BOARD OF SELECTMEN TOWN OF EAST WINDSOR 11 RYE STREET BROAD BROOK, CONNECTICUT, 06016

SPECIAL MEETING Wednesday, June 28, 2023 7:15 p.m.

John Daly, Jr. Meeting Room, Town Hall 11 Rye Street, Broad Brook, Connecticut In-Person Meeting

Meeting Minutes

These minutes are not official until approved at a subsequent meeting

Board of Selectmen

Jason E. Bowsza, First Selectman Marie DeSousa, Deputy First Selectman Alan Baker, Selectman Sarah Muska, Selectman Charlie Nordell, Selectman

1. TIME AND PLACE OF MEETING:

First Selectman, Jason E. Bowsza called the special meeting to order at 7:16 p.m. in the John Daly, Jr. Meeting Room at Town Hall, 11 Rye Street, Broad Brook, Connecticut.

2. PLEDGE OF ALLEGIANCE

3. ATTENDANCE:

Jason E. Bowsza, First Selectman, Marie DeSousa, Deputy First Selectman, Alan Baker, Selectman, Sarah Muska, Selectman, Charlie Nordell, Selectman.

All Selectmen were present for this meeting.

4. **NEW BUISINESS**

A. Discuss and approve Connecticut Electric Railway Association (Connecticut Trolley Museum) application for the 2023 Connecticut Neighborhood Assistance Act Program

MOTION: To approve the application of the Connecticut Electric Railway

Association (Connecticut Trolley Museum) and submit the

application on their behalf to the Department of Revenue Services.

Muska moved/DeSousa seconded.

Discussion: None

Vote: In Favor: DeSousa/Muska/Baker/Nordell

(No one opposed/No abstentions)

5. PUBLIC PARTICIPATION: None

Town of East Windsor Board of Selectmen Special Meeting Wednesday, June 28, 2023 Meeting Minutes

> First Selectman Bowsza requested a motion to RECESS the special meeting of the Board of Selectmen until after the Town Meeting.

MOTION: To recess special meeting of the Board of Selectmen at 7:18 p.m. until after the Town Meeting.

Muska moved/Nordell seconded.

Discussion: None

Vote: In Favor: DeSousa/Muska/Baker/Nordell

(No one opposed/No abstentions)

First Selectman Bowsza RECONVENED the Special Board of Selectmen meeting at 9:12 p.m.

6. EXECUTIVE SESSION

7. ADJOURNMENT:

MOTION: To ADJOURN the Meeting at 9:53 p.m.

Muska moved/Nordell seconded.

DISCUSSION: None

VOTE: In Favor: DeSousa/Baker/Muska/Nordell

(No one opposed/No abstentions)

Respectfully Submitted,

Melissa V. LaBelle

Executive Assistant

Recording Secretary

Board of Selectmen

Municipality: East Windsor



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: Connecticut Electric |
| Bailway Association dba Connecticut Trolley Museum |
| |
| Address: |
| Address: 58 North Rd P.D. Box 360 East Windsor CT 06088 |
| · |
| Federal Employer Identification Number: 06 - 6076002 |
| Describe Hosting & Cooling System |
| Program title: 4747440 / Earling 2 2207776 |
| Program title: Upgrade Heating & Cooling System Name of contact person: Michael P. Speciale |
| Telephone number: <u>Ce//</u> <u>860 - 344 - 8631</u> |
| Email address: Mspeciale G ct-trolley. org |
| |
| Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 18,500 |
| , |
| |
| 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 toan 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: To have professionally installed a ductless heating and cooling system in the Museum's offices. Need for program: The current system is antiquated. The areas are currently cooled by window air conditioners and heated by electric base board heat. This is costly, in effective and wasteful. Neighborhood area to be served: Building physically located in East Windsor. Plan to implement the program: To select and hive a professional HVAC. contractor.

| Program start date: 02/01/2024 | |
|--|--|
| Program completion date: 05/3/2024 | |
| Post-project audit due date: | |
| Wildi - OD - 1111 | |
| The program start date must not be more than two years prior to t | ne program completion date. I to provide a nost-project audit. |
| Any program receiving \$25,000 or more in NAA funding is required prepared by a certified public accounting firm, to the municipality than three months after the program completion date. | overseeing the program, no later |
| Part III — Financial Information | |
| Program Budget: | |
| Complete in full. Expenditures must equal or exceed total funding. | |
| Sources of Revenue: | S. T. |
| NAA funds requested | \$18,500 |
| Other funding sources - itemized sources: | |
| a) | And the second s |
| b) | parameter and the second secon |
| c) | |
| d) | |
| Total Funding: | # 18 500 |
| Proposed Program Expenditures: | |
| Direct operating expenses - itemized description: | d. |
| a) Purchase + Installation | \$ 18,500 |
| b) | A STATE OF THE STA |
| c) | |
| d) | |
| Administrative expenses - itemized description: | |
| a) | |
| b) | |
| c) | |
| d) | and and |
| Total Proposed Expenditures: | \$ 18,500 |

Timetable:

Part IV — Municipal Information

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

| Name of municipal agency overseeing implementation of the program: |
|--|
| Town of East Windsor |
| Mailing address: 11 Rye Street Broad Brook, CT 06016 |
| |
| Name of municipal liaison: LSON E. BOWSZA |
| Telephone number: 840-623-8122 |
| Fax number: 860-623-4798 |
| Email address: Jbowsza Deastwindsorc+. Com |

| Post-Project Audi | t |
|-------------------|---|
|-------------------|---|

Is a post-project audit required for this proposal?

Yes

X No

If Yes, date post-project audit due:

Date

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. 12/31/2021 and ending 01/01/2021

| A For the 2021 calendar year, or lax year beginning 01/01/2021 and of | | | | | | | ATION INCORDODA D Employer identificati | | | | ation ni | har | |
|---|---|--|---|---------------------------------------|---|---|---|---|-----------------------------------|--------------|----------|---|--|
| В | Check if a | | | | | | | | D Employer identification number | | | | |
| | Address o | hange | ange Doing business as The Connecticut Trolley Museum | | | | | 06-6070002 | | | | | |
| | Name oha | inge | Number and st | reet (or P.O. bo) | c if mail is not delivere | d to street address) | Room/sulte | - [' | E Telephone number 860-627-654 | | | | |
| | initial retu | rn | P O Box 360 5 | | | | | | | 354U | A | | |
| | Final return | n/terminated | City or town, s | tate or province, | country, and ZIP or fo | oreign postal code | | | • • • • • • • | | , | #A AAA | |
| | Amended | return | East Windsor, | | | | | | | recelpts \$ | | 12,092 | |
| | Applicatio | n pending | | | officer: Robert Bro | | | H(a) is this a group return for subordinales? | | | | | |
| | | | 58 North Road | , PO Box 036 | 0, East Windsor, C | T 06088-0360 | | | subordinates included? Yes No | | | ∐ No | |
| ì | Tax-exem | exempt status: 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions, H(c) Group exemption number > | | | | | | | | | | | |
| J | Website: | ► www.ct | -trolley.org | | | | | | | | | | |
| ĸ | Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation: 1940 M State of legal dornicile: CT | | | | | | | | | | | | |
| | Part II. Summary | | | | | | | | | | | | |
| | 1 1 | Briefly describe the organization's mission or most significant activities: Trolley Museum-Provide a historically accurate | | | | | | | | | | | |
| ø | | educationa | al experience of | the trolley er | a though interpre | ation, preservation, rest | oration, an | d opera | tion of | an electric | railwa | у. | |
| Activities & Governance | " | | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ᇣ | 2 | Check this | box ▶ ☐ if th | e organizatio | on discontinued it | s operations or dispose | ed of more | than 2 | 5% of | its net ass | sets. | | |
| ğ | 3 1 | Number of | voting membe | ers of the go | verning body (Pa | rt VI, line 1a) | | | 3 | | | 13 | |
| 8 | 4 1 | Number of | independent | voting memb | ers of the govern | ing body (Part VI, line 1 | lb) | | 4 | | | 13 | |
| es | 5 | Total numi | oer of Individua | als employed | l in calendar year | 2021 (Part V, Ilne 2a) | | | 5 | | | 10 | |
| Z | 6 - | Total numb | per of voluntee | rs (estimate | if necessary) . | | | | 6 | | | 145 | |
| Ş | 7a - | Total unrel | ated business | revenue fror | n Part VIII, colum | n (C), line 12 | | | 7a | | | 0 | |
| - | ь | Net unrela | ted husiness ta | axable incom | ne from Form 990 | I-T, Part I, line 11 | | | 7b | | | 0 | |
| | | 100 000 000 | | | | | Pı | rior Year | | Curr | ent Yea | r | |
| | 8 | Contributio | ons and grants | (Part VIII; lin | e 1h) | | | 18 | 30,290 | | 2 | 258,961 | |
| Ę | | | ervice revenue | | | | | 13 | 36,816 | | 3 | 305,216 | |
| Revenue | 10 | Investmen | t Income (Part | VIII. column | (A), lines 3, 4, an | d 7d) | | | 5,015 14,68 | | | | |
| æ | 11 | Other reve | nue (Part VIII. i | column (A). li | ines 5. 6d. 8c. 9c | , 10c, and 11e) | | | 5,931 16,2 | | | | |
| | 12 | Total rever | we—add lines | 8 through 11 | ímust egual Part | VIII, column (A), line 12) | | 32 | 28,052 | | Ę | 595,146 | |
| | 13 | Grante and | de daarmee | nts paid (Par | t IX. column (A). I | ines 1–3) | | | 0 | | | | |
| | 14 | Ronofite n | aid to or for me | embers (Part | IX. column (A), li | ne 4) | | | 0 | | | 0 | |
| | بصدا | | | | | , column (A), lines 5-10) | | 10 | 08,283 | | 1 | 124,049 | |
| Expenses | 16a | Drofoesion | el fundraicina | fees (Part IX | column (A), line | 11e) | | ., | 0 | | | 0 | |
| ë | 104 | Fetal fund | raining avagne | ee /Part IX c | olumn (D), line 2 | <i>i i i i i i i i i i</i> | | | | | | | |
| ᄶ | b | Other ever | alsing expens | column (A) | lines 11a–11d, 11 | f-24e) | - | 29 | 98,834 | | 3 | 373,827 | |
| | 111 | other expe | enses (Fait IA, | 60/01/11 (Fy) | et ocusi Part IX | column (A), line 25) | | | 07,117 | | 4 | 197,876 | |
| | 18 | TOTAL EXPE | IISES, AUG IIIIE | Subtract line | 18 from line 19 | * | | | 79.065 | | | 97,270 | |
| _ w | | nevenue le | 209 exhenges. | oundart IIIt | , to hour mie 12 | | Beginning | | | End | of Year | ſ | |
| 200 | | Takal aasa | to (Dort V line | 16) | | | | 1.8 | 59,851 | | 1,9 | 66,645 | |
| Assets or displaying | 20 21 | | ts (Part X, line Ities (Part X, lin | | . , | | | | 78,226 | | 2 | 287,750 | |
| Net A | 27 | | | | t line 21 from line | 20 | | | 81,625 | | 1,6 | 578,895 | |
| | | | | ces. Subitac | L MI 10 Z. I II OH I MI IC | | | | | | | | |
| | art II | อเฐเาสเน | re Block | | io rotum. Including an | companying schedules and s | tatements, a | nd to the | best of r | ny knowledg | ge and b | ellef, it is | |
| Un tru | ider penait ie. correct. | ies of perjuly and complet | e, a declare making e. Declaration of p | reparer (other th | an officer) is based or | all Information of which prep | arer has any | knowledg | ge. | | | | |
| | | <u> </u> | | | *************************************** | | | T | | | | | |
| Sig | an l | Signat | ure of officer | · · · · · · · · · · · · · · · · · · · | | | | Date | | | | | |
| | | | | | | | | | | | | | |
| me | ere | | ert Brogle, Pres or print name and t | | | | | | , | | | | |
| , | i | 7 | preparer's name | (i) V | Preparer's signat | ure | Date | | Check [| if PTIN | ł | | |
| Pa | aid | Linto i Abe | preparer stratte | | , tapanor o orginar | | | 1 | self-emp | | | | |
| | eparer | · | | | | | <u> </u> | Firm's | EIN ► | L | | | |
| | se Only | / Firm's nar | | | | | | Phone | | | ,,, | | |
| | - | [Firm's add | | the proper | r shown above? | See instructions | | 1 . , 10,10 | . , . | , <u>[</u>] | Yes | □No | |
| n/0 0 | ov iria imi | ~ 1 HSCH 55 | COSTRUCTOR VIII | | ,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |

| art | VIII | Statement of Revenue Check if Schedule O contains a response or note to an | y line in this Pa | rt VIII | | · · · · |
|---------------------------|---------------|--|----------------------|--|--------------------------------------|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 10 | 1a | Federated campaigns 1a 0 | | | | |
| and Other Similar Amounts | b | Membership dues 1b 20,873 | | | | |
| 2 | C | Fundraising events 1c 0 | | | | |
| Ä | d | Related organizations 1d 0 | | | | |
| ä | ę | Government grants (contributions) 1e 112,651 | | | | |
| S | f | All other contributions, gifts, grants, | | | | |
| ie. | | and similar amounts not included above 1f 125,437 | | | | |
| 8 | g | Noncash contributions included in | | | | |
| 힏 | | lines 1a-1f 1g \$ 0 | 222 244 | | | |
| ā | <u>h</u> | Total. Add lines 1a-1f | 258,961 | | | |
| | | Business Code | 445 /50 | 115,659 | 0 | 0 |
| Revenue | 2a | Winterfest Seasonal Rides & Exhibits 712110 | 115,659 56,543 | 56,543 | 0 | |
| ě | b | Youth Rails to the Dark Side Rides & Exhib 712110 | 44,616 | 44,616 | 0 | |
| 5 | G | Children Pumpkin Patch Rides & Exhibits 712110 | 35,018 | 35,018 | 0 | |
| Revenue | d | General Admissions including Summer at t 712110 | 17,852 | 17,852 | 0 | · |
| , " | e | Easter Bunny Fun Day 712110 | 35,528 | 35,528 | 0 | |
| | f | All other program service revenue | 305,216 | | , | |
| _ | <u>g</u> 3 | Total. Add lines 2a-2f | 500,210 | -1 | | |
| | 3 | other similar amounts) | 196 | 196 | 0 | 0 |
| - | | Income from investment of tax-exempt bond proceeds | 0 | 0 | 0 | |
| | 4 | Royalties | 0 | 0 | 0 | G |
| | 5 | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | |
| | b | Less: rental expenses 6b | | | | |
| ļ | C | Rental income or (loss) 6c 0 0 | | - | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from (i) Securities (ii) Other | - | | | • |
| | 10 | sales of assets | | | | |
| | | other than inventory 7a 14,488 0 | | İ | | |
| ல | b | Less: cost or other basis | | | | |
| 킳 | | and sales expenses . 7b 0 0 | | | | |
| Revenue | c | Gain or (loss) 7c 14,488 0 | | | | |
| . 1 | d | Net gain or (loss) | 14,488 | 14,488 | 0 | <u> </u> |
| Othe | 8a | Gross income from fundraising | · . | | | |
| 0 | | events (not including \$0 | | | | |
| | | of contributions reported on line | | | | |
| | | 1c). See Part IV, line 18 8a | | | İ | |
| | b | Less: direct expenses | | | | |
| [| C | Net income or (loss) from fundraising events > | | | | |
| | 9a | Gross income from gaming activities See Part IV. line 19 | | | | |
| ŀ | | god victor coo i di i i i i i i i i i i i i i i i i | } | | | |
| | | Logo, direct expenses | | | | |
| | 400 | Net income or (loss) from gaming activities > Gross sales of inventory, less | | | | |
| | าบล | returns and allowances 10a 33,231 | | | | |
| | | Less: cost of goods sold 10b 16,946 | | | | |
| | b | Net Income or (loss) from sales of inventory | 16,285 | 16,285 | |) (|
| | <u>.</u> | Business Code | | | | |
| Revenue | 11a | | | | | |
| Revenue | b | | | | | |
| Ve. | G | | | | | |
| Re | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | 0 | | | |
| L | 12 | Total revenue. See instructions | 595,146 | 336,185 | (|) (|

| Part | IX Statement of Functional Expenses | | | must complete colum | nn (A) |
|-------------------|---|-------------------------|---|------------------------------------|-------------------------|
| Section | n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response | lete all columns. All c | omer organizations i In thic Part IX | nust complete coluir | П |
| 4, | | or note to any line | ITHIS FALLIX | (C) | (D) Fundraising |
| Do no: 8b, 9b, | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 105,887 | 105,887 | | |
| 9 | Other employee benefits | 9,013 | 9,013 | | |
| 10 | Payroll taxes | 9,149 | 9,149 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | | | |
| b | Legal | | | 1.000 | |
| C | Accounting | 1,000 | | 1,000 | |
| d | Lobbylng | | | | |
| е | Professional fundralsing services. See Part IV, line 17 | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 9,301 | 9,301 | | |
| 13 | Office expenses | 13,241 | 10,211 | 3,030 | |
| 14 | Information technology | 6,697 | 6,697 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 105,817 | 105,817 | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 50 | 50 | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 73,274 | 73,274 | | |
| 22 | Depreciation, depletion, and amortization . | 15,335 | 14,028 | 1,307 | |
| 23 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | (0)030 | ., | - | |
| _ | Restoration & Repairs - Trolley & Rolling Stock | 51,324 | 51,324 | 0 | 0 |
| a | Visitor Experience & Event ReLATED | 58,290 | 58,290 | 0 | 0 |
| b C | Track, overhead & Signal Related | 35,573 | 35,573 | 0 | 0 |
| d | Volunteer Meetings & Related Expenses | 3,925 | 3,925 | 0 | |
| e | All other expenses | 0 | 0 | 0 | |
| 25 | Total functional expenses, Add lines 1 through 24e | 497,876 | 492,539 | 5,337 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | 4-44 | | Form 990 (2021) |
| | | | | | TORR 200 (2021) |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 37,120 1 55,573 2 292,435 218,976 2 3 0 3 4 0 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 0 7 8 5,769 7,131 8 9 9 Land, buildings, and equipment: cost or other 10a basis, Complete Part VI of Schedule D . . . | 10a | 10c Less: accumulated depreciation 10b 1,543,196 1,170,607 1,186,851 11 0 Investments-publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 . 0 12 13 Investments-program-related. See Part IV, line 11 0 13 0 14 14 426,017 15 426,017 15 1,859,851 16 1,966,645 Total assets. Add lines 1 through 15 (must equal line 33) 16 8,568 17 48,245 17 18 O 18 0 19 19 0 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 0 23 239,505 Secured mortgages and notes payable to unrelated third parties . . . 246,458 23 24 23,200 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 287,750 278,226 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ► 📝 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,610,493 27 Net assets without donor restrictions 1,581,625 27 28 68,402 0 Organizations that do not follow FASB ASC 958, check here ▶
☐ and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds . . 31 32 1,678,895 1,581,625 32 33 1,966,645 1,859,851 Form 990 (2021)