



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: Jim Boucher

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?

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Capital Workforce has opened 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: _____

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

Timetable:

Program start date: 12/31/2023
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

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.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Direct operating expenses - itemized description:	
a) <u>Direct contracts for energy efficient and related components</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:	<u>\$150,000.00</u>
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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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>(860) 291-7206</u>
Fax number:	<u>(860) 289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

Post-Project Audit

Is a post-project audit required for this proposal?

☒ 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 Connecticut 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

Return of Organization Exempt From Income Tax

OMB No. 1545-

2019

Open to Public Inspection

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.

For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAPITAL WORKFORCE PARTNERS INC		D Employer identification number 06-1013293
	Doing business as		E Telephone number (860) 522-1111
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 UNION PLACE 3RD FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06103		G Gross receipts \$ 19,543,412
	F Name and address of principal officer: ALEX JOHNSON 1 UNION PLACE 3RD FLOOR HARTFORD, CT 06103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
Website: ▶ WWW.CAPITALWORKFORCEPARTNERS.ORG			
Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	55
6 Total number of volunteers (estimate if necessary)	6	74
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 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	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	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	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)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,984,145	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 Year	End of Year
20 Total assets (Part X, line 16)	3,092,056	4,088,820
21 Total liabilities (Part X, line 26)	2,143,777	3,444,811
22 Net assets or fund balances. Subtract line 21 from line 20	948,279	644,009

Part II Signature Block

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

Signature of officer

2021-05-17
Date



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 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?



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 programs at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

Need for program: _____

There are a large number of unfilled entry-level manufacturing positions in the Hartford labor market while there is a growing pool of low income residents in our region who could be trained for these jobs. Funds are needed to help pay for tuition and personal support for the students.

Neighborhood area to be served: _____

Hartford labor market area

Plan to implement the program: _____

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.
Manufacturing and pre-manufacturing training.

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
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Direct operating expenses - itemized description:	
a) <u>Tuition</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:	<u>\$150,000.00</u>
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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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

Post-Project Audit

Is a post-project audit required for this proposal?

☒ 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 Connecticut 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

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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.

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

OMB No 1545-0047

2018

Open to Public Inspection

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.Department of the
Internal Revenue Service

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

Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization
GOODWIN COLLEGE FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118**D** Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 3,944,579**F** Name and address of principal officer
DR ETHAN FOXMAN
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118**H(a)** Is this a group return for

subordinates?

☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

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

H(c) Group exemption number ▶Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

Website: ▶ N/A

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 2000**M** State of legal domicile CT**Part I Summary****1** Briefly describe the organization's mission or most significant activities

THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES. WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGIC FUNDRAISING GOALS AND CULTIVATES DONORS THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS. THROUGH A COORDINATED PLAN OF INSTITUTIONAL GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS FOR A WIDE RANGE OF STUDENTS, INCLUDING THE OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDENTS. THE FOUNDATION SEEKS TO SUPPORT THOSE STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED THE DESIRE TO ACHIEVE ACADEMIC SUCCESS. FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES TARGETED AT CLOSING THE EDUCATIONAL ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WOMEN INVESTED IN SEEKING EDUCATION (WISE).

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	567,481	463,956
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637	584,518
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292	-64,268
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826	984,206
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,068,629	702,082
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,068,629	702,082
19 Revenue less expenses Subtract line 18 from line 12	165,197	282,124
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,829,033	11,381,185
21 Total liabilities (Part X, line 26)	1,675,581	1,999,583
22 Net assets or fund balances Subtract line 21 from line 20	9,153,452	9,381,602

SCHEDULES

Part II Signature Block

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



Municipality: East Hartford

Form NAA-01
2023 Connecticut Neighborhood Assistance Act (NAA)
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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: _____
Goodwin Foundation, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit for Energy Efficiency

Name of contact person: 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?

☒ Yes

☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient windows, insulation and other equipment in the Goodwin University buildings in East Hartford and its affiliated buildings. According to current design plans, the current cost of such projects is estimated to be well in excess of \$150,000.

Need for program: _____

Goodwin University's current campus is located in buildings that are more than 50 years old. These buildings have terrible energy efficiency. Many walls are not insulated and the window constantly leak air. This project would provide the efficiency to retrofit various parts of the campus for much greater energy efficiency.

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

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

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

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
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Direct operating expenses - itemized description:	
a) <u>Construction costs</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>03/31/26 if funding is received</u></p> <p align="center">Date</p>
--

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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

Department of the
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public
Inspection

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

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES. WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGIC FUNDRAISING GOALS AND CULTIVATES DONORS THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS. THROUGH A COORDINATED PLAN OF INSTITUTIONAL GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS FOR A WIDE RANGE OF STUDENTS, INCLUDING THE OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDENTS. THE FOUNDATION SEEKS TO SUPPORT THOSE STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED THE DESIRE TO ACHIEVE ACADEMIC SUCCESS. FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES TARGETED AT CLOSING THE EDUCATIONAL ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WOMEN INVESTED IN SEEKING EDUCATION (WISE).

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
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6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	567,481	463,956
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637	584,518
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292	-64,268
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826	984,206
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,068,629	702,082
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,068,629	702,082
19 Revenue less expenses Subtract line 18 from line 12	165,197	282,124
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,829,033	11,381,185
21 Total liabilities (Part X, line 26)	1,675,581	1,999,583
22 Net assets or fund balances Subtract line 21 from line 20	9,153,452	9,381,602

SCHEDULES

Part II Signature Block

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



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 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?



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 recipients. This program is designed to accept individuals referred to by our local government and refer them to the private and non-private social services agencies. The students are assessed for basic skill and aptitude and referred to appropriate training programs offered at Goodwin. Students are eligible to take collegiate certificate, vocational certificate or degree level courses.

Need for program: _____

East Hartford continues to experience a painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed 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-Training in vocational areas and ESL.

Timetable:Program start date: 12/31/2023
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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

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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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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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.

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Additional Information

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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pendingC Name of organization
GOODWIN COLLEGE FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118

D Employer identification number

06-1599388

E Telephone number

(860) 528-4111

G Gross receipts \$ 3,944,579

F Name and address of principal officer
DR ETHAN FOXMAN
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number

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

Website: N/A

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 2000

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGIC FUNDRAISING GOALS AND CULTIVATES DONORS THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS THROUGH A COORDINATED PLAN OF INSTITUTIONAL GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS FOR A WIDE RANGE OF STUDENTS, INCLUDING THE OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDENTS THE FOUNDATION SEEKS TO SUPPORT THOSE STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED THE DESIRE TO ACHIEVE ACADEMIC SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES TARGETED AT CLOSING THE EDUCATIONAL ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WOMEN INVESTED IN SEEKING EDUCATION (WISE).

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	Prior Year	Current Year
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18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629	702,082
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	Beginning of Current Year	End of Year
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21 Total liabilities (Part X, line 26)	1,675,581	1,999,583
22 Net assets or fund balances Subtract line 21 from line 20	9,153,452	9,381,602

Part II Signature Block

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



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?

☒ 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. 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: _____

East Hartford

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.

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
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Student Support Services</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pendingC Name of organization
GOODWIN COLLEGE EDUCATIONAL SERVICES
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118F Name and address of principal officer
MARK SCHEINBERG
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118

D Employer identification number

81-0703551

E Telephone number

(860) 727-6906

G Gross receipts \$ 9,829,341

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

Website: WWW.GOODWIN.EDU

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 2015

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities

GOODWIN COLLEGE EDUCATIONAL SERVICES, INC. ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN COLLEGE, INC. AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN COLLEGE, INC. THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

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

Form 990 (2018)

Part II Signature Block

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

Signature of officer

2020-06-08
Date



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?

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The purpose of this grant application is to purchase and install energy efficient building systems for all 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.

Timetable:Program start date: 12/31/2023
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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

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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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.

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Department of the
Treasury
Internal Revenue Service

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Check if applicable:
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Application pendingC Name of organization
GOODWIN COLLEGE EDUCATIONAL SERVICES
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE RIVERSIDE DRIVECity or town, state or province, country, and ZIP or foreign postal code
EAST HARTFORD, CT 06118F Name and address of principal officer
MARK SCHEINBERG
ONE RIVERSIDE DRIVE
EAST HARTFORD, CT 06118

D Employer identification number

81-0703551

E Telephone number

(860) 727-6906

G Gross receipts \$ 9,829,341

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

Website: ▶ WWW.GOODWIN.EDU

H(a) Is this a group return for
subordinates? ☐ Yes ☒ NoH(b) Are all subordinates
included? ☐ Yes ☐ No

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H(c) Group exemption number ▶

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer

2020-06-08
Date



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?



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.

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
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Tuition</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p>Is a post-project audit required for this proposal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>

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OMB No 1545-0047

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Open to Public Inspection

Department of the
Internal Revenue Service

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

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

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Part II Signature Block

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

Signature of officer

2020-06-08
Date



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: 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?

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The purpose of this grant application is to purchase and install energy-efficient building systems. The systems include green roof structures, solar projects, alternative energy generation in storage and other projects. All of the systems are planned for magnet school facilities and other campus buildings.

Need for program: _____

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

Neighborhood area to be served: _____

East Hartford

Plan to implement the program: _____

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

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

Timetable:Program start date: 12/31/2023
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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 upg \$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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>03/31/26 if funding is received</u></p> <p align="center">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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.

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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

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

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities

GOODWIN COLLEGE MAGNET SCHOOLS, INC OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS SERVING PUBLIC SCHOOL STUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT

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

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

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

Fund balances

Part II Signature Block

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

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Signature of officer

2020-06-08
Date

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?



Yes



No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Goodwin University Magnet Schools Inc. is the nonprofit operator of all Goodwin University Magnet Schools (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: _____

Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

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

MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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

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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>
--

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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.

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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.

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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.

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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.

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990Department of the
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public
Inspection

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

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

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

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4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
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6 Total number of volunteers (estimate if necessary)	6	0
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7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
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12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,300	15,695,914
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21 Total liabilities (Part X, line 26)	2,327,884	2,033,923
22 Net assets or fund balances Subtract line 21 from line 20	2,255,963	2,448,661

Part II Signature Block

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

Signature of officer

2020-06-08
Date

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, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

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

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Goodwin University is a community centered, workforce focused institution of higher learning. Its mission is to provide education and training, leading to employment as a foundation for lifelong learning. Most of the Goodwin University students for this program come from referrals from local community based organizations and many of these students are low income and need tuition assistance.

Need for program: _____

The Hartford labor market area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or under employed workforce. East Hartford training in all and any of the areas cited in the program description.

Neighborhood area to be served: _____

Hartford area with a focus on East Hartford

Plan to implement the program: _____

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL, CT
Registration Number 1690874-000

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
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:	<u>\$150,000.00</u>
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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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>03/31/26 if funding is received</u></p> <p align="center">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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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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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

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

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GOODWIN COLLEGE INC		D Employer identification number 06-1627862	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE		E Telephone number (860) 727-6906	
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		G Gross receipts \$ 75,544,229	
	F Name and address of principal officer: MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

Website: ▶ WWW.GOODWIN.EDU

Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001 M State of legal domicile: CT

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	792
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,367,378
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,183,835

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

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

Part II Signature Block

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

Signature of officer	2020-06-05
MARK SCHEINBERG PRESIDENT	Date
Type or print name and title	



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

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



Yes



No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____
The purpose of this grant application is to purchase and install energy efficient building systems in all of the Goodwin University and its affiliate 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 effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut.

Need for program: _____
The current building budgets do not include funds to provide higher energy efficiencies. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served: _____
East Hartford

Plan to implement the program: _____
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

Timetable:Program start date: 12/31/2023
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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) _____
- 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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

C Name of organization GOODWIN COLLEGE INC		D Employer identification number 06-1627882
Doing business as		
Number and street (or P.O. box if mail is not delivered to street address) ONE RIVERSIDE DRIVE	Room/suite	E Telephone number (860) 727-6906
City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		G Gross receipts \$ 75,544,229
F Name and address of principal officer: MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
Website: ▶ WWW.GOODWIN.EDU		

Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L Year of formation:** 2001 **M State of legal domicile:** CT

Part I Summary

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

2 Check this box ☒ If the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	792
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,367,378
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,183,835

Assets

Expenses

Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,883,898	8,653,392
9 Program service revenue (Part VIII, line 2g)	62,716,170	63,557,399
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,301	220,370
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,585	252,265
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,661,352	72,683,426
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,826,895	14,361,844
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,207,206	28,123,335
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 414,858		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,754,303	25,271,257
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	59,788,404	67,756,436
19 Revenue less expenses. Subtract line 18 from line 12	16,872,948	4,926,990
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	249,376,415	247,327,812
21 Total liabilities (Part X, line 26)	40,130,206	35,262,132
22 Net assets or fund balances. Subtract line 21 from line 20	209,246,209	212,065,680

Part II Signature Block

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

Signature of officer

2020-06-05
Date

MARK SCHEINBERG PRESIDENT
Type or print name and title

gn
are



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: _____
Great River Land Trust, Inc.

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?

☒ 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 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

Timetable:Program start date: 12/31/2023
MM - DD - YYYYProgram completion date: 12/31/2025
MM - DD - YYYYPost-project audit due date: 03/31/2026
MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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

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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>03/31/26 if funding is received</u></p> <p align="center">Date</p>
--

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2017

Open to Public Inspection

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

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

C Name of organization
GREAT RIVER LAND TRUST INC

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

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

D Employer identification number
45-4128786

E Telephone number
(860) 727-6906

F Group Exemption Number

Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

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

Website: ☒ N/A

Ex-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (Insert no) ☐ 4947(a)(1) or ☐ 527

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) \$500,000 or more, file Form 990 instead of Form 990-EZ. ☒ \$0

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

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

Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)



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?

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The purpose of this application is to replace our 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 while 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.

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

MM - DD - 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, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information**Program Budget:**

Complete in full. Expenditures must equal or exceed total 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

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:	_____
	<u>Town of East Hartford Grants Administration Office</u>
Mailing address:	_____
	<u>740 Main Street, East Hartford, CT 06107</u>
Name of municipal liaison:	<u>Paul O'Sullivan</u>
Telephone number:	<u>860-291-7206</u>
Fax number:	<u>860-289-8394</u>
Email address:	<u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03-31-2026</u></p> <p style="text-align: center;">Date</p>

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut 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 **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HISPANIC COALITION OF GREATER WATERBURY
WATERBURY INC

Doing business as

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

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

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

D Employer identification number

06-1349937

E Telephone number

(203) 754-6172

G Gross receipts \$ 1,730,536

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

J Website: WWW.THEHISPANICCOALITION.ORG

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

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

H(c) Group exemption number ▶

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

L Year of formation: 1991

M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE ADVOCACY, COLLABORATION AND CREATION OF SELF-SUSTAINING ENTITIES TO ENHANCE THE WELL BEING OF THE HISPANIC COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	55
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		1,351,112	1,700,934
	9 Program service revenue (Part VIII, line 2g)	36,914	17,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,858	11,991
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,408,884	1,730,536	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,036,088	1,197,398
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶605		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	366,718	391,137
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,402,806	1,588,535
19 Revenue less expenses. Subtract line 18 from line 12	6,078	142,001	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		864,899	901,622
	21 Total liabilities (Part X, line 26)	518,499	609,741
	22 Net assets or fund balances. Subtract line 21 from line 20	346,400	291,881

Part II Signature Block

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

Sign Here

Signature of officer

2022-02-14
Date

VICTOR LOPEZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date
2022-02-14

Check ☐ if self-employed
PTIN P00369050

Firm's name ▶ ZACKIN ZIMYESKI SULLIVAN CPA LLC

Firm's EIN ▶ 06-1438606

Firm's address ▶ ONE EXCHANGE PLACE
WATERBURY, CT 06702

Phone no. (203) 753-2200

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