	other compensation, employee ber	nefits (Part IX, column (A), lines 5-10)	1,036,0	88	1,197,398	
penses	16a	Profession	nal fundraising fees (Part IX, colum		0	0			
e d	b	Total fundra	aising expenses (Part IX, column (D), lii	ne 25) ▶605			\top		
ā	17	Other exp	enses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		366,7	18	391,137	
	l		enses. Add lines 13–17 (must equa	•		1,402,806 1,588,53			
			ess expenses. Subtract line 18 from		<u> </u>				
_ g	-	1101011001	ess expenses. Subtrace line 20 Ho	The IZ	Danis sis	6,0		142,001	
DC 0					beginning	of Current Ye	af	End of Year	
ele	20	Total asse	ts (Part X, line 16)			864,8	99	901,622	
A B			Fotal liabilities (Part X, line 26)						
Net Assets or Fund Balances			•	518,49 346,49	_	609,741			
Pa		Net assets or fund balances. Subtract line 21 from line 20					امر	291,881	
				ned this return, including accompanyi	na echadulae an	d etatemente	and to I	the back of my	
knowl	edge	and belief,	, it is true, correct, and complete.	Declaration of preparer (other than o	fficer) is based o	n all informat	and to i	the dest of my	
any ki	<u>nowle</u>	edge.	<u> </u>				=		
		I k							
.		Signature of officer 2022-02 Date							
Sign Here			Jul 1						
Here			LOPEZ EXECUTIVE DIRECTOR						
		17	print name and title					<u> </u>	
		Pri	nt/Type preparer's name	Preparer's signature	Date 2022-02-14 Che		TN 00369050		
Paid		<u> </u>			self	-employed			
Preparer		er Fin	m's name > ZACKIN ZIMYESKI SULL	IVAN CPA LLC	Fire	n's EIN 🕨 06-1	438606		
Use Only Firm			m's address ONE EXCHANGE PLACE		Dha	ne no. (203) 75	53-3300		
					l Price	110. (203) /:	,J-2200		
			WATERBURY, CT 06702						
May th	e IR	S discuss t	his return with the preparer showr	above? (see instructions)			☑ Y¢	es: 🗆 No	