Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public

Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number C Name of organization B Check if applicable Please THE NEW LONDON HOMELESS HOSPITALITY use IRS label or 20-5606908 Address change CENTER INC E Telephone number Doing Business As Name change print or type. See Specific (860) 439-1573 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 692,048 19 JAY STREET Terminated tions. -Amended return City or town, state or country, and ZIP + 4 NEW LONDON, CT 06320 Application pending Name and address of principal officer H(a) Is this a group return for MICHEL BELT ΓYes **Γ**Nο affiliates? SAME AS C ABOVE NEW LONDON, CT 06320 H(b) Are all affiliates included? ┌ Yes ┌ No If "No," attach a list (see instructions) Group exemption number 🕨 Website: ► WWW NLHHC ORG **L** Year of formation 2006 ${f M}$ State of legal domicile CT Summary Briefly describe the organization's mission or most significant activities 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 Activities & Governance TO LINK PEOPLE WITH THE RESOURCES THEY NEED TO RETURN TO PERMANENT HOUSING Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 13 Total number of employees (Part V, line 2a) . 22 50 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, column (C), line 12 . 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 397,401 530,443 152,020 Program service revenue (Part VIII, line 2g) . 37,818 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,603 847 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,666 8,738 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 465,488 692,048 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 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 **Expenses** 303,220 373,510 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,108}{}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 115,280 164,025 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 418,500 537,535 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 46,988 154,513 ຮ^ማ **Beginning of Current End of Year** (Assets of Basance 20 Total assets (Part X, line 16) . 144,975 361,070 21 Total liabilities (Part X, line 26) . . 20,471 58,053 22 Net assets or fund balances Subtract line 21 from line 20 . 124,504 303,017 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 2010-11-30 Signature of officer Here MICHEL BELT TREASURER Type or print name and title Preparer's identifying number (see instructions) Check If Date Preparer's signature 2010-11-30 PAUL FILIPPETTI Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 GOTHIE HOYT & FILIPPETTI LLC EIN F **Use Only** 112 NEW LONDON RD Phone no (860) 536-3287

GROTON, CT 063404869

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

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the 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

| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | | | | | | | | | | | |
|----|--|-----------------------|-------------------------|---|---|------------------------|--|--|--|--|--|--|
| | If "Yes," describe the | | | | , | , | | | | | | |
| 3 | Did the organization of services? | • . | make significan | t changes in how it cor | | 'es ✓ No | | | | | | |
| | If "Yes," describe the | se changes on Sche | dule O | | | | | | | | | |
| 4 | Section 501(c)(3) an | d 501(c)(4) organiza | ations and section | _ | largest program services by experse re required to report the amount of ervice reported | | | | | | | |
| 4a | (Code |) (Expenses \$ | 123,128 | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | | |
| | TO PROVIDE A PLACE OF DIGNIFIED | HOSPITALITY FOR THE H | HOMELESS THE GOA | L IS TO PROVIDE A PLACE C | OF REST AND SAFETY IN A SETTING THA | T IS WELCOMING AND | | | | | | |
| 4b | (Code |) (Expenses \$ | 253,653 | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | | |
| | | | | ERE THE HOMELESS CAN FI NEED TO RETURN TO PERM | ND SANCTUARY AND PRACTICAL ASSIST MANENT HOUSING | ANCE THE HOSPITALITY | | | | | | |
| 4c | (Code |) (Expenses \$ | 131,630 | ıncludıng grants of \$ |) (Revenue \$ |) | | | | | | |
| | THE THRIFT SHOP SELLS | DONATED GOODS AND P | ROCEEDS FROM TH | E SHOP HELP SUPPORT THE | E CENTER'S PROGRAMS | | | | | | | |
| 4d | Other program servi | ıces (Describe in Sc | hedule O) See a | niso Additional Data fo | r Description | _ | | | | | | |
| | (Expenses \$ | 3,651 in | cluding grants o | f \$ |) (Revenue \$ |) | | | | | | |
| 4e | Total program servi | e expenses►\$ | 512,06 | 2 | | | | | | | | |
| | | | | | | Form 990 (2009) | | | | | | |

| Part TV | Checklist o | f Require | ed Sched | dule |
|-------------|-------------|-----------|----------|-------|
| 4 1 2 7 7 7 | CHECKHISE | ı Keuuli | eu Sche | Juici |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 💋 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | Νο |
| 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 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νo |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | Į | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| Ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 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? <i>If</i> "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | Νο |
| 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 | | N o |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νο |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| 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) and 501(c)(4) 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 | | Νο |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | <i>IV</i> | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Schedule N, Part II | 32 | | No |
| 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? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 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 | | Νο |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2009) |

| art V | Statements | Regarding | Other 1 | TRS Filina | s and Tax | Compliance |
|-------|-----------------|---------------|---------|------------|-------------|-------------|
| | ota to illoilto | ive gar aring | O C | | J alia i az | Compilation |

| | | | Yes | No |
|----------------|--|------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| 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? | 1 c | | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | | Νο |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 1 a | 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 | | Νο |
| b | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| ā | 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? | 6a | | Νo |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| , - | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| | 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 | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | 7b | | |
| | file Form 8282? | 7c | | |
| u | The rest, indicate the number of forms 6262 med during the year. | | | |
| e | Did the organization, during the year, 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 | | |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 3 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| • | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| LO | Section 501(c)(7) organizations. Enter | | | |
| | 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 | | | |
| l1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| L2a | 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 | | | |

19 JAY STREET

(860) 439-1573

NEW LONDON, CT 06320

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

| Se | ction A. Governing Body and Management | | | |
|---------|--|---------|----------|----------|
| | | | Yes | No |
| | | | | |
| 1_ | Enter the number of voting members of the governing body 1a 13 | | | |
| 1a b | Enter the number of voting members of the governing body | | | |
| 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 | | Νo |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | | Νο |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.) | | | |
| NC | vende code.) | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No. |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | | | | |
| | | 11 | | Νο |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Νο |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Νo |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Νo |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Νο |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line a or b, 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 | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶CT | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you make these available. Check all that apply | | | |
| 10 | Own website Another's website V Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. | | | . Bo |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ie orga | nization | ₽ |

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

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

1a 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. Use Schedule J-2 if additional space is needed.

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i | | are any | | | ווכ | illel 0 | шсе | | | , |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) (C) A verage Position (check all hours that apply) | | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| REV CAROLYN PATIERNO PRESIDENT | 2 00 | х | | | | | | 0 | 0 | 0 |
| REV EMMETT JARRETT VICE-PRES | 2 00 | х | | х | | | | 0 | 0 | 0 |
| REV MICHEL BELT TREASURER | 2 00 | х | | х | | | | 0 | 0 | 0 |
| TOM CLARK DIR | 2 00 | х | | | | | | 0 | 0 | o |
| MICHAEL HUNTER DIR | 2 00 | х | | | | | | 0 | 0 | o |
| MARY LENZINI DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| JUDDY MANN DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| DANIEL SHEA DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| PAM NEIDIG DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| AKIL PECK DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| KENT SISTARE DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| RON STEED DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| ROBYN WOLMAN DIR | 2 00 | х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Forr | n 990 (2009) | | | Page 8 |
|------|--|---|----------------------|---------------|
| 1b | Total | | | |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶ | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual | 3 | | No |
| 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 | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |
| S | ection Bì Inde endent Cgntractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization | | | |
| | (A) Name and business address (B) Description of services | | (C Comper | |
| | | | | |
| | | | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | | | |
| | | F | orm 99 0 | (2009) |

| Form 99 | | | f Davisson | | | | | Page 9 |
|--|---------|---------------------------------|-----------------------------------|---------------|----------------------|--|---|---|
| Part | 2411 | Statement o | r kevenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| nts nts | 1a | Federated camp | paigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership du | es 1b | | | | | |
| s,ç | С | Fundraising eve | ents 1c | | | | | |
| #g# | d | Related organiz | ations 1d | | | | | |
| <u>∞</u> ≡ | e | Government grants | s (contributions) 1e | 234,975 | | | | |
| tior sr si | f | All other contribution | ons, gifts, grants, and 1f | 295,468 | | | | |
| ē Ā | g | | butions included in | | | | | |
| 늍 | | | | | | | | |
| လိုင | h | Total. Add lines | 3 1a-1f | · · · • | 530,443 | | | |
| 9 | | | | Business Code | | | | |
| Program Service Revenue | 2a | THRIFT SHOP SALE | S | | 152,020 | 152,020 | | |
| ₽ev | ь | | | | | | | |
| 93 | С | | | | | | | |
| W. | d | | | | | | | |
| 3 | e | | | | | | | |
| Ģ Ga | f | All other progra | ım service revenue | | | | | |
| <u>~</u> | g | Total. Add lines | s 2a-2f | | 152,020 | | | |
| | 3 | | ome (including dividen | | 132,020 | | | |
| | | | aramounts) | | 847 | | | 847 |
| | 4 | Income from inves | tment of tax-exempt bond | oroceeds 🕨 | | | | |
| | 5 | Royalties | | ▶ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | Ь | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental incor | me or (loss) | • | | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | | | | | | |
| | | assets other than inventory | | | | | | |
| | ь | Less cost or other basis and | | | | | | |
| | | sales expenses | | | | | | |
| | c d | Gain or (loss) | s) | b - | | | | |
| | 8a | Gross income f | | | | | | |
| e e | | events (not inc | | | | | | |
| Other Revenue | | \$ | reported on line 1c) | | | | | |
| ě | | See Part IV, lin | | | | | | |
| <u>.</u> | | | а | | | | | |
| Ť | b | | penses b | | | | | |
| • | c 9a | | loss) from fundraising | events F | | | | |
| | 34 | See Part IV, lin | rom gaming activities e 19 | | | | | |
| | | | а | | | | | |
| | ь | | penses b | _ | | | | |
| | C | | loss) from gaming acti | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | | oods sold b | | | | | |
| | С | | loss) from sales of inve | | | | | |
| | | Miscellaneous | | Business Code | 0.700 | 0.720 | | |
| | 11a | HOMELESS WA | ALK | | 8,738 | 8,738 | | |
| | Ь | | | | | | | |
| | С | | | | | | | |
| | d | All other revenu | | | | | | |
| | е | Total. Add lines | s 11a-11d | | 8,738 | | | |
| | 12 | Total revenue. | See Instructions | ▶ | 692,048 | 160,758 | | 847 |

| | 990 (2009) | | | | Page 10 |
|-------|--|--------------------|------------------------------|----------|-----------------------------------|
| Par | t IX Statement of Functional Expenses | | | | |
| | Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c | | | (D) | |
| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | , | β | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | 328,939 | 319,832 | 9,107 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 12,992 | 11,581 | 1,411 | |
| 10 | Payroll taxes | 31,579 | <u> </u> | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | | | | |
| С | Accounting | 8,948 | 2,544 | 6,284 | 120 |
| d | Lobbying | , | , | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 868 | 868 | | |
| 13 | Office expenses | 5,779 | | | 913 |
| 14 | Information technology | 3,773 | 1,023 | 3,211 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 33,022 | 33,022 | | |
| 17 | Travel | 6,573 | · · | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0,373 | 0,233 | 320 | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 300 | 300 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,679 | 3,679 | | |
| 23 | Insurance | 5,805 | 4,117 | 1,688 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | RENT | 34,398 | 34,398 | | |
| b | | 19,437 | 19,437 | | |
| c | CONSULTING | 14,400 | · · | | |
| | VEHICLE EXPENSE | 8,709 | , | | |
| | TELEPHONE | 6,523 | · · | | |
| f | All other expenses | 15,584 | · · | | 75 |
| 25 | Total functional expenses. Add lines 1 through 24f | 537,535 | · | · | 1,108 |
| 26 | Joint costs. Check here ► [If following SOP 98-2 | 337,333 | 312,002 | 24,303 | 1,100 |
| 20 | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | campaign and idiarations conclusion | I. | I. | <u> </u> | rm 990 (2009) |

32

33

34

¥

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Form 990 (2009) Page 11 Part X Balance Sheet (A) (B) End of vear Beainning of vear 46.614 60.008 1 Cash—non-interest-bearing 1 76.615 31,119 2 2 21,500 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 4.247 6,638 9 9 243.040 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 7.303 16.431 235.737 b Less accumulated depreciation 10c 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.068 15 15 6.068 144,975 16 16 361,070 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,500 17 2.534 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 28,140 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 18.971 25 Other liabilities Complete Part X of Schedule D 25 27,379 26 Total liabilities. Add lines 17 through 25 20,471 26 58,053 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 52,792 233,305 27 27 Unrestricted net assets 28 71.712 28 69.712 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31

303,017

361,070

32

33

34

124,504

144.975

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νο |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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 | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 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 | | Νο |
| 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 | | |

Form **990** (2009)

Public Charity Status and Public Support

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section Department of the Treasury 4947(a)(1) nonexempt charitable trust. Internal Revenue Service

Inspection

Attach to Form 990 or Form 990-EZ. See separate instructions. Employer identification number

THE NEW LONDON HOMELESS HOSPITALITY CENTER INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ∏ Туре I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in Name of (ii) (described on organization in col (i) listed in A mount of col (i) of your col (ı) organized EIN lines 1-9 above supported your governing support? support? in the US? organization or IRC section document? (see Yes No Yes No Yes instructions))

Total

Support Schedule for Organizations Described in IRC 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.)

| | (Complete only if yo | ou checked the | box on line 5, | 7, or 8 of Part I. | .) | | | |
|------------|---|---------------------|---------------------|--|---------------------|-------------|-------------|------------------|
| | ection A. Public Support | | | | Т | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2 | 009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual | | 247,34 | 4 437,528 | 397,401 | | 530,443 | 1,612,716 |
| | grants ") | | | | | | | |
| 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 | | 247,34 | 4 437,528 | 397,401 | | 530,443 | 1,612,716 |
| 5 | The portion of total contributions b | y | | | | | | |
| | each person (other than a | ´ | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included or line 1 that exceeds 2% of the | n | | | | | | |
| | amount shown on line 11, column | | | | | | | |
| • | (f) Public Support. Subtract line 5 from | <u> </u> | | | | | + | |
| 6 | line 4 | ' | | | | | | 1,612,716 |
| S | ection B. Total Support | | | | | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (4) 2008 | (-) 20 | 00 | (6) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 20 | ,09 | (f) Total |
| 7 | A mounts from line 4 | | | 437,528 | 397,401 | | 530,443 | 1,612,716 |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | 1,726 | 1,603 | | 847 | 4,176 |
| | securities loans, rents, royalties and income from similar sources | | | 1,720 | 1,003 | | 047 | 4,170 |
| 9 | Net income from unrelated | | | | | | | |
| | business activities, whether or | | | | | | | |
| | not the business is regularly | | | | | | | |
| | Carried on | | | | | | | |
| 10 | Other income (Explain in Part IV) Do not include gain or loss | | | | | | | |
| | from the sale of capital assets | | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | | 1,616,892 |
| | through 10) | | | | | | | |
| 12 | Gross receipts from related activiti | es, etc (See ins | tructions) | | | 12 | | 189,838 |
| 13 | First Five Years If the Form 990 is | for the organizati | on's first, second | l, third, fourth, or fi | fth tax year as a ! | 501(c)(3 |) organız | ation, |
| | check this box and stop here | | | | | | | ► ✓ |
| | ection C. Computation of Pul | | | | | | | |
| 14 | Public Support Percentage for 200 | 9 (line 6 column | (f) divided by line | 11 column (f)) | | 14 | | |
| L 5 | Public Support Percentage for 200 | 8 Schedule A, Pa | rt II, line 14 | | | 15 | | _ |
| L6a | 33 1/3% support test-2009. If the | organization did | not check the bo | x on line 13, and li | ne 14 is 33 1/3% | or more | , check t | hıs box |
| | and stop here. The organization qua | alıfıes as a publıc | ly supported orga | nızatıon | | | | ► □ |
| b | 33 1/3% support test—2008. If the | | | | a, and line 15 is 3 | 3 3 1/3% | or more, | - - |
| 170 | box and stop here. The organizatio | | | | a 12 16a ar 16h | and line | . 1.4 | ► I |
| L/a | 10%-facts-and-circumstances tests is 10% or more, and if the organiza | - | | | | | | |
| | in Part IV how the organization med | | | | | | | :ed |
| | organization | | | - · · . · · · · · · · · · · · · · · · · · · · | , | | , presse | ▶ □ |
| b | 10%-facts-and-circumstances test | | | | | | | |
| | 15 is 10% or more, and if the organ | | | | | | | |
| | Explain in Part IV how the organiza | tion meets the "f | acts and circums | tances" test The | organization qual | ities as a | publicly | ⊳ ⊏ |
| 18 | supported organization Private Foundation If the organizat | ion did not check | a box on line 13 | . 16a. 16b. 17a or | 17b, check this ! | box and | see | F1 |
| | instructions | ala not check | . L DOX ON HING ID | , _ 5 | b, shock tills ! | A GIIG . | | ▶ □ |

| Pa | Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9,of,Part I. | | | | | | | | | |
|------|---|--------------------------|-----------------------|--------------------|---------------------|-------------------------|------------------|--|--|--|
| Se | ection A. Public Support | _ Chocked the l | 227 311 11116 3,0 | ., | / | | | | | |
| | ndar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | | |
| | ın) | (4) 2003 | (2) 2000 | (0,200) | (4)2000 | (0,200) | (1) Otal | | | |
| 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 | P | | | | | | | | |
| 6 | the organization without charge Total. Add lines 1 through 5 | | + | | | | | | | |
| | Amounts included on lines 1, 2, | | + | | <u> </u> | 1 | | | | |
| , a | and 3 received from disqualified | | | | | | | | | |
| | persons | | | | | | | | | |
| Ь | A mounts 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) | | | | | | | | | |
| | ction B. Total Support ndar year (or fiscal year beginning | | | | | | | | | |
| Cale | in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | | |
| 9 | A mounts from line 6 | | | | | | | | | |
| 10a | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties and income from similar | | | | | | | | | |
| | sources | | | | | | | | | |
| ь | Unrelated business taxable | | | | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | | | | |
| | from businesses acquired after | | | | | | | | | |
| c | June 30, 1975 Add lines 10a and 10b | | | | | | | | | |
| 11 | Net income from unrelated | | | | | | | | | |
| | business activities not included | | | | | | | | | |
| | ın lıne 10b, whether or not the | | | | | | | | | |
| 4- | business is regularly carried on | | | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of | | | | | | | | | |
| | capital assets (Explain in Part | | | | | | | | | |
| | IV) | | | | | | | | | |
| 13 | Total support (Add lines 9, 10c, | | | | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is | for the organization | on's first second | third fourth or | fifth tax vear ac a | 1 3 501 (c)(3) organ | l uzation | | | |
| | check this box and stop here | and organization | J Je, Jecona | ,, 10 , 01 | can your as c | (c)(b) organ | ▶ □ | | | |
| | · | | | | | | • | | | |
| | ction C. Computation of Pub | | | | | | | | | |
| 15 | Public Support Percentage for 200 | 9 (line 8 column (| f) divided by line | 13 column (f)) | | 15 | | | | |
| 16 | Public support percentage from 20 | 08 Schedule A, P | art III, line 15 | | | 16 | | | | |
| | | | | | | <u> </u> | | | | |
| Se | ction D. Computation of Inv | | | | | | | | | |
| 17 | Investment income percentage for | 2009 (line 10c co | lumn (f) dıvıded l | y line 13 columr | n (f)) | 17 | | | | |
| 18 | Investment income percentage fro | m 2008 Schedule | A , Part III , line 1 | .7 | | 18 | | | | |
| 19a | 33 1/3% support tests—2009. If th | e organization did | not check the bo | ox on line 14, and | l line 15 is more | | l line 17 is not | | | |
| | more than 33 1/3%, check this box | and stop here. Th | | | | _, _, | · | | | |
| _ | organization | ▶ ┌ | | | | | | | | |
| ь | 33 1/3% support tests—2008. If th | e organization did | not check a box | on line 14 or line | e 19a, and line 16 | s 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 IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 20-5606908

Name: THE NEW LONDON HOMELESS HOSPITALITY

CENTER INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program | services | | | | |
|-------------------|--------------------------|------------|------------------------|---------------|---|
| (Code |) (Expenses \$ | 3,651 | including grants of \$ |) (Revenue \$ |) |
| VA HOUSING IS T | O PROVIDE RESIDENTIAL LI | VING FOR H | OMELESS VETERANS | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| RENT | 34,398 | 34,398 | | |
| SUPPLIES | 19,437 | 19,437 | | |
| CONSULTING | 14,400 | 14,400 | | |
| VEHICLE EXPENSE | 8,709 | 8,709 | | |
| TELEPHONE | 6,523 | 6,523 | | |

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

| | ne of the organization NEW LONDON HOMELESS HOSPITALITY | | Employer identification number |
|-----|--|--|---|
| | TER INC | | 20-5606908 |
| Pa | rt I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99 | 0, Part IV, line 6. | inds or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at end of year | | |
| | Aggregate contributions to (during year) | | |
| | Aggregate grants from (during year) | | |
| | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advis funds are the organization's property, subject to the o | | or advised ∀es |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benimpermissible private benefit? | | may be |
| a r | t II Conservation Easements. Complete | ıf the organızatıon answered "Yes" to | Form 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space | on or pleasure) Preservation of an | historically importantly land area tified historic structure |
| | Complete lines 2a-2d if the organization held a quali | fied conservation contribution in the form | of a conservation easement |
| | on the last day of the tax year | | III-II -A AL- Fud -6 AL- V- |
| | | | Held at the End of the Yea |
|) | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified hi | storic structure included in (a) | 2c |
| | Number of conservation easements included in (c) a | acquired after 8/17/06 | 2d |
| | Number of conservation easements modified, transfe | rred, released, extinguished, or terminated | d by the organization during |
| | the taxable year 🕨 | | |
| | Number of states where property subject to conserva | ition easement is located ► | |
| | Does the organization have a written policy regarding | the periodic monitoring, inspection, viola | tions, and |
| | enforcement of the conservation easements it holds? | | ☐ Yes ✓ No |
| | Staff or volunteer hours devoted to monitoring, inspec | cting and enforcing easements during the | year 🕨 |
| | A mount of expenses incurred in monitoring, inspecting | ng, and enforcing easements during the ye | ar ►\$ |
| | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | (d) above satisfy the requirements of sect | rion √ Yes |
| | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem | he footnote to the organization's financial | • |
| ar' | Organizations Maintaining Collectio Complete if the organization answered " | | or Other Similar Assets. |
| | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or researc | h in furtherance of public service, |
| • | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | oublic exhibition, education, or research in | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS | · · · · · · · · · · · · · · · · · · · | r financial gain, provide the |
| ı | Revenues included in Form 990, Part VIII, line 1 | | ► \$ |
| Ь | Assets included in Form 990, Part X | | ▶ \$ |

| ar | Til Organizations Maintaining Co | llections of Art | t, His | tori | <u>cal Tre</u> | asur | es, or O | the | r Similaı | ^r Asse | ts (co | ntınued) |
|---------|---|-----------------------|---------|---------|----------------|---------------|--------------------------------|---------------|---------------|-------------------|----------------|-------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | owing th | at are | a significa | ant u | se of its co | llection | า | |
| а | Public exhibition | | d | Γ | Loan or | excha | ange progr | ams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 1 | Provide a description of the organization's co Part XIV | ollections and expla | ıın hov | w they | / further | the or | ganızatıon | ı's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | , | | | | | ılar | Г | Yes | √ No |
| Pai | t IV Trust, Escrow and Custodial | _ | | • | | | ızatıon a | nsw | ered "Yes | " to Fo | orm 9 | 90, |
| | Part IV, line 9, or reported an an | | | | | | | | | | | |
| .a | Is the organization an agent, trustee, custod included on Form 990, Part X? | lian or other interme | ediary | for c | ontributi | ons or | other ass | ets r | iot | Γ | Yes | √ No |
| b | If "Yes," explain why in Part XIV and comple | ete the following tab | le | | | | г | | | | | |
| | | | | | | | - | | | A mou | ınt | |
| C | Beginning balance | | | | | | | 1 c | | | | |
| d | Additions during the year | | | | | | - | 1d | | | | |
| е | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| a. | Did the organization include an amount on Fo | orm 990, Part X, lın | e 21? | | | | | | | Γ | Yes | ▼ No |
| | If "Yes," explain the arrangement in Part XIV | / | | | | | | | | | | |
| a' | rt V Endowment Funds. Complete | | | | | | | | | | | |
| | | (a)Current Year | (b) | Prior \ | /ear | (c)Two | Years Back | (d) | Three Years E | Back (e | Four Ye | ears Back |
| a | Beginning of year balance | | | | | | | + | | _ | | |
| Ь | Contributions | | | | | | | + | | | | |
| C | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | + | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| | Provide the estimated percentage of the yea | r end halance held: | | | I | | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | | | | | |
| _ | • | | | | | | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | | | | |
| c la | Term endowment ► Are there endowment funds not in the posse: | acion of the organiz | ation 1 | +6-+- | ra baldı | | m.n.atara. | d f or | . h o | | | |
| a | organization by | ssion of the organiz | ationi | llial a | ire ireiu a | anu au | mmsteret | u 101 | tile | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | | Νο |
| | (ii) related organizations | | | | | | | | | 3a(ii) | | Νo |
| b | If "Yes" to 3a(II), are the related organizatio | | | | | | | | | 3b | | No |
| | Describe in Part XIV the intended uses of th | | | | | | | | | | | |
| a l | t VI Investments—Land, Buildings | s, and Equipme | nt. S | ee F | orm 99 | <u>0, Par</u> | t X, line | 10. | I | | | |
| | Description of investment | | | |) Cost or o | | (b) Cost or basis (oth | | (c) Depre | ciation | (d) Bo | ook value |
| a | Land | | | | | | 24 | 4,979 | | | | 24,979 |
| b | Buildings | | | | | | 19 | 7,505 | | | | 197,505 |
| c | Leasehold improvements | | • | | | | | | | | | |
| d | Equipment | | | | | | 20 | 0,556 | | 7,303 | | 13,253 |
| e | Other | | | | | | - | | | | | |

235,737

| Total, (Column (b) should equal form 990, Part X, col (b) line 12) P Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total, (Column (b) should equal form 990, Part X, col (b) line 13) P Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value | Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | 2. | |
|--|---|--------------------------|-----------------|------------------------|
| Total. (Column (b) should equal Form 990, Part X, cot (d) Nee 13) Part XIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Sook value Cost or and of year market value Cost or and of year market value Total. (Column (b) should equal Form 990, Part X, cot (d) Nee 13) Part X Other Labilities. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Book value (g) Book value (h) Book value | (including name of security) | (b) Book value | | |
| Total. (Column (b) should equal from 990. Part X, cat (ii) line 32.) * Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) 3 ook value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) should equal form 990, Part X, cat (ii) line 23.) * Part IX Other Liabilities. See Form 990, Part X, line 15. (a) Description (b) 8 ook value (b) 8 ook value (c) Method of valuation Cost or end-of-year market value Cost or end-of-year market value (b) 8 ook value (c) Method of valuation Cost or end-of-year market value Cos | Financial derivatives and other financial products | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | Closely-held equity interests | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
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| Total, (Column (b) should equal Form 990, Part X, col (8) Ine 15. Total, (Column (b) should equal Form 990, Part X, col (8) Ine 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (b) Book value (b) Book value | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13. Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
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| Total. (Column (b) should equal Form 990, Part X, col. (8) line 13) P Part XX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, col. (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes A CCRUED EXPENSES 27,379 | | e Form 990, Part X, line | 13. | |
| Total. (Column (b) should equal Form 990, Part X, col (8) line 13.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, col (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes A CCRUED EXPENSES 27,379 | (a) Description of investment type | (b) Book value | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | (a) Beschiption of investment type | l l | Cost or end-of- | year market value |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(8) line 15.) Total. (Column (b) should equal Form 990, Part X, line 25. | Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
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| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | (a) Descri | ption | | (b) Book value |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
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| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes ACCRUED EXPENSES 27,379 | | | | |
| (a) Description of Liability (b) A mount Federal Income Taxes ACCRUED EXPENSES 27,379 | Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15.) | | |
| Federal Income Taxes ACCRUED EXPENSES 27,379 | Part X Other Liabilities. See Form 990, Part 3 | X, line 25. | | |
| ACCRUED EXPENSES 27,379 | (a) Description of Liability | (b) A mount | | |
| | Federal Income Taxes | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | ACCRUED EXPENSES | 27,379 | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | 1 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | 1 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 27 379 | | | | |
| | Total. (Column (b) should equal Form 990, Part X. col (B) line 25) | 27 270 | | |

| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | ıts | |
|--------|---|----------|---------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 692,048 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 537,535 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 154,513 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | 24,000 |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 24,000 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 178,513 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 754,011 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments 2a | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d 414 | | |
| e | Add lines 2a through 2d | 2e | 61,963 |
| 3 | Subtract line 2e from line 1 | 3 | 692,048 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 692,048 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Retu | |
| 1 | Total expenses and losses per audited financial statements | 1 | 575,498 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| Ь | Prior year adjustments | | |
| с | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) 2d 414 | | |
| e ¬ | Add lines 2a through 2d | 2e | 37,963 |
| 3 | Subtract line 2e from line 1 | 3 | 537,535 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a L | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | 4c | |
| С Б | Add lines 4a and 4b | 4c 5 | F27 F2F |
| 5 | rotal expenses. And lines 5 and 4c. (This should equal Form 990, Part 1, line 18) | 5 | 537,535 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation |
|--|---|---|
| | , | FUNDRAISING EXPENSES 414 FUNDRAISING EXPENSES - 414 |
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 2D | FUNDRAISING EXPENSES 414 |
| EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 2D | FUNDRAISING EXPENSES 414 |

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As Filed Data -

DLN: 93493352001000

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

(Form 990)

SCHEDULE 0

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
THE NEW LONDON HOMELESS HOSPITALITY
CENTER INC

Employer identification number

20-5606908

| ldentifier | Return Reference | Explanation |
|--|---|---|
| ORGANIZATION'S MISSION | 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 |
| ALL OTHER ACHIEV EMENTS DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | VA HOUSING IS TO PROVIDE RESIDENTIAL LIVING FOR HOMELESS VETERANS |
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11 | THE EXECUTIVE DIRECTOR AND TREASURER ARE PROVIDED A DRAFT COPY OF THE RETURN FOR REVEW PRIOR TO FILING |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | ALL GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493352001000

OMB No 1545-0172

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return **Identifying number** Business or activity to which this form relates THE NEW LONDON HOMELESS HOSPITALITY **CENTER INC** INDIRECT DEPRECIATION 20-5606908 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 the instructions for a higher limit for certain businesses . 250,000 2 2 Total cost of section 179 property placed in service (see instructions) . 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800.000 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not 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 3,679 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property ΜМ 27 5 yrs S/L 39 yrs S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 3,679 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

| compl | ete only | 24a, 24b, colu | mns (| a) thro | ugh (c) | of Sec | ction | A, all | of S | ection | B, a | nd Se | ction (| C if ap | oplicat | le. |
|---|----------------------------------|--|--------------------------------|--|---------------|---|---------------------|---------------------------------|---------------|--|------------|-------------------------------|--------------|---------|-------------------------------------|-------------|
| Section A—Depre | | | | | | | | | | | | | | | | |
| 24a Do you have evidenc | e to support | the business/invest | ment u | se claime | d? ┌ Yes | . □ _{No} | | 2 | 4b If | "Yes." ıs | the ev | dence | written? | Гуе | sГNo | , |
| | | | | | | | | | | | | | | | | |
| (a) Type of property (list Distorbicles first) | (b) Pate placed In service | (c) Business/ In investment use percentage | (d) Cost or bas | other | (busines | (e) deprecia s/investr e only) | nent l ^h | (f) Recover period | | (g) 1ethod/ onvention | 1 | (h Depreci deduc | ation/ | | (i) Elected section 1 cost | |
| 25Special depreciation allow 50% in a qualified busine | | | placed ı | n service (| during the | tax year | and us | sed moi | re thar | 25 | | | | + | | |
| 26 Property used more | • | | iness | use | | | | | | | - 1 | | | | | |
| | | % | | | | | | | | | | | | | | |
| | | % | | | | | | | - | | _ | | | + | | |
| 27 Property used 50% | or less in a | 1 1 | SS US | <u>, </u> | | | | | | | | | | | | |
| | | % | | | | | | | S/L - | | | | | | | |
| | | % | | | | | | | S/L - | | | | | 4 | | |
| 30 Add amazzata va sal | (1-) 1. | % % | 7 5-4 | | | 21 | | | S/L - | | + | | | +- | | |
| 28 Add amounts in col | | _ | | | | ne ∠1, | page . | | | 28 | <u> </u> | | | _ | | |
| 29 Add amounts in col | umn (I), IIr | | | | mation | · · on II | | • V • Þ | · | <u>. </u> | | | 29 | | | |
| Complete this section f | or vehicle: | | | | | | | | | | r relat | ed per | son | | | |
| f you provided vehicles to y | our employe | es, first answer the | uestion | s in Sectio | n C to see | ıf you n | neet ar | ехсер | tion to | comple | ting this | section | for thos | e vehic | les | |
| 30 Total business/inve | | - | the . | - | a) cle 1 | V e hı | o) cle 2 | V | (c) ehicle | e 3 | V e h | - | V ehi | - | V e hı | f) cle 6 |
| 31 Total commuting m | ıles drıven | during the year | | | | | | | | | | | | | | |
| 32 Total other persona | al(noncom | muting) miles driv | ven | | | | | | | | | | | | | |
| 33 Total miles driven of through 32 | during the | year Add lines 3 | ٥ . | | | | | | | | | | | | | |
| 34 Was the vehicle av | aılable for | personal use | | Yes | No | Yes | No | Ye | s | No | Yes | No | Yes | No | Yes | No |
| during off-duty hou | rs? . | | . | | | | | | | | | | | | | |
| 35 Was the vehicle use owner or related pe | • | y by a more than | 5% | | | | | | | | | | | | | |
| 36 Is another vehicle | | or personal use? | | | | | | | | | | | | | | |
| Sectio | n C—Oue | estions for En | nplov | ers W | ho Pro | vide \ | /ehic | cles 1 | for L | Jse b | v The | ir Er | nplov | ees | | <u> </u> |
| Answer these question: 5% owners or related p | s to detern | nine if you meet a | | | | | | | | | - | | | | not moi | re tha |
| 37 Do you maintain a ventoyees? | vrıtten polı | cy statement tha | t proh | ıbıts all | personal • | use of | vehic • | les, ın | ıcludı • | ng com • | nmutin | g, by y • | our. | Y | es | No |
| 38 Do you maintain a vemployees? See the | | | | | | | | | | | | | | | | |
| 39 Do you treat all use | ofvehicle | s by employees | as per: | sonal us | e? . | | | | | | | | | | | |
| 40 Do you provide mor vehicles, and retain | | • | emplo | yees, o | btaın ınfo | ormatio • | n from | n your | empl | oyees | about • | the us | e of the | a 📉 | | |
| 41 Do you meet the re- | | | Iıfıed a | utomobi | le demoi | - nstratio | n use | ? (Se | - e inst | ruction | ıs) | | | | | |
| Note: If your answe | r to 37, 38 | 8, 39, 40, or 41 ı | s "Yes | ," do no | t comple | te Sect | ion B | for the | e cov | ered v | ehicles | 5 | | | | |
| Part VI Amortiz | ation | | | | | | | | | | | | | | | |
| | | (b) | | (0 | -) | | - | (d) | | (e |) | | | (f) | | |
| (a) Description of co | ctc | Date amortization | | A mort | - | | | ode | - | morti: perio | | | A mo | rtızatı | on for | |
| Describition of Co | 313 | begins | | amo | unt | | se | ction | | percer | | | tl | hıs yea | ar | |
| 42 A mortization of cos | ts that be | _ | 2009 t | ax year | (see ins | truction | ns) | | | | - | | | | | |
| | Ī | | | • | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 43 A mortization of cos | ts that be | gan before your 2 | 009 t | ax year | | | | | | • | 43 | | | | | |
| | | | | | | | | | | | | | | | | |

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44