FY22
BUDGET REQUEST

NL HOMELESS HOSPITALITY CENTER

NEW LONDON **Homeless Hospitality Center**

Administrative Office
730 State Pier Road
Post Office Box 1651
New London, CT 06320

Program Office
325 Huntington Street
New London, CT 06320

www.NLHHC.org
(860) 439-1573

November 30, 2020

Mr. Rob Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford CT 06385

Dear Mr. Brule,

We appreciate the Town of Waterford's past partnership in supporting the work of the New London Homeless Hospitality Center (NLHHC). With the help of our federal, state, local and community partners we were able to provide emergency shelter to over 400 single adults. I am writing to ask for your continued support of regional services to be provided by the Homeless Hospitality Center in FY22. I hope that you will be able to provide $ 5,000 toward this critically important work in your FY22 budget.

Our guests came from all parts of New London County. Determining the town of origin for those we served is difficult. People often descend slowly into homelessness leaving their town of origin for a larger city well before they finally reach the stage of being literally homeless and in need of emergency shelter.

Because Connecticut does not have a county government, financing regional services of any kind is a challenge. And yet we know that regional services make sense. It would not be effective or practical to ask each town in our region to provide emergency shelter for its residents experiencing homelessness. We can provide better and more cost-effective support by centralizing services such as emergency shelter.

This is what we have done in New London County. But centralization of services can only work if all the municipalities in our region help support the cost of these services. Over 85% of all the single adult emergency shelter nights in our region are provided by NLHHC. In addition, every day between 30-50 people visit our daytime hospitality center to get out of the elements, take a shower, pick up mail or simply have a place they are welcome to sit.

During the winter we provide a warming center option. We also offer the one-on-one supports and practical assistance our guests need to rebuild their lives and find permanent housing. We help our guests address the underlying causes of their homelessness, thereby reducing the likelihood that they will end up homeless again and in need of services. We are able to help hundreds of those we serve to quickly return to permanent housing.

Our work has been particularly important and challenging due to the Covid 19 crisis. We have remained open and worked hard to provide a setting where our neighbors experiencing homelessness can observe CDC recommended precautions thereby reducing the spread of Covid 19 in our community.

As detailed in the attachment, we have a total of 18 FTE's supporting our shelter related work at a total cost of approximately $765,000. State and federal funding provides (about 40%) of the funding we need for basic shelter operation. We receive $16,250 (about 1% of our shelter budget) from the

United Way. Local towns currently cover 4% of our costs. Private funding (foundations, private donors and L+M Hospital) currently covers the remaining more than half of the cost of offering day and overnight access to shelter. Every dollar matters and only continued support from so many partners makes our work possible.

We serve as the primary shelter resource for New London County. Surrounding municipalities have been supporting us in the work we do.

City of New London ($7,000)
Town of East Lyme ($3,500)
Town of Groton ($7,125)
Town of Montville ($3,000)
Town of North Stonington ($1,000)
Town of Old Lyme ($1,500)
Town of Preston ($1,500)
Town of Stonington ($2,500)
Town of Waterford ($5,000)
Town of Lisbon ($1,000)

We rely on support from surrounding towns to make this regional resource available to our neighbors experiencing homelessness. We are hoping for your continued support. I have enclosed both our total agency budget and a more detailed breakdown of our budget for shelter related activities. An annual report on our activity last fiscal year and our most recent audit are also attached.

Thank you for considering us for funding in FY22. If you have any questions, need more information or have special forms you would like us to complete, please don't hesitate to contact me. I am also available to attend budget hearings or other forums to provide more information about our work. I can be reached by cell phone at 860-227-2188 or by email at czall@snet.net.

Sincerely,

Catherine Zall
Executive Director

Enclosures:
FY2020 Annual Shelter Report
Organization budget
Emergency shelter budget

TOWN OF WATERFORD
15 Rope Ferry Road
Waterford, CT 06385
860-442-0553

SOCIAL SERVICES GRANT FUNDING REQUEST

ORGANIZATION NAME: Homeless Hospitality Center

REQUEST DATE (FISCAL YEAR): FY2022

REQUESTED AMOUNT: $5,000

BENEFIT STATEMENT (Describe how these funds will be used)

During the winter we provide a winter cenrter warming option. We offer one on one support and practical assistance to our guests need to rebuild thier lives. We are able to help hundreds of those we serve quickly return to permanent housin Our work has been hard during the covid crisis yet we remained open and were able to contiue our programs. Your grant will help us acheive these goals and beyond.

Per Town of Waterford Budget Guidelines: please attach a certified audit report of all funds appropriated during the last completed fiscal year to your funding request.

DECLARATION

I, the requester, understand that I am requesting public funds from the Town of Waterford. I declare that this request does not pose any potential conflict with the Town of Waterford and I will provide any documentation requested by the Town of Waterford to authorize funding this request or review the appropriateness of the request.

Steve Elci 12/20/20

Signature

Date

New London Homeless Hospitality Center
Shelter Operating Budget (FY 20-21)
(excluding special Covid related costs funded by FEMA and CARES Act funding)

	Shelter Operations	Respite
Volunteer Coordinator	13,932	
Facilities Manager	8,916	
Health Initiatives Manager		52,632
Shelter Manager	54,696	
Shelter operations supervisor	41,280	
Shelter admin and reporting	39,216	
Direct Hourly cost-shelter staff	90,236	11,280
Shelter Support-cleaning, lockers, supp	30,960	
Driving	12,384	
weekend coverage	6,605	6,605
winter extra staffing	10,500	
Hourly vacation coverage	28,438	
Total Staff	337,163	70,516
Fringe Benefits	53,440	11,177
Health Reimbursement (HSA account)	4,619	966
Equipment Purchase/Replacement	7,875	
Insurance	35,000	
Loan Amortization (State Pier Road)	10,400	
Payments for Guests		5,000
Professional Fees		3,000
Repairs & Maintenance	48,150	
Supplies	38,414	
Utilities (gas, electric, water)	30,000	
Total Direct Expenses	565,061	90,659
Allocation of shared costs	94,976	15,238
Total Cost	**660,037**	**105,897**

New London Homeless Hospitality Center
Approved Budget
FY 2020-21

Income	
Foundations	265,000
Faith community Gifts	24,000
Individual and Business	350,000
Respite	80,000
Surrounding Towns	21,000
Special Events	25,000
Rental income (SSVF)	12,000
Rental Income (net after write-offs)	248,000
Government Grants	1,288,000
Mental Health Waiver (Medicaid)	185,000
	2,498,000

Expenses	
Total Staff	1,444,000
Fringe Benefits	229,000
Health Reimbursement	38,000
Staff Training	9,000
Accounting Fees	30,500
Equipment Purchase/Replacement	22,000
Travel (mileage and gas)	24,000
HUD Rent payments	28,000
Insurance	70,000
Loan amortization (Rental Properties)	45,000
Loan Amortization (State Pier Road)	10,500
Master Lease payments	16,800
Miscellaneous (including Holiday gift)	25,000
Payments for Guests	197,200
Printing/Postage	10,000
Professional Fees	26,000
Property Taxes	28,000
Repairs & Maintenance	71,500
Supplies	50,000
Telephone	38,000
Utilities (gas, electric, water)	85,000
Total Expenses	2,497,500

TOWN OF WATERFORD
15 Rope Ferry Road
Waterford, CT 06385
860-442-0553

SOCIAL SERVICES GRANT FUNDING REQUEST

ORGANIZATION NAME: Homeless Hospitality Center
REQUEST DATE (FISCAL YEAR): FY2022
REQUESTED AMOUNT: $5,000

BENEFIT STATEMENT (Describe how these funds will be used)

Over 85% of all the single adult emergency shelter nights in our region are provided by NLHHC. In addition, every day between 35-50 people visit our daytime hospitality center to get out of the elements, take a shower, pick up mail or simply have a place they are welcome to sit. We help our guests address the underlying causes of their homelessness, thereby reducing the likelihood that they will end up homeless again and in need of services. We are able to help hundreds of those we serve to quickly return to permanent housing.

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Signature

12/2/20
Date

NEW LONDON **Homeless Hospitality Center**

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730 State Pier Road
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New London, CT 06320

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325 Huntington Street
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(860) 439-1573

December 1, 2020

Town of Waterford
Social Service Grant Funding Request

Our FY 2019-20 Audit is still in process. A copy of our FY 2018-19 audit is attached.

As soon as our FY 2019-20 audit is completed, we will forward a copy to your office. To provide some information on our last fiscal year, attached is a preliminary report of our actual vs. budget for the fiscal year just ended. This report shows only the results from operations and does not include the adjustments that are made by our auditors.

New London Homeless Hospitality Center

PRELIMINARY Year End 2019-20

Operations

(including loan payments and excluding captial grants for Friendship Street)

Does not yet include impact of PPP loan forgiveness

	July 2019-June 2020			July 2020-June 2021	
	Jul '19 - Jun 20 Actual	Jul '19 - Jun 20 Budget	Actual vs. budget	Budget	
Income					
Total Medicaid Billing	106,970	123,000	(16,030)	185,000	
Respite Income	95,120	90,000	5,120	80,000	
Insurance Proceeds	1,405	-	1,405	-	
Total Rent Activity	219,835	234,000	(14,165)	248,000	
Faith Community Contrib	20,143	24,000	(3,857)	24,000	
Government Grants	1,148,580	985,200	163,380	1,260,000	
Foundations/Grants	292,530	195,000	97,530	265,000	
Total Individual/Business	387,764	272,400	115,364	350,000	
Local government grants	19,725	21,000	(1,275)	21,000	
Other Income	10,000	6,000	4,000	12,000	
Rent Reimbursements--HUD	27,168	27,960	(792)	28,000	
Special Event Donations	22,075	30,000	(7,925)	25,000	
Thrift Store Sales	78,679	150,000	(71,321)	-	
Thrift Store Truck Income	2,492	-	2,492	-	
Total Income	**2,432,487**	**2,158,560**	**273,927**	**2,498,000**	
Expense					
Property Taxes	29,433	25,500	3,933	28,000	
Empl health reimburse	19,500	30,000	(10,500)	38,000	
Total Guest Support	94,513	111,600	(17,087)	197,200	
HUD Rent Payments	28,688	27,900	788	28,000	
Insurance	74,629	74,400	229	70,000	
Loan Payments	37,600	37,600	-	55,500	
Master Lease Payments	16,800	16,800	-	16,800	
Misc expenses	20,573	19,100	1,473	25,000	
Equipment.	21,226	10,740	10,486	22,000	
Total Payroll	1,494,897	1,423,200	71,697	1,673,000	
Printing copying and postage	13,322	9,192	4,130	10,000	
Total Professional fees	50,544	56,940	(6,396)	56,500	
Total Supplies	58,673	43,200	15,473	50,000	
Total Property Management	43,336	30,000	13,336		
Repairs Maintenance	55,598	31,000	24,598	71,500	combined
Rent or Lease of Buildings	27,000	34,500	(7,500)	-	
Staff Development	4,274	9,000	(4,726)	9,000	
Telephone/Internet	46,476	29,600	16,876	38,000	
Total Travel Expense	17,316	20,640	(3,324)	24,000	
HBT Other Expenses	7,743	10,500	(2,757)	-	
Total Utilities	90,289	87,600	2,689	85,000	
Total Expense	**2,252,430**	**2,139,012**	**113,418**	**2,497,500**	

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

FINANCIAL STATEMENTS
AS OF JUNE 30, 2019

TOGETHER WITH

INDEPENDENT AUDITORS' REPORT,

SUPPLEMENTARY INFORMATION

AND

STATE SINGLE AUDIT REPORTS

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
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JUNE 30, 2019

INDEPENDENT AUDITORS' REPORT

HOYT FILIPPETTI & MALAGHAN LLC
CERTIFIED PUBLIC ACCOUNTANTS

Richard M. Hoyt, Jr., CPA PFS
Paul R. Filippetti, CPA
Terence J. Malaghan, CPA
K. Elise vonHousen, CPA
Susan K. Jones, CPA

Jason E. Cote, CPA
Dipti J. Shah, CPA
Fiona J. LaFountain, CPA
Stephanie F. Brown, CPA

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
New London Homeless Hospitality Center, Inc.
New London, Connecticut

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of New London Homeless Hospitality Center, Inc. (the Center), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in the *Government Auditing Standards*, issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1041 Poquonnock Road • Groton, CT • 06340 • T: 860-536-9685 • F: 860-536-9684 • office@mysticcpa.com

OPINION

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New London Homeless Hospitality Center, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

EMPHASIS OF A MATTER

As discussed in *Note 1*, during the year ended June 30, 2019, the Organization adopted Accounting Standards Update No. 2016-14, *Not-For-Profit-Entities (Topic 958); Presentation of Financial Statements of Not-For-Profit-Entities.* Our Opinion is not modified with respect to this matter.

OTHER MATTERS

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of state financial assistance, as required by the State Single Audit Act, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

OTHER REPORTING REQUIRED BY *GOVERNMENTAL AUDITING STANDARDS*

In accordance with *Government Auditing Standards*, we have also issued a report dated December 5, 2019 on our consideration of the Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

REPORT ON SUMMARIZED COMPARATIVE INFORMATION

We have previously audited New London Homeless Hospitality Center, Inc.'s 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 4, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Hoyt, Filippetti & Malaghan, LLC

Groton, Connecticut
December 5, 2019

FINANCIAL STATEMENTS

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2019
(With Summarized Financial Information for 2018)

ASSETS

	2019	2018
CURRENT ASSETS		
Cash and cash equivalents	$ 564,960	$ 870,103
Grants receivable	37,699	45,365
Prepaid expenses	48,876	32,872
Total current assets	651,535	948,340
PROPERTY AND EQUIPMENT, net	3,152,658	2,611,302
Total assets	$ 3,804,193	$ 3,559,642

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current maturities of long-term debt	$ 89,953	$ 81,807
Accounts payable	15,611	78,117
Deferred revenue	-	78,947
Accrued expenses	106,585	95,334
Security deposits	23,467	8,900
Total current liabilities	235,616	343,105
OTHER LIABILITIES		
Long-term debt, less current maturities	422,435	266,032
Total other liabilities	422,435	266,032
Total liabilities	658,051	609,137
NET ASSETS		
Without donor restriction:		
Undesignated	354,180	316,411
Designated as investment in property and equipment, net of related debt	2,640,270	2,263,463
Total net assets without donor restrictions	2,994,450	2,579,874
With donor restrictions	151,692	370,631
Total net assets	3,146,142	2,950,505
Total liabilities and net assets	$ 3,804,193	$ 3,559,642

The accompanying notes are an integral part of these financial statements.

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019
(With Summarized Financial Information for 2018)

	Without Donor Restrictions	With Donor Restrictions	2019 Total	2018 Total
REVENUES				
Grants and contracts	$ 1,483,101	$ -	$ 1,483,101	$ 1,050,687
Contributions	496,389	18,000	514,389	834,617
Non cash contributions:				
Building rent	19,625	-	19,625	18,375
Thrift shop sales	139,958	-	139,958	125,303
Other income	11,597	-	11,597	16,422
Net assets released from restrictions	236,939	(236,939)	-	-
	2,387,609	(218,939)	2,168,670	2,045,404
EXPENSES				
Program services:				
Day and night shelter	711,964	-	711,964	675,764
Thrift shop program	175,117	-	175,117	164,694
Housing	786,122	-	786,122	595,283
Total program services	1,673,203	-	1,673,203	1,435,741
Supporting services:				
Management and general	261,452	-	261,452	286,051
Fundraising	38,378	-	38,378	12,625
Total supporting services	299,830	-	299,830	298,676
Total expenses	1,973,033	-	1,973,033	1,734,417
Change in net assets	414,576	(218,939)	195,637	310,987
NET ASSETS, beginning of year	2,579,874	370,631	2,950,505	2,639,518
NET ASSETS, end of year	$ 2,994,450	$ 151,692	$ 3,146,142	$ 2,950,505

The accompanying notes are an integral part of these financial statements.

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
(With Summarized Financial Information for 2018)

	2019								
	PROGRAM SERVICES				SUPPORTING SERVICES				
	Day and Night Shelter	Thrift Shop Program	Housing	Total	Management and General	Fundraising	Total	Total 2019	Total 2018
Salaries	$ 394,926	59,433	446,153	$ 900,512	$ 118,103	31,342	$ 149,445	$ 1,049,957	$ 905,941
Payroll taxes and benefits	63,322	9,529	71,536	144,387	18,937	5,024	23,961	168,348	157,346
Total payroll related costs	458,248	68,962	517,689	1,044,899	137,040	36,366	173,406	1,218,305	1,063,287
Supplies	41,672	295	1,741	43,708	12,487	-	12,487	56,195	72,561
Repairs and maintenance	14,287	1,242	8,807	24,336	9,406	-	9,406	33,742	31,659
Insurance	16,270	7,000	18,235	41,505	7,000	-	7,000	48,505	27,135
Occupancy	20,037	13,395	65,075	98,507	16,862	-	16,862	115,369	89,862
Rent	16,497	55,750	35,630	107,877	2,048	-	2,048	109,925	91,075
Office expense and supplies	13,294	453	2,204	15,951	11,778	2,012	13,790	29,741	18,743
Casual labor	6,079	10,146	4,190	20,415	257	-	257	20,672	10,959
Professional fees	4,720	533	6,970	12,223	38,418	-	38,418	50,641	54,587
Travel	1,126	-	8,554	9,680	805	-	805	10,485	9,922
Staff development	1,152	-	2,110	3,262	4,832	-	4,832	8,094	8,766
Guest support	30,440	-	47,170	77,610	1,016	-	1,016	78,626	101,583
Vehicle expense	6,775	10,655	1,369	18,799	-	-	-	18,799	18,645
Telephone	10,438	1,222	15,330	26,990	9,856	-	9,856	36,846	23,790
Interest expense	4,497	-	19,115	23,612	-	-	-	23,612	17,773
Bank and credit card fees	-	3,017	-	3,017	3,179	-	3,179	6,196	3,430
Miscellaneous	7,196	1,145	1,826	10,167	2,322	-	2,322	12,489	11,424
Total expenses before depreciation	652,728	173,815	756,015	1,582,558	257,306	38,378	295,684	1,878,242	1,655,201
Depreciation	59,236	1,302	30,107	90,645	4,146	-	4,146	94,791	79,216
Total expenses	$ 711,964	$ 175,117	$ 786,122	$ 1,673,203	$ 261,452	$ 38,378	$ 299,830	$ 1,973,033	$ 1,734,417

The accompanying notes are an integral part of these financial statements.

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2019
(With Summarized Financial Information for 2018)

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 195,637	$ 310,987
Adjustments to reconcile the change in net assets to net cash provided by operating activities:		
Depreciation	94,791	79,216
Changes in operating assets and liabilities:		
Grants receivable	7,666	48,765
Prepaid expenses	(16,004)	4,811
Accounts payable	(62,506)	69,356
Accrued expenses	11,251	24,718
Security deposits	14,567	8,900
Deferred revenue	(78,947)	78,947
Net cash provided by operating activities	166,455	625,700
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash outlay for property and equipment	(451,147)	(172,984)
Net cash used in investing activities	(451,147)	(172,984)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of capital lease	-	(1,988)
Repayment of long-term debt	(20,451)	(18,380)
Net cash used in financing activities	(20,451)	(20,368)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(305,143)	432,348
CASH AND CASH EQUIVALENTS, beginning of year	870,103	437,755
CASH AND CASH EQUIVALENTS, end of year	$ 564,960	$ 870,103
SUPPLEMENTAL CASH FLOW INFORMATION		
Cash paid during the year for interest	$ 17,809	$ 17,773
Non cash investing and financing activities:		
Land and building acquired through assumption of long-term debt	$ 185,000	$ -

The accompanying notes are an integral part of these financial statements.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

PURPOSE OF ORGANIZATION

New London Homeless Hospitality Center, Inc. (the Center) was established to provide a place of hospitality for the homeless. At night, the Center provides a shelter for single adults. The goal is to provide a place of rest and safety in a setting that is welcoming and dignified. On an average night, the Center provides a place of safety for about fifty (50) men and women. During the day, the Center offers a hospitality center where the homeless can find sanctuary and practical assistance. The hospitality center helps address some of the practical aspects of being homeless such as getting mail, taking a shower, and finding a place to sit in cold weather. The hospitality center also works to link people with the resources they need to return to permanent housing. On an average day, eighty (80) people visit the daytime hospitality center. The thrift shop sells donated goods and the proceeds from the shop contribute to the support the Center's programs. The Center also provides a transitional housing program serving those experiencing homelessness.

CHANGE IN ACCOUNTING PRINCIPLE

In August 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2016-14, *Not-For-Profit-Entities (Topic 958): Presentation of Financial Statements of Not-For-Profit Entities.* The Amendment changes the previous reporting model for nonprofit organizations and enhances the disclosure requirements. The major changes include (a) requiring the presentation of only two classes of net assets rather than three, (b) modifying the presentation of underwater endowment funds and related disclosures, (c) requiring the use of the placed in service approach to recognize the expirations of restrictions on gifts used to acquire or construct long-lived assets absent explicit donor stipulations otherwise, (d) requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate statement, or in the notes and disclose a summary of the allocation methods used to allocate costs, (e) requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources, (f) presenting investment return net of external and direct internal investments expenses and (g) modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements. This ASU is effective for annual periods beginning after December 15, 2017. Management has adopted ASU 2016-14 for the year ended June 30, 2019. The amendments have been retrospectively applied.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

PRIOR YEAR SUMMARIZED FINANCIAL INFORMATION

The financial statements include certain prior year summarized financial information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Center's financials as of and for the year ended June 30, 2018, from which the summarized information was derived. Certain reclassifications have been made to the 2018 amounts to conform with the current year presentation.

NET ASSET CATEGORIES

To ensure observance of limitations and restrictions placed on the use of resources available to the Center, the accounts of the Center are maintained in the following net asset categories:

Without Donor Restrictions

Net assets without donor restrictions represent available resources other than donor-restricted contributions.

With Donor Restrictions

Net assets with donor restrictions represent contributions and investment earnings thereon that are restricted by the donor either as to purpose or as to time of expenditure.

RECOGNITION OF SUPPORT AND REVENUE

Grants and Contracts

Grants and contracts are generally characterized as exchange transactions in which the grantor or contractor requires the performance of specific activities.

Entitlement to cost reimbursement grants and contracts is based on the expenditure of funds in accordance with grant restrictions. Therefore, revenue is recognized to the extent of grant expenditures. For performance-based grants and contracts, revenue is recognized to the extent of the performance achieved. Grant receipts in excess of revenue recognized are presented as deferred revenue.

Contributions

Contributions are defined as voluntary, nonreciprocal transfers.

Unrestricted and unconditional contributions are recognized as support when received or pledged, if applicable. The Center recognizes contributions of cash and other assets as support with donor restrictions if they are received with donor stipulations that limit the use of such assets. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets are reclassified and reported in the statement of activities as net assets released from restrictions. Contributions received whose use is contingent on the occurrence of a future event are presented as deferred support until such conditions are substantially met, at which time they are recognized as support.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

RECOGNITION OF SUPPORT AND REVENUE *(Continued)*

Donated Services

The Center recognizes contributions of services received if they create or enhance nonfinancial assets or require specialized skills and would typically need to be purchased if not provided by donation. General volunteer services do not meet this criteria for recognition in the financial statements. However, a substantial number of volunteers have donated significant amounts of time to the Center's programs.

Donated Assets

Donated assets, including the usage of assets such as rent are recognized at their estimated fair market value.

The Center reports gifts of land, buildings, and equipment as unrestricted support. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions in full when the donated or acquired long-lived assets are placed in service.

CASH EQUIVALENTS

For purposes of the statement of cash flows, the Center defines cash equivalents as liquid investments with an original maturity of three months or less. The Center had cash equivalents totaling $256,711 as of June 30, 2019 which consist of a money market account.

PROPERTY AND EQUIPMENT

Property and equipment acquisitions and improvements thereon that individually exceed $1,000 are capitalized at cost, if purchased or at market or assessed value on the date of gift or bequest. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Building and improvements	20 – 40 years
Vehicles	5 years
Furniture, fixtures and equipment	5 – 10 years

Repairs and maintenance are charged to expense as incurred.

SALES TAX

The Center collects Connecticut sales tax from customers on the sale of taxable goods at the Thrift Shop. The Center remits the entire amount to the state. The Center's accounting policy is to exclude the sales tax collected and remitted to the state from revenue and expenses.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

INCOME TAXES

The Internal Revenue Service has determined that the Center is exempt from federal income taxes on exempt function income as a public charity under Section 501(c)(3) of the Internal Revenue Code. Consequently, no provision for income taxes has been made in the accompanying financial statements.

The Center did not recognize any liability for uncertain tax positions as defined by accounting principles generally accepted in the United States of America.

The federal tax return of the Center for the year ended June 30, 2019 is subject to examination by the IRS, generally for three years after it has been filed.

SUBSEQUENT EVENTS

The Center has performed an evaluation of subsequent events through December 5, 2019, which is the date the financial statements were available to be issued. There were no subsequent events that require additional disclosure.

NOTE 2 - CONCENTRATIONS OF CREDIT RISK

The Center's financial instruments that are exposed to concentrations of credit risk consist primarily of cash and cash equivalents and grants receivable. The Center places its cash deposits in high quality financial institutions and such deposits are fully covered by federal depository insurance. Grants receivable consist primarily of amounts due under a contract with a federal agency. Based on historical experience, management believes these receivables represent negligible credit risk. Accordingly, management has not established an allowance for potential credit losses.

NOTE 3 - PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows:

Land	$ 468,124
Buildings and improvements	2,890,935
Furniture and equipment	90,746
Vehicles	154,909
	3,604,714
Less: accumulated depreciation	452,056
	$ 3,152,658

Depreciation expense for the year ended June 30, 2019 was $94,791.

NOTE 4 - LINE OF CREDIT

The Center has established a $100,000 line of credit with a local bank. The line of credit bears interest at prime plus 1.5%. There was no activity with this line of credit during the year ended June 30, 2019.

NOTE 5 - LONG-TERM DEBT

A summary of long-term debt follows:

Equity Trust, Inc. mortgage, due December 2020, annual principal payments of $69,000 and monthly interest on the unpaid balance at 5.0%.	$	185,000
Eastern Savings Bank mortgage, due September 2028, monthly payments of $860 including principal and interest at 4.75%		71,743
Equity Trust, Inc. mortgage, due May 2024, monthly payments of $664 including principal and interest at 5.0%		61,413
Equity Trust, Inc. mortgage, due July 2021, monthly payments of $395 including principal and interest at 5.0%		43,824
Liberty Bank mortgage, due December 2035, monthly payments of $1,090 including principal and interest at 4.59%		150,408
		512,388
Less: current maturities		89,953
	$	422,435

Principal maturities of long-term debt in each of the succeeding years are as follows:

Year ending June 30:		
2020	$	89,953
2021		90,979
2022		70,057
2023		24,199
2024		25, 371
2025 and thereafter		211,829
	$	512,388

Interest expense on long term debt was $23,612 for the year ended June 30, 2019.

NOTE 6 - LIQUIDITY AND AVAILABILITY OF RESOURCES

The following reflects New London Homeless Hospitality Center's financial assets as of the statement of financial position date, reduced by amounts that are not available for general use due to contractual or donor-imposed restrictions within one year of the statement of financial position date. Amounts that are not available also include board designated amounts that could be utilized if the Board of Trustees approved the use. However, amounts already appropriated from either the donor-restricted endowment or quasi-endowment for general expenditure within one year of the statement of financial position date have not been subtracted as unavailable.

Financial assets, at year-end		
Cash and cash equivalents	$	564,960
Grants receivable		37,699
		602,659
Less those unavailable for general expenditures within one year, due to:		
Security deposits		23,467
Client custodial accounts		21,299
Contractual or donor-imposed restrictions		151,692
Financial assets available to meet cash needs for general expenditures within one year	$	406,201

NOTE 7 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following at June 30, 2019:

Time-restricted	$	133,692
Purpose restricted:		
Housing program		18,000
	$	151,692

Net assets with donor restrictions that were released from donor restrictions during the year ended June 30, 2019 by satisfying the following restrictions:

Time-restricted	$	50,134
Purpose restricted:		
Training and education		5,355
Respite center		153,450
Housing program		28,000
	$	236,939

NOTE 8 - OPERATING LEASES

The Center leases the space for its Thrift Store Program under a month to month operating lease. The monthly lease amount is $4,000 plus utilities.

The Center also rents space for housing on a periodic basis as part of its Housing Program.

Rent expense under all these arrangements totaled $109,925, which includes $19,625 of donated rent, for the year ended June 30, 2019.

NOTE 9 – METHODS USED FOR ALLOCATION OF EXPENSES AMONG FUNCTIONS

The financial statements of The New London Homeless Hospitality Center report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expense require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation and office and occupancy, which are both allocated on a square footage basis, as well as salaries and benefits, which are allocated on the basis of time and effort studies.

STATE SINGLE AUDIT REPORTS

STATE INTERNAL CONTROL AND COMPLIANCE REPORTS

HFM HOYT FILIPPETTI & MALAGHAN LLC
CERTIFIED PUBLIC ACCOUNTANTS

Richard M. Hoyt, Jr., CPA PFS
Paul R. Filippetti, CPA
Terence J. Malaghan, CPA
K. Elise vonHousen, CPA
Susan K. Jones, CPA
Jason E. Cote, CPA
Dipti J. Shah, CPA
Fiona J. LaFountain, CPA
Stephanie F. Brown, CPA

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
New London Homeless Hospitality Center, Inc.
New London, Connecticut

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of New London Homeless Hospitality Center, Inc. (the Center) which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 05, 2019.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered New London Homeless Hospitality Center, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than material weaknesses, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

PURPOSE OF THIS REPORT

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Hoyt, Filippetti & Malaghan, LLC

Groton, Connecticut
December 5, 2019

HOYT FILIPPETTI & MALAGHAN LLC
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR STATE PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE STATE SINGLE AUDIT ACT

To the Board of Directors of
New London Homeless Hospitality Center, Inc.
New London, Connecticut

REPORT COMPLIANCE FOR EACH MAJOR STATE PROGRAM

We have audited New London Homeless Hospitality Center, Inc.'s (the Center) compliance with the types of compliance requirements described in the *Office of Policy and Management's Compliance Supplement* that could have a direct and material effect on each of the Center's major state programs for the year ended June 30, 2019. New London Homeless Hospitality Center, Inc.'s major state programs are identified in the summary of auditors' results section of the accompanying schedule of state findings and questioned costs.

MANAGEMENT'S RESPONSIBILITY

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its state programs.

AUDITORS' RESPONSIBILTIY

Our responsibility is to express an opinion on compliance for each of the Center's major state programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the State Single Audit Act (C.G.S. Sections 4-230 to 4-236). Those standards and the State Single Audit Act require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major state program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major state program. However, our audit does not provide a legal determination of the Center's compliance.

OPINION ON EACH MAJOR STATE PROGRAM

In our opinion, the Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major state programs for the year ended June 30, 2019.

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REPORT ON INTERNAL CONTROL OVER COMPLIANCE

Management of the Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major state program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major state program and to test and report on internal control over compliance in accordance with the State Single Audit Act, but not for the purpose of expressing an opinion on the effectiveness of the internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the State Single Audit Act. Accordingly, this report is not suitable for any other purpose.

Hoyt, Filippetti & Malaghan, LLC

Groton, Connecticut
December 5, 2019

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2019

Grantor; Program Title; Description	Grant Number	State Program Identification Number	State Assistance
DEPARTMENT OF HOUSING			
Direct:			
Emergency Shelter Services	15DOH0101CD	12060-DOH46900-16149	$ 104,707
Emergency Shelter Program	18DOH0001CIA	12060-DOH46900-35328	78,947
Affordable Housing (Flexible Program)	FX1809504	12063-DOH46900-40237	293,500
Passed through the United Way of Southeastern Connecticut			
Coordinated Access Network	15DOH0023CIA	12060-DOH46920-35328	50,873
			528,027
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES			
Direct:			
Housing Support and Services		11000-MHA53000-12035	127,605
Total			$ 655,632

The accompanying notes are an integral part of this schedule.

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
NOTE TO SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2019

NOTE A - ACCOUNTING BASIS

BASIC FINANCIAL STATEMENTS

The accounting policies of New London Homeless Hospitality Center, Inc. (the Center) conform to accounting principles generally accepted in the United States of America as applicable to nonprofit organizations.

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE

The accompanying schedule of expenditures of state financial assistance has been prepared on the accrual basis consistent with the preparation of the basic financial statements. Information included in the schedule of state financial assistance is presented in accordance with the State Single Audit Act.

For cost reimbursement awards, revenues are recognized to the extent of expenditures. Expenditures have been recognized to the extent the related obligation was incurred within the applicable grant period and liquidated within 90 days after the end of the grant period.

For performance-based awards, revenues are recognized to the extent of performance achieved during the period.

SCHEDULE OF STATE FINDINGS AND QUESTIONED COSTS

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
SCHEDULE OF STATE FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2019

SECTION I – SUMMARY OF AUDITORS' RESULTS

FINANCIAL STATEMENTS

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? ____ Yes ✓ No
- Significant deficiency(ies) identified? ____ Yes ✓ None reported

Noncompliance material to financial statements noted? ____ Yes ✓ No

STATE FINANCIAL ASSISTANCE

Internal control over major programs:

- Material weakness(es) identified? ____ Yes ✓ No
- Significant deficiency(ies) identified? ____ Yes ✓ None reported

Type of auditors' report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 4-236-24 of the Regulations to the State Single Audit Act? ____ Yes ✓ No

The following schedule reflects the major programs included in the audit:

State Grantor/Program	State Grant Program Identification Number	Expenditures
Department of Housing		
Emergency Shelter Services	12060-DOH46900-16149	$ 104,707
Affordable Housing (Flexible Program)	12063-DOH46900-40237	$ 293,500
Department of Mental Health and Addiction Services		
Housing Support and Services	11000-MHA53000-12035	$ 127,605
Dollar threshold used to distinguish between Type A and Type B program:		$100,000

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
SCHEDULE OF STATE FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2019

SECTION II– SUMMARY OF FINDINGS RELATED TO FINANCIAL STATEMENTS REQUIRED UNDER *GOVERNMENT AUDITING STANDARDS*

- We issued a report dated December 5, 2019 on compliance and on internal control over financial reporting based on an audit of financial statements performed in accordance with *Government Auditing Standards.*

- Our report on internal control over financial reporting indicated no material weaknesses.

- Our report on compliance indicated no reportable instances of noncompliance.

SECTION III – STATE FINANCIAL ASSISTANCE FINDINGS AND QUESTIONED COSTS

None

NEW LONDON HOMELESS HOSPITALITY CENTER, INC.
SCHEDULE OF THE STATUS OF PRIOR YEAR AUDIT FINDINGS
FOR THE YEAR ENDED JUNE 30, 2019

- There were no findings or questioned costs reported in the prior year.

New London Homeless Hospitality Center
Shelter Operating Budget (FY 20-21)
(excluding special Covid related costs funded by FEMA and CARES Act funding)

	Shelter Operations	Respite
Volunteer Coordinator	13,932	
Facilities Manager	8,916	
Health Initiatives Manager		52,632
Shelter Manager	54,696	
Shelter operations supervisor	41,280	
Shelter admin and reporting	39,216	
Direct Hourly cost-shelter staff	90,236	11,280
Shelter Support-cleaning, lockers, supp	30,960	
Driving	12,384	
weekend coverage	6,605	6,605
winter extra staffing	10,500	
Hourly vacation coverage	28,438	
Total Staff	337,163	70,516
Fringe Benefits	53,440	11,177
Health Reimbursement (HSA account)	4,619	966
Equipment Purchase/Replacement	7,875	
Insurance	35,000	
Loan Amortization (State Pier Road)	10,400	
Payments for Guests		5,000
Professional Fees		3,000
Repairs & Maintenance	48,150	
Supplies	38,414	
Utilities (gas, electric, water)	30,000	
Total Direct Expenses	565,061	90,659
Allocation of shared costs	94,976	15,238
Total Cost	**660,037**	**105,897**

New London Homeless Hospitality Center
Approved Budget
FY 2020-21

Income	
Foundations	265,000
Faith community Gifts	24,000
Individual and Business	350,000
Respite	80,000
Surrounding Towns	21,000
Special Events	25,000
Rental income (SSVF)	12,000
Rental Income (net after write-offs)	248,000
Government Grants	1,288,000
Mental Health Waiver (Medicaid)	185,000
	2,498,000

Expenses	
Total Staff	1,444,000
Fringe Benefits	229,000
Health Reimbursement	38,000
Staff Training	9,000
Accounting Fees	30,500
Equipment Purchase/Replacement	22,000
Travel (mileage and gas)	24,000
HUD Rent payments	28,000
Insurance	70,000
Loan amortization (Rental Properties)	45,000
Loan Amortization (State Pier Road)	10,500
Master Lease payments	16,800
Miscellaneous (including Holiday gift)	25,000
Payments for Guests	197,200
Printing/Postage	10,000
Professional Fees	26,000
Property Taxes	28,000
Repairs & Maintenance	71,500
Supplies	50,000
Telephone	38,000
Utilities (gas, electric, water)	85,000
Total Expenses	2,497,500

NEW LONDON **Homeless Hospitality Center**

Annual Report

July 1, 2019-June 30, 2020

The New London Homeless Hospitality Center does many things, but emergency shelter has always been our foundation. How we think about emergency shelter, however, has changed since our founding almost fifteen years ago. In this year's annual report, we continue to report on progress measured against specific goals that have guided our work in addressing homelessness. We also outline some new directions we plan to explore.

This year's report also shares some of the many ways Covid 19 has forced us to adapt in order to continue providing essential supports in the safest possible way. With the hard work of our staff, we have changed how we operate, but we have not missed a single day providing essential supports to our neighbors experiencing homelessness. We have not done this alone. Volunteers have continued to serve. Our board of directors has been fully engaged. The City of New London under the leadership of Mayor Passero and Social Service Director Jeanne Milstein have been remarkable partners on many fronts. The network of providers that make up the homeless response system continues to work as a team. Also critical has been support from Ledge Light Health District, the CT Department of Housing, L+M Hospital, the Community Health Center and the VNA of SE CT.

PROGRESS TOWARD CORE GOALS

I. FROM HOMELESSNESS TO SAFETY

Homelessness is a crisis. People need someone to talk with—quickly. People need help figuring out steps they can take to address the crisis they are experiencing. People need to be able to get a shelter bed if they have no other options.

When we began, people facing homelessness had to call from shelter to shelter, usually being told the shelter was full. Today, all of Connecticut has a coordinated access system that allows people to call 211 and be linked immediately to a face-to-face meeting to discuss their situation. For individuals in our region, most of these initial appointments take place at NLHHC.

When we started, people faced long waiting lists for shelter entry, leaving many of our neighbors outside while they waited for a shelter bed. Today, our system works more effectively allowing us to offer much quicker access to life-saving supports.

A. Quick access to help

Goal: People facing homelessness should have rapid access to a person who can discuss their situation and provide information on services available.

Actual: Individuals facing homelessness in our region were able to access an appointment to discuss their options in addressing their housing crisis within 2 days of their call to 211.

In the past fiscal year, we also added same day "emergency" appointments seven days a week: a person who would otherwise be unsheltered that night was able to talk with an HHC staff member that same day.

Our "front door" has stayed open this whole year though we have needed to adapt to the Covid-19 crisis in a variety of ways. We are using virtual tools where possible. Many initial appointments are now completed over the phone. Our CAN (Coordinated Access Network) assessment staff have been trained in conducting health screenings and linking people to appropriate quarantine and isolation options.

B. Diversion when possible

Goal: Our first effort should be to assist people in solving their housing crisis quickly, avoiding their need for emergency shelter.

Actual: In 2019-20 we expanded our diversion staffing with funding from the federal Community Development Block Grant (CDGB), graciously administered for our region through the Town of Stonington. Every initial CAN interview included an effective focus on discussing alternatives to shelter. This effort helped people remain in housing and freed up shelter beds for people without options. Approximately a quarter of those reporting to their CAN assessment interview were diverted—that is, helped to find alternative solutions to their housing crisis.

The effort to find shelter alternatives did not, however, end at the conclusion of the initial CAN interview. Staff continued to encourage people waiting for shelter admission to explore possible housing options. This added discussion has paid off, as 20% of those who initially felt shelter was their only option resolved their housing challenge and never came in to shelter.

C. Shelter bed when needed

Goal: People facing homelessness should have quick access to safe and well managed emergency shelter if they need it.

Actual: Vulnerable people in need of shelter were admitted immediately. Our shelter wait list rarely required people without other options to wait more than a few days to get access. A total of 395 different individuals were enrolled in our emergency shelter. Especially vulnerable individuals were offered access to Department of Housing hotel rooms beginning in April. In addition, during the cold weather, HHC operated a winter warming center to assure that people waiting for regular shelter had at least a warm place to be at night.

The Covid-19 crisis presented multiple challenges to achieving our goal of quick access to safe shelter for all who need it. In March, we reconfigured our shelter layout to achieve the social distancing required to control virus spread. This reduced our capacity by about 20%. Operating safely also required the implementation of multiple protocols including the following: mask wearing, reconfiguring seating areas, stepped up cleaning, staff training, health screening protocols and intensive efforts to inform guests about hand washing.

As the Covid crisis accelerated in March, we feared a major surge of Covid positive cases and worked with the City of New London to create an off-site Covid isolation site on Viets Street. While the surge fortunately did not occur, Viets Street safely housed 25 individuals who were symptomatic or Covid positive. The site allowed us to provide discharge options for L+M hospital to free up in-patient beds, provided a place for recuperation for those impacted by Covid, and kept the general shelter population safer. As cases declined, we were able to close the Viets Street site but continue to have an organized quarantine section within our existing shelter.

In total, approximately 500 people accessed a shelter option through HHC during the last fiscal year.

D. Fewer barriers to shelter use

Goal: Shelter needs to be organized to provide people facing multiple challenges, particularly substance use disorders and mental health challenges, with the opportunity to use shelter successfully. To operate safely and effectively the shelter must set behavioral expectations. Staff must strive, however, to implement these expectations with flexibility and skill, so as to minimize the number of people who need to be excluded from shelter involuntarily.

Actual: Overall, negative exits declined to 8%.

E. Treatment when requested

Goal: Individuals who seek assistance in addressing substance use disorders should have access to recovery supports that complement rehousing efforts.

Actual: Shelter staff worked closely with Recovery Navigators, treatment programs and community-based options to help people link to recovery support. Last fiscal year we assisted 46 individuals to find intensive treatment options and 118 individuals to locate other program options that eliminated the need to remain in the HHC shelter.

II. FROM SHELTER TO HOUSING

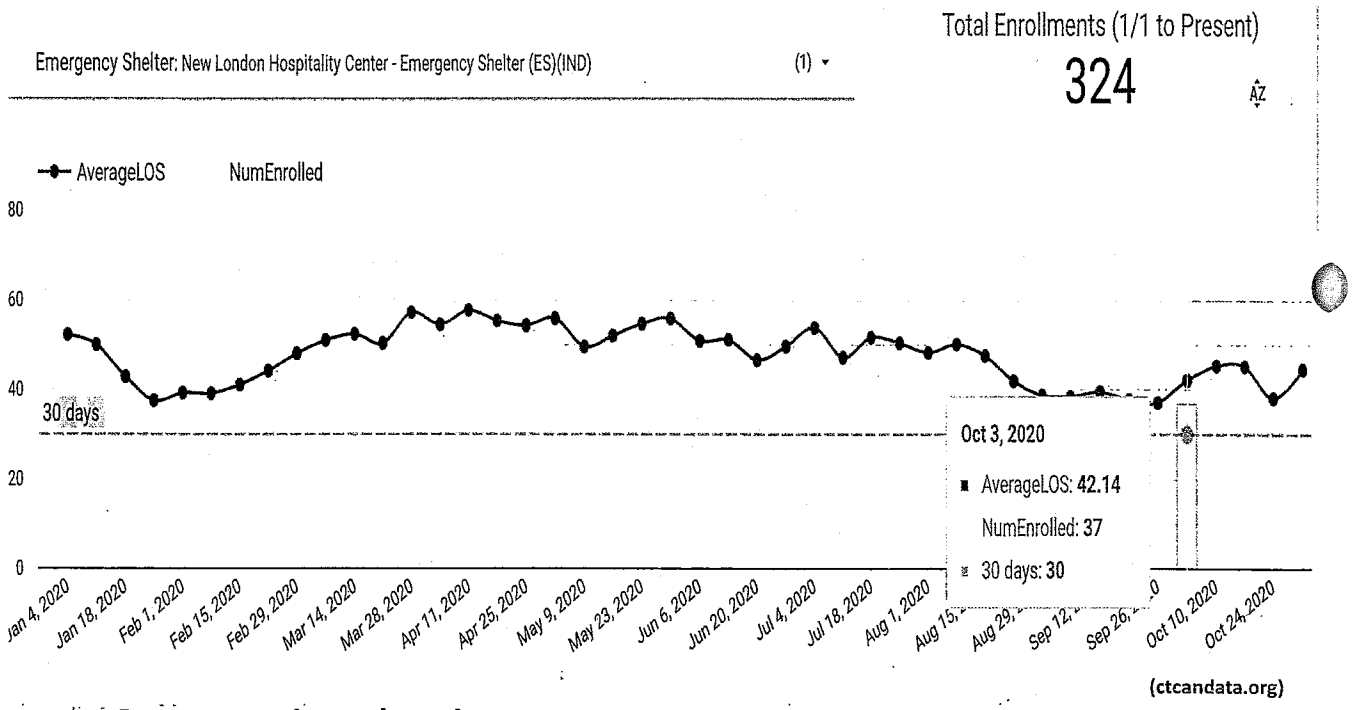
When we started, HHC provided only a place to sleep. Early on, however, we saw that housing, not just emergency shelter, is the ultimate answer to homelessness. Today we have a robust program of housing location support and short-term rental assistance that helps people get

back to housing more quickly. Someone who gets a job or has some income can now get into housing right away, without having to wait weeks or even months to save enough for a security deposit and first month's rent. These supports are dramatically shortening the amount of time people spend in shelter and allowing them to get back to their jobs and community more quickly.

A. Shorter shelter stays

Goal: Shelter is a lifesaving resource but should be like a trampoline: helping people bounce back to housing as soon as possible. Shorter shelter stays are better for our guests and also free up capacity to serve new people in need. Our goal is to reduce the average length of stay in shelter to 30 days by helping people exit more quickly for housing.

Actual: While our shelter stays are 40% shorter than the statewide average for similar shelters, we have not yet achieved our target of 30-day average length of stay.

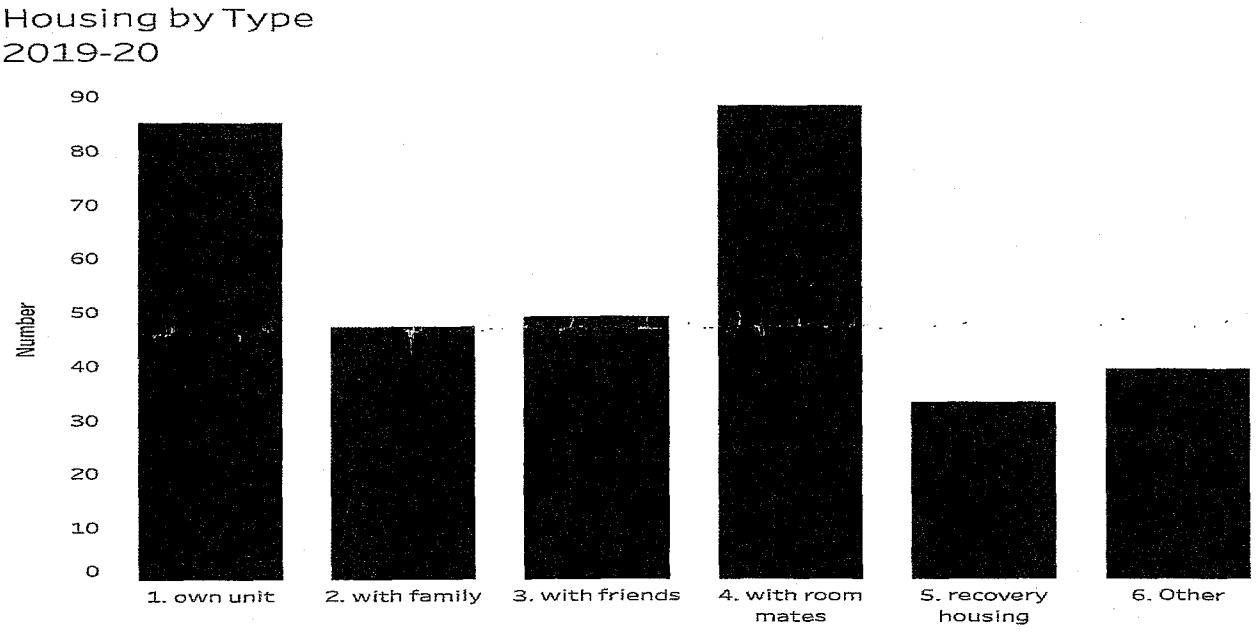


B. More exits to housing

Goal: With the right supports, many people can reconnect to housing quickly. HHC housing location staff help people find vacancies, and our shelter staff help guests address other issues that stand in the way of housing.

Actual: Housing is the answer to homelessness. NLHHC continued to make progress in maximizing entries to housing, beginning with the CAN appointment and continuing through shelter enrollment. 52% of NLHHC shelter exits were to permanent housing compared with a statewide average of 38%. Housing placements were also achieved in the diversion process and through outreach efforts to people who were unsheltered. Overall, we recorded 341 exits to housing in the last fiscal year.

The majority of our guests have very limited income. Increasing housing placements, therefore, required great staff support but also creativity in helping people with find housing options they can afford. As indicated below, for most people this meant sharing housing with others.



C. Greater housing stability

Goal: While housing is the start, keeping housing is the longer-term goal. Short-term rental assistance (security deposits and help paying rent) is a critical resource to allow very low-income people to stabilize in housing. With the onset of the Covid crisis, the CARES act provided new resources for housing assistance.

Actual: We began using new CARES Act resources to invest heavily in increasing our housing capacity at the end of 2019-20, with an intense focus on building relationships with local landlords. As these relationships brought housing leads, we developed the infrastructure to process rental assistance requests and meet multiple documentation requirements from different new funding sources. These efforts generated increased housing placements and allowed us to help people access over $234,000 in rental assistance payments (outside HHC's budget!) in the first four months of the current fiscal year.

NEW DIRECTIONS

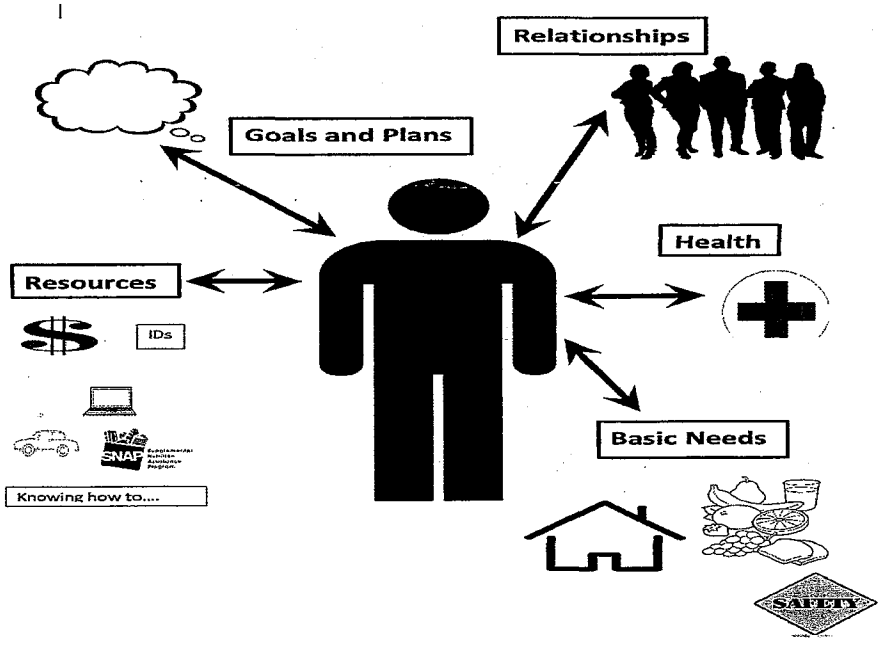
SEEING THE WHOLE PERSON

As a nation we have approached homelessness as a problem that can be solved with **programs**. When HHC started in 2006, emergency shelter was the **program** tapped to address the problem of homelessness. Then about ten years ago, a new national focus called "HOUSING FIRST" shifted attention to housing as the most effective **program** intervention.

As the earlier parts of this report make clear (see especially Sec. II), much has been accomplished with an investment in effective **programs**. We increasingly see, however, that lack of income, physical/mental health issues, substance-use disorders, limited social networks and other challenges remain even after housing is in place. All these challenges are easier to solve once a person is housed. But without added supports, they can drag a person back onto the path of homelessness all too quickly.

Many social service thinkers therefore see the need to add a more **person-centered** approach, one which recognizes that external realities (lack of housing or income) can be addressed with good **programs,** but that the individual's own internal capacity (resilience, focus, motivating goals, knowledge) are critical to long-term success. A **person-centered** approach understands that each person faces a unique set of challenges and brings a unique combination of strengths to the task of maintaining housing.

What increases a person's capacity to stay stably housed?



A **person-centered** approach also recognizes that solving problems is not the same as setting people up to really thriving. To use a medical analogy, being free of the problem of disease is not the same as the thriving we call health. We survive when we solve problems...we thrive when we embrace possibilities that give our lives meaning. A **person-centered** plan addresses challenges but also asks "what kind of life do you want?" and "how can we build that?".

A **person-centered** approach therefore seeks to help build each person's unique capacity to achieve the goals that matter to them. Such an approach has to be:

- flexible (each of our challenges and dreams differ),
- focused on possibilities (we are each more than our problems)
- focused on relationships (change happens and people thrive when they feel supported in strong human relationships),
- available over the longer term (capacity takes time to build) and
- empowering of individual agency (as opposed to the dependency encouraged by some program approaches).

Adopting a more **person-centered** approach at HHC does not, of course, mean that we can lessen our focus on offering quality housing programs. It also does not mean that HHC can provide all the supports an individual identifies as important. We believe HHC can, however, still organize the help we have in a more person-centered way.

Program Centered	Person Centered
Agency led	Participant led
Problem focused	Possibility focused
Narrowly focused financial assistance	Flexible financial assistance
Assigned provider	Choice of provider
Directing and telling	Listening and guiding
Case management	Navigation and accompaniment
Episodic	Longer term if desired
Office based	Community based

The Covid crisis has slowed our work on implementing this person-centered effort. We continue, however, to invest in our Help Center, which has been grounded in a person-centered approach for years: offering flexible financial assistance, access to technology that allows people to act on their own behalf and individualized information on resources. One new step has been the creation of a Navigation Center, where we are experimenting with offering more in-depth one-on-one assistance informed by person-centered approaches.

ADDRESSING RACIAL INEQUITY

The deep-seated impact of racial injustice on every aspect of American society is becoming increasing clear. HHC is not immune from a need for deep reflection and analysis on the impact of racial inequality. This process has just begun, but we have identified a few initial areas of focus.

Homelessness exposes the impact of racial inequality. According to a report by the Pew Charitable Trust, for example, African Americans represent 13% of the general population, 21% of those living in poverty and 40% of those experiencing homelessness. More effective housing programs help address this inequity by provide the financial resources that help people pay for housing. Working with people as unique individuals, focusing on strengths, emphasizing possibility, building relationship that increase people's feeling of connection will also reduce the incidence of homelessness.

We have begun the work of analyzing our data and procedures to look for areas of improvement. One initial finding was the realization that the way we have organized access to our resources has resulted in underserving the local LatinX population—especially individuals who are undocumented and experiencing homelessness.

We are, therefore, working to better reach the LatinX community in partnership with the Hispanic Alliance. Special funding from the Department of Housing through the Connecticut Institute for Refugees and Immigrants (CIRI) has, for example, allowed us to launch a rental assistance program for undocumented individuals and families in partnership with the Hispanic Alliance. Our goal is to reach over 200 undocumented individuals and families with this assistance by February 2021.

Our initial assessment also identified organizational strengths upon which we can build. Our HHC staff is currently over 50% people of color and includes many individuals who have experienced homelessness themselves. They bring a rich mix of experience to our work. Our next challenge is to do more to let this experience deeply inform our work, offer this outstanding staff better pay and increased opportunities for promotion within HHC.

THANK YOU

For more information on our work please visit our website at NLHHC.org where you will find our financial statements, a list of our board of directors, more information on our services and information about our donors.

None of this work would be possible without the financial and volunteer support of so many generous members of our community. We appreciate your help and invite you into ever deeper partnership in the effort to make homelessness rare, brief and non-recurring in our area. Information about volunteering and donating can be found on our website.

Catherine Zall
Executive Director
NLHHC.org

NLHH

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)

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 , and ending 06/30/19

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

C Name of organization: THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 730 STATE PIER ROAD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW LONDON CT 06320

D Employer identification number: 20-5606908

E Telephone number: 860-439-1573

G Gross receipts $: 2,149,045

F Name and address of principal officer:
MATTHEW BARRETT
730 STATE PIER ROAD
NEW LONDON CT 06320

H(a) Is this a group return for subordinates? Yes [ ] No [X]

H(b) Are all subordinates included? Yes [ ] No [ ]

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

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) t (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: u WWW.NLHHC.ORG

H(c) Group exemption number u

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other u

L Year of formation: 2006

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 u [ ] 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	9
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	64
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,901,639	2,004,582
9 Program service revenue (Part VIII, line 2g)	125,303	139,958
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87	4,505
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,027,029	2,149,045
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,063,287	1,218,305
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) u 38,379		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	652,755	735,103
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,716,042	1,953,408
19 Revenue less expenses. Subtract line 18 from line 12	310,987	195,637

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,559,642	3,804,193
21 Total liabilities (Part X, line 26)	609,138	658,052
22 Net assets or fund balances. Subtract line 21 from line 20	2,950,504	3,146,141

Part II Signature Block

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

Sign Here

Signature of officer — Date

STEVEN CROOK TREASURER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	SUSAN K. JONES	SUSAN K. JONES	12/11/19		P01037594

Firm's name } HOYT, FILIPPETTI & MALAGHAN, LLC — Firm's EIN } 20-1696994

Firm's address } 1041 POQUONNOCK RD GROTON, CT 06340-4211 — Phone no. 860-536-9685

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

NLHH
THE NEW LONDON HOMELESS HOSPITALITY

2018 Government

Public Inspection Copy

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 711,964 including grants of $) (Revenue $)

TO PROVIDE A PLACE OF HOSPITALITY FOR THE HOMELESS. THE GOAL IS TO PROVIDE A PLACE OF REST AND SAFETY IN A SETTING THAT IS WELCOMING AND DIGNIFIED. DURING THE DAY, THE CENTER OFFERS A HOSPITALITY CENTER WHERE THE HOMELESS CAN FIND SANCTUARY AND PRACTICAL ASSISTANCE. THE HOSPITALITY CENTER ALSO WORKS TO LINK PEOPLE WITH THE RESOURCES THEY NEED TO RETURN TO PERMANENT HOUSING.

4b (Code:) (Expenses $ 155,491 including grants of $) (Revenue $)

THE THRIFT SHOP SELLS DONATED GOODS AND PROCEEDS FROM THE SHOP HELP SUPPORT THE CENTER'S PROGRAMS. THE STORE ALSO PROVIDES EMPLOYMENT AND TRAINING OPPORTUNITIES FOR THE CENTER'S GUESTS.

4c (Code:) (Expenses $ 786,122 including grants of $) (Revenue $)

HOUSING IS TO PROVIDE RESIDENTIAL LIVING FOR THE HOMELESS.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses u 1,653,577

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ... 2a 64			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: u			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year ... 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ... 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders ... 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ... 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ... 13b			
c	Enter the amount of reserves on hand ... 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW BARRETT	2.00									
CHAIR	0.00	X						0	0	0
STEVEN CROOK	2.00									
TREASURER	0.00	X		X				0	0	0
(3) MARY LENZINI	2.00									
SECRETARY	0.00	X		X				0	0	0
(4) TOM CLARK	2.00									
DIRECTOR	0.00	X						0	0	0
(5) DR. SANDY GREENHOUSE	2.00									
DIRECTOR	0.00	X						0	0	0
(6) SUSAN HERMANSON	2.00									
DIRECTOR	0.00	X						0	0	0
(7) KIMBERLY TURNER-HAUGABOOK	2.00									
DIRECTOR	0.00	X						0	0	0
(8) RABBI MARC EKSTRAND	2.00									
DIRECTOR	0.00	X						0	0	0
(9) TOM MCCONNELL	2.00									
DIRECTOR	0.00	X						0	0	0
(10) CATHY ZALL	40.00									
EC. DIRECT	0.00			X				23,920	0	0
(11)										

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed u CT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records u

CATHY ZALL 730 STATE PIER ROAD

NEW LONDON CT 06320 860-439-1573

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,483,101			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	521,481			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f ▶		2,004,582			
Program Service Revenue		Busn. Code				
	2a THRIFT SHOP SALES		139,958	139,958		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		139,958			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,505			4,505
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d ▶					
	12 Total revenue. See instructions. ▶		2,149,045	139,958	0	4,505

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							u	23,920		
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	23,920		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 0

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		657,754	1	295,226
	2	Savings and temporary cash investments		212,349	2	269,734
	3	Pledges and grants receivable, net		45,365	3	37,699
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,660	9	46,076
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,604,716			
	b	Less: accumulated depreciation	10b 452,058	2,611,302	10c	3,152,658
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		212	15	2,800
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,559,642	16	3,804,193
Liabilities	17	Accounts payable and accrued expenses		182,352	17	145,664
	18	Grants payable			18	
	19	Deferred revenue		78,947	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		347,839	23	512,388
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		609,138	26	658,052
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here** u ☒ **and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,579,873	27	2,994,449
	28	Temporarily restricted net assets		370,631	28	151,692
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here u ☐ **and complete lines 30 through 34.**				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,950,504	33	3,146,141
	34	Total liabilities and net assets/fund balances		3,559,642	34	3,804,193

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	23,920		23,920	
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 Other salaries and wages	1,026,037	900,512	94,183	31,342
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,633	54,576	7,158	1,899
10 Payroll taxes	104,715	89,810	11,779	3,126
11 Fees for services (non-employees):				
a Management				
b Legal	2,778	2,778		
c Accounting	21,764		21,764	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	29,741	15,951	11,778	2,012
14 Information technology				
15 Royalties				
16 Occupancy	115,369	98,507	16,862	
17 Travel	10,485	9,680	805	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,612	23,612		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,791	90,645	4,146	
23 Insurance	48,505	41,505	7,000	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENT	90,300	88,252	2,048	
b GUEST SUPPORT	78,626	77,610	1,016	
c SUPPLIES	56,195	43,708	12,487	
d TELEPHONE	36,846	26,990	9,856	
e All other expenses	126,091	89,441	36,650	
25 Total functional expenses. Add lines 1 through 24e	1,953,408	1,653,577	261,452	38,3
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

NLHH

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.**

Employer identification number: **20-5606908**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

DAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,149,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,953,4
3	Revenue less expenses. Subtract line 2 from line 1	3	195,6
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,950,504
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,146,141

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,205,460	1,387,724	1,992,930	1,901,639	2,004,582	8,492,335
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,205,460	1,387,724	1,992,930	1,901,639	2,004,582	8,492,335
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,492,335

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,205,460	1,387,724	1,992,930	1,901,639	2,004,582	8,492,335
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	282	25		87	4,505	4,899
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						8,497,234

12	Gross receipts from related activities, etc. (see instructions)	12	265,261

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	99.99 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

NLHH

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Name of the organization
THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

Employer identification number
20-5606908

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ .....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

Employer identification number
20-5606908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u

4 Number of states where property subject to conservation easement is located u

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 u $

(ii) Assets included in Form 990, Part X u $

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 u $

b Assets included in Form 990, Part X u $

Name of organization
THE NEW LONDON HOMELESS HOSPITALITY

Employer identification number
20-5606908

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 29,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 32,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 90,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment u ..... %
b Permanent endowment u ..... %
c Temporarily restricted endowment u ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		468,124		468,124
b Buildings		2,890,935	324,606	2,566,329
c Leasehold improvements				
d Equipment		245,657	127,452	118,205
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* u				3,152,6

Part XIII Supplemental Information *(continued)*

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,168,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	19,625		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	19,625
3	Subtract line 2e from line 1			3	2,149,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,149,045

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,973,033
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	19,625		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	19,625
3	Subtract line 2e from line 1			3	1,953,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,953,4

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES ON EXEMPT FUNCTION INCOME AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return: THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

Identifying number: 20-5606908

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	94,387

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	404
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here u ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

	Listed property. Enter amount from line 28	21	
	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	94,791
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC.

Employer identification number: 20-5606908

FORM 990 - ORGANIZATION'S MISSION

THE NEW LONDON HOMELESS HOSPITALITY CENTER, INC. (CENTER) WAS ESTABLISHED TO PROVIDE A PLACE OF HOSPITALITY FOR THE HOMELESS. AT NIGHT, THE CENTER PROVIDES A SHELTER FOR SINGLE ADULTS. THE HOSPITALITY CENTER HELPS ADDRESS SOME OF THE PRACTICAL ASPECTS OF BEING HOMELESS SUCH AS GETTING MAIL, TAKING A SHOWER, AND FINDING A PLACE TO SIT IN COLD WEATHER. THE HOSPITALITY CENTER ALSO WORKS TO LINK PEOPLE WITH THE RESOURCES THEY NEED TO RETURN TO PERMANENT HOUSING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE DIRECTOR AND TREASURER ARE PROVIDED A DRAFT COPY OF THE RETURN FOR REVEIW PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.