

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019**Open to Public Inspection****A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

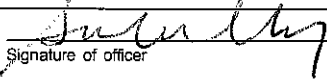
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Catholic Charities Diocese of Norwich, Inc.		D Employer identification number 06-0646609
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 331 Main Street		E Telephone number 860-889-8346
	City or town, state or province, country, and ZIP or foreign postal code Norwich CT 06360		G Gross receipts \$ 2,055,768
	F Name and address of principal officer: Susan Connelly 331 Main Street Norwich CT 06360		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 0928
J Website: www.ccfsn.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1921
			M State of legal domicile: C

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide charitable assistance such as counseling, education, research, advocacy and social services with special attention to the poor and disadvantaged.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	11
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 39	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,146,480	1,037,335
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	633,149	554,777
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,441	57,201
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,858,069	1,649,313
	14 Benefits paid to or for members (Part IX, column (A), line 4)	175,883	240,892
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,397,758	1,230,317
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 149,442		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	582,392	578,600
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,156,033	2,049,809
	19 Revenue less expenses. Subtract line 18 from line 12	2,556,773	2,343,390
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,514,340	2,685,316
	21 Total liabilities (Part X, line 26)	42,433	-341,926
	22 Net assets or fund balances. Subtract line 21 from line 20		

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, 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 12-12-21	
	Susan Connelly Type or print name and title		Interim Exec. Dir.	
Paid Preparer Use Only	Print/Type preparer's name Kenneth A. Kron, CPA	Preparer's signature Kenneth A. Kron, CPA	Date 02/12/21	Check <input type="checkbox"/> if self-employed PTIN P00412073
	Firm's name ▶ Mahoney Sabol & Company, LLP			Firm's EIN ▶ 06-1289571
	Firm's address ▶ 180 Glastonbury Blvd Ste 400 Glastonbury, CT 06033-4439			Phone no. 860-541-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019) **Catholic Charities Diocese of** **06-0646609**

Page 1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

To provide charitable assistance such as counseling, education, research advocacy and social services with special attention to the poor and disadvantaged.

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 \$ **1,690,108** including grants of \$ **240,892**) (Revenue \$ **554,777**)

To participate in the saving mission of Christ by providing compassionate high quality counseling, education, research, advocacy and social services including emergency financial assistance, case management, family support services, behavioral health services and housing. These services are provided with special attention to the poor and disadvantaged.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses **1,690,108**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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	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	X	
c 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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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	X	
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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	54	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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	45
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 (see instructions)	2b	X
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 on 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 ▶ 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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

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 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 on Schedule O.	1a	14
b Enter the number of voting members included on line 1a, above, who are independent	1b	14
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, 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 on 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	X
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	X
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	X
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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 **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 on Schedule O)
- 19** Describe on 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 **▶**

Susan Connelly
Norwich

331 Main Street

CT 06360

860-889-8346

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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.

- 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.

See instructions for the order in which to list the persons above.

☐ 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) Kenneth Capano	1.00									
Director	0.00	X						0	0	0
(2) Dr. Christopher Lipinski	1.00									
Director	0.00	X						0	0	0
(3) James Coughlin	1.00									
Director	0.00	X						0	0	0
(4) Ralph Monaco	1.00									
Director	0.00	X						0	0	0
(5) Dr. Stephen Coan	1.00									
Director	0.00	X						0	0	0
(6) Michelle Delaney	1.00									
Director	0.00	X						0	0	0
(7) Alex Marku	1.00									
Director	0.00	X						0	0	0
(8) Renee B. Fecto	1.00									
Director	0.00	X						0	0	0
(9) Jacqueline M. Keller	1.00									
Director	0.00	X						0	0	0
(10) Anthony Joyce	5.00									
Treasurer	0.00	X		X				0	0	0
(11) Dawn Marie Day	5.00									
Secretary	0.00	X		X				0	0	0

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			
(12) Very Rev. Leszek Janik	5.00									
VP	0.00	X		X				0	0	0
(13) Most Reverend Michael R. Cote, D.D.	5.00									
President	0.00	X		X				0	0	0
(14) Susan Connelly	40.00									
Interim Exec. Dir.	0.00			X				5,000	0	0
(15) Ed Tessman	40.00									
Former Exec. Dir.	0.00			X				104,359	0	0
1b Subtotal								109,359		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								109,359		

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 **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

	Yes	No
3		X
4		X
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 **0**

Part VIII Statement of RevenueCheck 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 28,423			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,008,912			
	g Noncash contributions included in lines 1a-1f	1g \$ 40,416			
	h Total. Add lines 1a-1f		1,037,335		
	2a <u>Program Services</u>	Business Code	554,777	554,777	
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		554,777			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,527		32,527
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	7a (i) Securities 411,679 (ii) Other			
	b Less: cost or other basis and sales exps.	7b 387,005			
	c Gain or (loss)	7c 24,674			
	d Net gain or (loss)		24,674		24,674
	8a Gross income from fundraising events (not including \$ 28,423 of contributions reported on line 1c). See Part IV, line 18	8a 19,450			
	b Less: direct expenses	8b 19,450			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		1,649,313	554,777	0

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	240,892	240,892		
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	109,359	80,657	17,250	11,452
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	820,924	605,468	129,487	85,969
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,494	44,086	7,862	546
9 Other employee benefits	168,635	147,884	18,437	2,314
10 Payroll taxes	78,905	65,491	8,680	4,734
11 Fees for services (nonemployees):				
a Management				
b Legal	8,288	7,110	730	448
c Accounting	24,000	20,588	2,114	1,298
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	113,059	110,548		2,511
12 Advertising and promotion	618	65	90	463
13 Office expenses	98,304	71,739	9,185	17,380
14 Information technology				
15 Royalties				
16 Occupancy	128,784	122,870	3,698	2,216
17 Travel	7,786	7,617	169	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,630	1,630		
20 Interest	12,376	10,486	1,199	691
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,454	47,687	6,320	3,447
23 Insurance	57,431	43,132	3,686	10,613
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Expense	42,089	42,089		
b Dues & Membership	17,168	13,733	318	3,117
c Miscellaneous	8,664	5,387	1,034	2,243
d Bad Debt	949	949		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,049,809	1,690,108	210,259	149,442
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	38,216	1	44,682
	2 Savings and temporary cash investments	8,998	2	43,286
	3 Pledges and grants receivable, net	193,291	3	117,723
	4 Accounts receivable, net	4,703	4	3,638
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,995	9	1,370
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,905,800		
	b Less: accumulated depreciation	10b 981,197		
	11 Investments—publicly traded securities	953,909	10c	924,603
	12 Investments—other securities. See Part IV, line 11	950,615	11	858,807
	13 Investments—program-related. See Part IV, line 11	351,046	12	349,281
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,556,773	15	2,343,390	
Liabilities	17 Accounts payable and accrued expenses	95,531	16	2,343,390
	18 Grants payable		17	88,414
	19 Deferred revenue	700	18	
	20 Tax-exempt bond liabilities		19	2,700
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	264,839	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	231,918
	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	2,153,270	24	
	26 Total liabilities. Add lines 17 through 25	2,514,340	25	2,362,284
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	2,685,316
	27 Net assets without donor restrictions	-1,465,295	27	-1,685,203
	28 Net assets with donor restrictions	1,507,728	28	1,343,277
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	42,433	32	-341,926
33 Total liabilities and net assets/fund balances	2,556,773	33	2,343,390	

Part XI Reconciliation of Net AssetsCheck 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	1,649,313
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,049,809
3	Revenue less expenses. Subtract line 2 from line 1	3	-400,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,433
5	Net unrealized gains (losses) on investments	5	16,137
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-341,926

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- 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
- 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 on Schedule O.
- 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? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**Catholic Charities Diocese of
Norwich, Inc.**

Employer identification number

06-0646609**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,352,282	1,063,041	1,238,803	1,146,480	1,037,335	5,837,941
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	1,352,282	1,063,041	1,238,803	1,146,480	1,037,335	5,837,941
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.						5,837,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,352,282	1,063,041	1,238,803	1,146,480	1,037,335	5,837,941
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,483	17,681	38,914	38,589	32,527	146,194
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.)	72,849	17,970	19,830	15,954	19,450	146,053
11 Total support. Add lines 7 through 10						6,130,188
12 Gross receipts from related activities, etc. (see instructions)					12	1,844,551
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.23 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.30 %
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. 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 ▶		
b 33 1/3% support tests—2018. 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 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).
- 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).
- 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**.
- 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**.
- 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**.
- 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.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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?		
b A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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.		
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.		
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 .		
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.		

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).

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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, 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 146,053

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

**Catholic Charities Diocese of
Norwich, Inc.****06-0646609**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundationCheck 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

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 1 of 1

Page 1

Name of organization

Employer identification number

Catholic Charities Diocese of

06-0646609

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	Dr. Christopher Lipinski 10 Connshire Drive Waterford CT 06385	\$ 21,634	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► 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.
► Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**Catholic Charities Diocese of
Norwich, Inc.**

Employer identification number

06-0646609**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 ►

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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)?

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 FASB 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 FASB 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

(ii) Assets included in Form 990, Part X

2 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part 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 make 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 program
 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	937,753	984,927	941,607	1,337,560	1,255,912
b Contributions					
c Net investment earnings, gains, and losses	51,959	48,996	73,579	73,662	81,678
d Grants or scholarships					
e Other expenditures for facilities and programs	110,490	96,170	30,259	469,615	
f Administrative expenses					
g End of year balance	879,222	937,753	984,927	941,607	1,337,590

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 78.54 %
 c Term endowment ☒ 21.46 %

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:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		15,750		15,750
b Buildings		1,719,278	871,473	847,805
c Leasehold improvements				
d Equipment		28,510	27,896	614
e Other		142,262	81,828	60,434
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				924,603

Schedule D (Form 990) 2019 **Catholic Charities Diocese of****06-0646609**

Page 3

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 Beneficial interest in perp. t	349,281	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	349,281	

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.)		

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.)	

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) Accounts Payable - Diocese	2,362,284
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,362,284

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ☐

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	1,724,294
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,137
b	Donated services and use of facilities	2b	39,394
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	55,531
3	Subtract line 2e from line 1	3	1,668,763
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	-19,450
c	Add lines 4a and 4b	4c	-19,450
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,649,313

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	2,108,653
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	39,394
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	19,450
e	Add lines 2a through 2d	2e	58,844
3	Subtract line 2e from line 1	3	2,049,809
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	2,049,809

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 XI, Line 4b - Revenue Amounts Included on Return - Other

Fundraising Expenses net against income \$ -19,450

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising Expenses \$ 19,450

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

**Catholic Charities Diocese of
Norwich, Inc.**

Employer identification number

06-0646609**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**e** ☐ Solicitation of non-government grants**b** ☐ Internet and email solicitations**f** ☐ Solicitation of government grants**c** ☐ Phone solicitations**g** ☐ Special fundraising events**d** ☐ In-person solicitations**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List even gross receipts greater than \$5,000.

	(a) Event #1 Golf Tournament (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	47,873			47,873
2 Less: Contributions	28,423			28,423
3 Gross income (line 1 minus line 2)	19,450			19,450
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	19,450			19,450
10 Direct expense summary. Add lines 4 through 9 in column (d)				19,450
11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue Service

Name of the organization

**Catholic Charities Diocese of
Norwich, Inc.****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Schedule I (Form 990) (2019) **Catholic Charities Diocese of** **06-0646609****Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on F
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of value FMV, appraisal,
1 Rent Asst, Food, Clothes		240,892		Cost
2				
3				
4				
5				
6				
7				

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any c

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The organization provides grants to indigent individuals on the the basi
of need. The individual grant amounts are small and the organization
requires proof of need from individuals prior to granting them support.

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open To Public
Inspection****Catholic Charities Diocese of
Norwich, Inc.**

Employer identification number

06-0646609**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	21,634	Fair Market Value
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Various)	X	21	18,782	Cost
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 201

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Name of the organization **Catholic Charities Diocese of
Norwich, Inc.**Employer identification number
06-0646609**Form 990, Part III, Line 4d - All Other Accomplishments**

To participate in the saving mission of Christ by providing compassionat
high quality counseling, education, research, advocacy and social servic
including emergency financial assistance, case management, family suppo
services, behavioral health services and housing. These services are
provided with special attention to the poor and disadvantaged.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters
Policies in place across all branches.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 is reviewed by the finance committee. Once approved by the finance
committee it is distributed to the board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All financial or managerial relationships to projects or organizations f
which funds are being sought or have been granted must be disclosed befo
any proposal concerning that project or organization is reviewed. Perso
with such relationships many not participate in or be present during any
discussion of the project or organizaion in question. In addition, each
member of the governing body of the organization is required to sign a
conflict of interest statement annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Reviewed annually by the board of directors.

Name of the organization

Employer identification number

Catholic Charities Diocese of

06-0646609

Form 990, Part VI, Line 15b - Compensation Process for Officers

Reviewed annually by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents available upon request and Guidestar.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising Expenses net against income \$ 19,450

Fundraising Expenses \$ -19,450

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2019Attachment
Sequence No. 179Name(s) shown on return **Catholic Charities Diocese of
Norwich, Inc.**Identifying number
06-0646609

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	1,020,000
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	2,550,000
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 2018 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 2020. 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	53,437

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 2019	17	457
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 2019 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	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life	(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
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.)

21	Listed property. Enter amount from line 28	21	
22	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	53,894
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

There are no amounts for Page 2

06-0646609

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>7-year GDS Property:</u>									
193	Dell Poweredge Server	11/04/19	0		X	0	7 HY 200DB	0	0
196	Air Compressor	4/28/20	0		X	0	7 HY 200DB	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<u>15-year GDS Property:</u>									
197	Sub Pump	7/23/19	0		X	0	15 HY S/L	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<u>Prior MACRS:</u>									
111	HVAC Expansion Tank	8/29/07	2,448			2,448	15 HY S/L	1,877	163
127	Office Partition	3/01/12	4,635			4,635	39 MM S/L	867	118
128	Phone set up	5/04/12	1,533		X	766	7 MQ200DB	1,533	0
177	Alarm design security camera	3/19/14	1,080		X	540	10 HY 200DB	921	35
178	Lamps and ballasts	11/01/13	1,834		X	917	10 HY 200DB	1,563	60
181	I M Technology - 1 22" Dell LCD	1/16/15	189		X	94	3 HY 200DB	189	0
182	I M Technology - 12 Dell Optiplex	1/16/15	9,120		X	4,560	3 HY 200DB	9,120	0
183	I M Technology 1 22" Dell LCD	1/22/15	149		X	74	3 HY 200DB	149	0
184	I M Technology 2 Dell Optiplex	1/22/15	1,550		X	775	3 HY 200DB	1,550	0
185	I M Technology - 2 Cyber Power	6/15/15	998		X	499	3 HY 200DB	998	0
186	I M Technology - HP Laser Jet	6/23/15	456		X	228	3 HY 200DB	456	0
187	Prime Electric - Emergency Lights	12/01/14	2,203		X	1,102	10 HY 200DB	1,797	81
192	Phone System - Norwich Office	4/01/19	14,055		X	0	7 MQ200DB	14,055	0
			<u>40,250</u>			<u>16,638</u>		<u>35,075</u>	<u>457</u>
<u>Other Depreciation:</u>									
6	Office Furniture	12/30/02	1,938			1,938	15 MO S/L	1,938	0
7	Office Furniture	2/18/03	2,646			2,646	15 MO S/L	2,646	0
8	Filing Cabinet	5/05/03	1,198			1,198	15 MO S/L	1,198	0
9	2 Drawer Fire File	4/22/04	1,176			1,176	15 MO S/L	1,176	0
10	5 Drawer Fire File	4/22/04	1,176			1,176	15 MO S/L	1,176	0
11	Couch-Bob's Discount	10/11/05	599			599	15 MO S/L	539	40
12	Cabinets-Budget Office	10/11/05	1,049			1,049	15 MO S/L	944	70
13	Phone System	6/20/08	2,795			2,795	15 MO S/L	2,050	186
17	Paper Shredder	10/01/03	1,800			1,800	5 MO S/L	1,800	0
19	SBC Phone System	12/08/04	5,931			5,931	5 MO S/L	5,931	0
20	SBC Phone System Wiring	1/31/05	3,717			3,717	5 MO S/L	3,717	0
71	Accordian Door	5/30/08	2,600			2,600	15 MO S/L	1,921	173
72	Signage	6/30/08	1,542			1,542	15 MO S/L	1,131	103
74	Building 7/29/98	4/01/00	299,250			299,250	40 MO S/L	143,702	7,481
75	Closing Costs 7/29/98	4/01/00	1,807			1,807	40 MO S/L	867	45
76	Architect Fees 97/98	4/01/00	4,105			4,105	40 MO S/L	1,973	102
77	Architect Fees 98/99	4/01/00	51,139			51,139	40 MO S/L	24,557	1,278
78	Improves-98/99	4/01/00	31,953			31,953	40 MO S/L	15,345	799
79	Improves-98/99	4/01/00	38,302			38,302	40 MO S/L	18,394	957
80	Prints-98/99	4/01/00	1,044			1,044	40 MO S/L	501	26
81	Improves-99/00	4/01/00	924,910			924,910	40 MO S/L	444,150	23,123
82	Asbestos Removal	4/01/00	7,000			7,000	40 MO S/L	3,361	175
83	Permits	4/01/00	3,892			3,892	40 MO S/L	1,869	97
84	Telephone/Data System	4/01/00	44,585			44,585	40 MO S/L	21,411	1,114
85	Prints	4/01/00	235			235	40 MO S/L	114	5
86	Legal	4/01/00	1,523			1,523	40 MO S/L	731	38
87	Inspections	4/01/00	1,900			1,900	40 MO S/L	913	48
88	A/C	4/01/00	814			814	40 MO S/L	390	21
89	Interest	4/01/00	11,751			11,751	40 MO S/L	5,643	294
90	Interest	4/01/00	6,304			6,304	40 MO S/L	3,028	158
91	Architect Fees 99/00	6/30/00	55,206			55,206	40 MO S/L	26,280	1,380
92	Shelving	6/30/00	2,177			2,177	40 MO S/L	1,035	55
93	Condenser	12/06/00	1,913			1,913	40 MO S/L	887	48
94	Improves	5/02/01	2,775			2,775	40 MO S/L	1,257	69
95	A/C Remediation	6/30/01	6,178			6,178	40 MO S/L	2,785	155
96	HVAC	12/31/01	46,207			46,207	40 MO S/L	20,263	1,155
97	HVAC	1/31/02	9,772			9,772	40 MO S/L	4,265	244
99	HVAC	4/30/02	16,628			16,628	40 MO S/L	7,154	416

06-0646609

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	HVAC	12/30/02	54,488			54,488	40 MO S/L	22,476	1,363
101	A/C Remediation	12/31/02	14,801			14,801	40 MO S/L	6,105	370
102	Improvements	12/31/02	11,150			11,150	40 MO S/L	4,600	279
103	HVAC Maintenance	9/16/03	1,043			1,043	40 MO S/L	404	26
104	Engineering	12/01/03	694			694	40 MO S/L	268	18
105	Structural Engineering	12/04/03	1,200			1,200	40 MO S/L	465	30
106	Aluminum Roof Flashing	12/08/03	7,250			7,250	40 MO S/L	2,809	181
107	Engineering	3/03/04	1,098			1,098	40 MO S/L	424	28
108	Compressor	6/01/04	1,845			1,845	5 MO S/L	1,845	0
109	HVAC Repairs	6/02/04	1,244			1,244	40 MO S/L	482	31
110	HVAC Maintenance	8/08/05	4,464			4,464	40 MO S/L	1,549	112
112	Compressor-Reception RM	6/13/08	1,472			1,472	15 MO S/L	1,088	98
113	Compressor-RM 207	6/13/08	1,515			1,515	15 MO S/L	1,119	101
114	Land	7/29/98	15,750			15,750	0 -- Land	0	0
117	Locks on Lobby Door to Hall	10/31/08	1,020			1,020	10 MO S/L	1,020	0
120	Prokop Signs	10/13/09	1,525			1,525	10 MO S/L	1,487	38
121	Water Pump	6/25/10	2,434			2,434	40 MO S/L	548	61
122	Roof Repair	6/25/10	2,400			2,400	15 MO S/L	1,440	160
123	8 Air Conditioners	12/01/09	1,200			1,200	15 MO S/L	767	80
124	Office Phone System	6/25/10	2,960			2,960	10 MO S/L	2,664	296
140	Fireproof file drawer	11/30/12	1,532			1,532	15 MO S/L	672	102
152	Basement Sewage Ejector Pump	7/06/12	5,184			5,184	15 MO S/L	2,419	346
153	Intercom System	8/24/12	1,998			1,998	10 MO S/L	1,365	200
154	Lobby door buzzer	8/30/12	1,362			1,362	10 MO S/L	931	136
188	Qualifacts Systems, Inc. Care	2/09/15	44,350		X	22,175	3 MO Amort	44,350	0
190	12 gal water heater	6/30/16	32,000			32,000	5 MO S/L	19,200	6,400
191	2016 Ford Van	9/26/17	21,886			21,886	7 MO S/L	5,472	3,126
Total Other Depreciation			<u>1,837,402</u>			<u>1,815,227</u>		<u>903,011</u>	<u>53,437</u>
Total ACRS and Other Depreciation			<u>1,837,402</u>			<u>1,815,227</u>		<u>903,011</u>	<u>53,437</u>
Grand Totals			1,877,652			1,831,865		938,086	53,894
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,877,652</u>			<u>1,831,865</u>		<u>938,086</u>	<u>53,894</u>

06-0646609

CT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
Non-Residential Real Property:								
197	Sub Pump	7/23/19	0	0	0	0	0	0
			0	0	0	0	0	0
Prior MACRS:								
111	HVAC Expansion Tank	8/29/07	2,448	2,448	1,877	163	163	0
127	Office Partition	3/01/12	4,635	4,635	867	118	118	0
128	Phone set up	5/04/12	1,533	766	1,533	0	0	0
177	Alarm design security camera	3/19/14	1,080	540	921	35	35	0
178	Lamps and ballasts	11/01/13	1,834	917	1,563	60	60	0
181	I M Technology - 1 22" Dell LCD	1/16/15	189	94	189	0	0	0
182	I M Technology - 12 Dell Optiplex	1/16/15	9,120	4,560	9,120	0	0	0
183	I M Technology 1 22" Dell LCD	1/22/15	149	74	149	0	0	0
184	I M Technology 2 Dell Optiplex	1/22/15	1,550	775	1,550	0	0	0
185	I M Technology - 2 Cyber Power	6/15/15	998	499	998	0	0	0
186	I M Technology - HP Laser Jet	6/23/15	456	228	456	0	0	0
187	Prime Electric - Emergency Lights	12/01/14	2,203	1,102	1,797	81	81	0
192	Phone System - Norwich Office	4/01/19	14,055	0	14,055	0	0	0
			40,250	16,638	35,075	457	457	0
Other Depreciation:								
6	Office Furniture	12/30/02	1,938	1,938	1,938	0	0	0
7	Office Furniture	2/18/03	2,646	2,646	2,646	0	0	0
8	Filing Cabinet	5/05/03	1,198	1,198	1,198	0	0	0
9	2 Drawer Fire File	4/22/04	1,176	1,176	1,176	0	0	0
10	5 Drawer Fire File	4/22/04	1,176	1,176	1,176	0	0	0
11	Couch-Bob's Discount	10/11/05	599	599	549	40	40	0
12	Cabinets-Budget Office	10/11/05	1,049	1,049	962	69	70	1
13	Phone System	6/20/08	2,795	2,795	2,050	186	186	0
17	Paper Shredder	10/01/03	1,800	1,800	1,800	0	0	0
19	SBC Phone System	12/08/04	5,931	5,931	5,931	0	0	0
20	SBC Phone System Wiring	1/31/05	3,717	3,717	3,717	0	0	0
71	Accordion Door	5/30/08	2,600	2,600	1,921	173	173	0
72	Signage	6/30/08	1,542	1,542	1,131	103	103	0
74	Building 7/29/98	4/01/00	299,250	299,250	144,014	7,481	7,481	0
75	Closing Costs 7/29/98	4/01/00	1,807	1,807	870	45	45	0
76	Architect Fees 97/98	4/01/00	4,105	4,105	1,976	102	102	0
77	Architect Fees 98/99	4/01/00	51,139	51,139	24,611	1,278	1,278	0
78	Improves-98/99	4/01/00	31,953	31,953	15,377	799	799	0
79	Improves-98/99	4/01/00	38,302	38,302	18,433	957	957	0
80	Prints-98/99	4/01/00	1,044	1,044	502	27	26	-1
81	Improves-99/00	4/01/00	924,910	924,910	445,113	23,123	23,123	0
82	Asbestos Removal	4/01/00	7,000	7,000	3,369	175	175	0
83	Permits	4/01/00	3,892	3,892	1,873	97	97	0
84	Telephone/Data System	4/01/00	44,585	44,585	21,457	1,114	1,114	0
85	Prints	4/01/00	235	235	113	6	5	-1
86	Legal	4/01/00	1,523	1,523	733	38	38	0
87	Inspections	4/01/00	1,900	1,900	914	48	48	0
88	A/C	4/01/00	814	814	392	20	21	1
89	Interest	4/01/00	11,751	11,751	5,655	294	294	0
90	Interest	4/01/00	6,304	6,304	3,034	157	158	1
91	Architect Fees 99/00	6/30/00	55,206	55,206	26,223	1,380	1,380	0
92	Shelving	6/30/00	2,177	2,177	1,034	55	55	0
93	Condenser	12/06/00	1,913	1,913	889	48	48	0
94	Improves	5/02/01	2,775	2,775	1,260	70	69	-1
95	A/C Remediation	6/30/01	6,178	6,178	2,780	155	155	0
96	HVAC	12/31/01	46,207	46,207	20,216	1,155	1,155	0
97	HVAC	1/31/02	9,772	9,772	4,255	244	244	0
99	HVAC	4/30/02	16,628	16,628	7,136	416	416	0
100	HVAC	12/30/02	54,488	54,488	22,476	1,363	1,363	0
101	A/C Remediation	12/31/02	14,801	14,801	6,105	371	370	-1
102	Improvements	12/31/02	11,150	11,150	4,599	279	279	0
103	HVAC Maintenance	9/16/03	1,043	1,043	411	26	26	0
104	Engineering	12/01/03	694	694	270	18	18	0
105	Structural Engineering	12/04/03	1,200	1,200	468	30	30	0
106	Aluminum Roof Flashing	12/08/03	7,250	7,250	2,824	182	181	-1

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CT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
107	Engineering	3/03/04	1,098	1,098	421	27	28	1
108	Compressor	6/01/04	1,845	1,845	1,845	0	0	0
109	HVAC Repairs	6/02/04	1,244	1,244	469	31	31	0
110	HVAC Maintenance	8/08/05	4,464	4,464	1,553	112	112	0
112	Compressor-Reception RM	6/13/08	1,472	1,472	1,088	98	98	0
113	Compressor-RM 207	6/13/08	1,515	1,515	1,119	101	101	0
114	Land	7/29/98	15,750	15,750	0	0	0	0
117	Locks on Lobby Door to Hall	10/31/08	1,020	1,020	1,020	0	0	0
120	Prokop Signs	10/13/09	1,525	1,525	1,487	38	38	0
121	Water Pump	6/25/10	2,434	2,434	548	61	61	0
122	Roof Repair	6/25/10	2,400	2,400	1,440	160	160	0
123	8 Air Conditioners	12/01/09	1,200	1,200	767	80	80	0
124	Office Phone System	6/25/10	2,960	2,960	2,664	296	296	0
140	Fireproof file drawer	11/30/12	1,532	1,532	672	102	102	0
152	Basement Sewage Ejector Pump	7/06/12	5,184	5,184	2,419	346	346	0
153	Intercom System	8/24/12	1,998	1,998	1,365	200	200	0
154	Lobby door buzzer	8/30/12	1,362	1,362	931	136	136	0
188	Qualifacts Systems, Inc. Care	2/09/15	44,350	22,175	44,350	0	0	0
190	12 gal water heater	6/30/16	32,000	32,000	19,200	6,400	6,400	0
191	2016 Ford Van	9/26/17	21,886	21,886	5,472	3,126	3,126	0
196	Air Compressor	4/28/20	0	0	0	0	0	0
Total Other Depreciation			<u>1,837,402</u>	<u>1,815,227</u>	<u>904,407</u>	<u>53,438</u>	<u>53,437</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>1,837,402</u>	<u>1,815,227</u>	<u>904,407</u>	<u>53,438</u>	<u>53,437</u>	<u>-1</u>
Amortization:								
193	Dell Poweredge Server	11/04/19	0	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>1,877,652</u>	<u>1,831,865</u>	<u>939,482</u>	<u>53,895</u>	<u>53,894</u>	<u>-1</u>
Less: Dispositions			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,877,652</u>	<u>1,831,865</u>	<u>939,482</u>	<u>53,895</u>	<u>53,894</u>	<u>-1</u>

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AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:									
193	Dell Poweredge Server	11/04/19	0		X	0	7 HY 200DB	0	0
196	Air Compressor	4/28/20	0		X	0	7 HY 200DB	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
15-year GDS Property:									
197	Sub Pump	7/23/19	0		X	0	15 HY S/L	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:									
127	Office Partition	3/01/12	4,635			4,635	39 MMS/L	867	118
128	Phone set up	5/04/12	1,533		X	766	7 MQ 150DB	1,533	0
177	Alarm design security camera	3/19/14	1,080		X	540	7 HY 150DB	981	66
178	Lamps and ballasts	11/01/13	1,834		X	917	10 HY 200DB	1,563	60
181	1 M Technology - 1 22" Dell LCD	1/16/15	189		X	94	3 HY 150DB	189	0
182	1 M Technology - 12 Dell Optiple	1/16/15	9,120		X	4,560	3 HY 150DB	9,120	0
183	1 M Technology 1 22" Dell LCD	1/22/15	149		X	74	3 HY 150DB	149	0
184	1 M Technology 2 Dell Optiplex	1/22/15	1,550		X	775	3 HY 150DB	1,550	0
185	1 M Technology - 2 Cyber Power	6/15/15	998		X	499	3 HY 150DB	998	0
186	1 M Technology - HP Laser Jet	6/23/15	456		X	228	3 HY 150DB	456	0
187	Prime Electirc - Emergency Lights	12/01/14	2,203		X	1,102	10 HY 150DB	1,673	96
192	Phone System - Norwich Office	4/01/19	14,055		X	0	7 MQ 200DB	14,055	0
			<u>37,802</u>			<u>14,190</u>		<u>33,134</u>	<u>340</u>
Other Depreciation:									
6	Office Furniture	12/30/02	0			0	0 HY	0	0
7	Office Furniture	2/18/03	0			0	0 HY	0	0
8	Filing Cabinet	5/05/03	0			0	0 HY	0	0
9	2 Drawer Fire File	4/22/04	0			0	0 HY	0	0
10	5 Drawer Fire File	4/22/04	0			0	0 HY	0	0
11	Couch-Bob's Discount	10/11/05	0			0	0 HY	0	0
12	Cabinets-Budget Office	10/11/05	0			0	0 HY	0	0
13	Phone System	6/20/08	0			0	0 HY	0	0
17	Paper Shredder	10/01/03	0			0	0 HY	0	0
19	SBC Phone System	12/08/04	0			0	0 HY	0	0
20	SBC Phone System Wiring	1/31/05	0			0	0 HY	0	0
71	Accordian Door	5/30/08	0			0	0 HY	0	0
72	Signage	6/30/08	0			0	0 HY	0	0
74	Building 7/29/98	4/01/00	0			0	0 HY	0	0
75	Closing Costs 7/29/98	4/01/00	0			0	0 HY	0	0
76	Architect Fees 97/98	4/01/00	0			0	0 HY	0	0
77	Architect Fees 98/99	4/01/00	0			0	0 HY	0	0
78	Improves-98/99	4/01/00	0			0	0 HY	0	0
79	Improves-98/99	4/01/00	0			0	0 HY	0	0
80	Prints-98/99	4/01/00	0			0	0 HY	0	0
81	Improves-99/00	4/01/00	0			0	0 HY	0	0
82	Asbestos Removal	4/01/00	0			0	0 HY	0	0
83	Permits	4/01/00	0			0	0 HY	0	0
84	Telephone/Data System	4/01/00	0			0	0 HY	0	0
85	Prints	4/01/00	0			0	0 HY	0	0
86	Legal	4/01/00	0			0	0 HY	0	0
87	Inspections	4/01/00	0			0	0 HY	0	0
88	A/C	4/01/00	0			0	0 HY	0	0
89	Interest	4/01/00	0			0	0 HY	0	0
90	Interest	4/01/00	0			0	0 HY	0	0
91	Architect Fees 99/00	6/30/00	0			0	0 HY	0	0
92	Shelving	6/30/00	0			0	0 HY	0	0
93	Condenser	12/06/00	0			0	0 HY	0	0
94	Improves	5/02/01	0			0	0 HY	0	0
95	A/C Remediation	6/30/01	0			0	0 HY	0	0
96	HVAC	12/31/01	0			0	0 HY	0	0
97	HVAC	1/31/02	0			0	0 HY	0	0
99	HVAC	4/30/02	0			0	0 HY	0	0
100	HVAC	12/30/02	0			0	0 HY	0	0

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AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
101	A/C Remediation	12/31/02	0			0	0 HY	0	0
102	Improvements	12/31/02	0			0	0 HY	0	0
103	HVAC Maintenance	9/16/03	0			0	0 HY	0	0
104	Engineering	12/01/03	0			0	0 HY	0	0
105	Structural Engineering	12/04/03	0			0	0 HY	0	0
106	Aluminum Roof Flashing	12/08/03	0			0	0 HY	0	0
107	Engineering	3/03/04	0			0	0 HY	0	0
108	Compressor	6/01/04	0			0	0 HY	0	0
109	HVAC Repairs	6/02/04	0			0	0 HY	0	0
110	HVAC Maintenance	8/08/05	0			0	0 HY	0	0
111	HVAC Expansion Tank	8/29/07	0			0	0 HY	0	0
112	Compressor-Reception RM	6/13/08	0			0	0 HY	0	0
113	Compressor-RM 207	6/13/08	0			0	0 HY	0	0
114	Land	7/29/98	0			0	0 HY	0	0
117	Locks on Lobby Door to Hall	10/31/08	0			0	0 HY	0	0
120	Prokop Signs	10/13/09	1,525			1,525	10 MO S/L	1,487	38
121	Water Pump	6/25/10	2,434			2,434	40 MO S/L	548	61
122	Roof Repair	6/25/10	2,400			2,400	15 MO S/L	1,440	160
123	8 Air Conditioners	12/01/09	1,200			1,200	15 MO S/L	767	80
124	Office Phone System	6/25/10	2,960			2,960	10 MO S/L	2,664	296
140	Fireproof file drawer	11/30/12	0			0	0 HY	0	0
152	Basement Sewage Ejector Pump	7/06/12	0			0	0 HY	0	0
153	Intercom System	8/24/12	0			0	0 HY	0	0
154	Lobby door buzzer	8/30/12	0			0	0 HY	0	0
190	12 gal water heater	6/30/16	0			0	0 HY	0	0
191	2016 Ford Van	9/26/17	0			0	0 HY	0	0
Total Other Depreciation			<u>10,519</u>			<u>10,519</u>		<u>6,906</u>	<u>635</u>
Total ACRS and Other Depreciation			<u>10,519</u>			<u>10,519</u>		<u>6,906</u>	<u>635</u>
Grand Totals			48,321			24,709		40,040	975
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>48,321</u>			<u>24,709</u>		<u>40,040</u>	<u>975</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
128	Phone set up	5/04/12	1,533		0	0	767	766
177	Alarm design security camera	3/19/14	1,080		0	0	540	540
178	Lamps and ballasts	11/01/13	1,834		0	0	917	917
181	I M Technology - 1 22" Dell LCD	1/16/15	189		0	0	95	94
182	I M Technology - 12 Dell Optiplex	1/16/15	9,120		0	0	4,560	4,560
183	I M Technology 1 22" Dell LCD	1/22/15	149		0	0	75	74
184	I M Technology 2 Dell Optiplex	1/22/15	1,550		0	0	775	775
185	I M Technology - 2 Cyber Power	6/15/15	998		0	0	499	499
186	I M Technology - HP Laser Jet	6/23/15	456		0	0	228	228
187	Prime Electirc - Emergency Lights	12/01/14	2,203		0	0	1,101	1,102
188	Qualifacts Systems, Inc. Care	2/09/15	44,350		0	0	22,175	22,175
192	Phone System - Norwich Office	4/01/19	14,055		0	0	14,055	0
193	Dell Poweredge Server	11/04/19	0		0	0	0	0
196	Air Compressor	4/28/20	0		0	0	0	0
197	Sub Pump	7/23/19	0		0	0	0	0
Grand Total			<u>77,517</u>		<u>0</u>	<u>0</u>	<u>45,787</u>	<u>31,730</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	127	Office Partition	118	118	0
Page 1	1	128	Phone set up	0	0	0
Page 1	1	177	Alarm design security camera	35	66	-31
Page 1	1	178	Lamps and ballasts	60	60	0
Page 1	1	181	I M Technology - 1 22" Dell LCD	0	0	0
Page 1	1	182	I M Technology - 12 Dell Optiple	0	0	0
Page 1	1	183	I M Technology 1 22" Dell LCD	0	0	0
Page 1	1	184	I M Technology 2 Dell Optiplex	0	0	0
Page 1	1	185	I M Technology - 2 Cyber Power	0	0	0
Page 1	1	186	I M Technology - HP Laser Jet	0	0	0
Page 1	1	187	Prime Electirc - Emergency Lights	81	96	-15
Page 1	1	192	Phone System - Norwich Office	0	0	0
				<u>294</u>	<u>340</u>	<u>-46</u>

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Future Depreciation Report**FYE: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
111	HVAC Expansion Tank	8/29/07	2,448	163	0
127	Office Partition	3/01/12	4,635	119	119
128	Phone set up	5/04/12	1,533	0	0
177	Alarm design security camera	3/19/14	1,080	36	33
178	Lamps and ballasts	11/01/13	1,834	60	60
181	I M Technology - 1 22" Dell LCD	1/16/15	189	0	0
182	I M Technology - 12 Dell Optiple	1/16/15	9,120	0	0
183	I M Technology 1 22" Dell LCD	1/22/15	149	0	0
184	I M Technology 2 Dell Optiplex	1/22/15	1,550	0	0
185	I M Technology - 2 Cyber Power	6/15/15	998	0	0
186	I M Technology - HP Laser Jet	6/23/15	456	0	0
187	Prime Electirc - Emergency Lights	12/01/14	2,203	72	97
192	Phone System - Norwich Office	4/01/19	14,055	0	0
193	Dell Poweredge Server	11/04/19	0	0	0
196	Air Compressor	4/28/20	0	0	0
197	Sub Pump	7/23/19	0	0	0
			40,250	450	309

Other Depreciation:

6	Office Furniture	12/30/02	1,938	0	0
7	Office Furniture	2/18/03	2,646	0	0
8	Filing Cabinet	5/05/03	1,198	0	0
9	2 Drawer Fire File	4/22/04	1,176	0	0
10	5 Drawer Fire File	4/22/04	1,176	0	0
11	Couch-Bob's Discount	10/11/05	599	20	0
12	Cabinets-Budget Office	10/11/05	1,049	35	0
13	Phone System	6/20/08	2,795	186	0
17	Paper Shredder	10/01/03	1,800	0	0
19	SBC Phone System	12/08/04	5,931	0	0
20	SBC Phone System Wiring	1/31/05	3,717	0	0
71	Accordian Door	5/30/08	2,600	174	0
72	Signage	6/30/08	1,542	102	0
74	Building 7/29/98	4/01/00	299,250	7,482	0
75	Closing Costs 7/29/98	4/01/00	1,807	46	0
76	Architect Fees 97/98	4/01/00	4,105	103	0
77	Architect Fees 98/99	4/01/00	51,139	1,279	0
78	Improves-98/99	4/01/00	31,953	799	0
79	Improves-98/99	4/01/00	38,302	958	0
80	Prints-98/99	4/01/00	1,044	26	0
81	Improves-99/00	4/01/00	924,910	23,123	0
82	Asbestos Removal	4/01/00	7,000	175	0
83	Permits	4/01/00	3,892	97	0
84	Telephone/Data System	4/01/00	44,585	1,115	0
85	Prints	4/01/00	235	6	0
86	Legal	4/01/00	1,523	38	0
87	Inspections	4/01/00	1,900	47	0
88	A/C	4/01/00	814	20	0
89	Interest	4/01/00	11,751	294	0
90	Interest	4/01/00	6,304	157	0
91	Architect Fees 99/00	6/30/00	55,206	1,380	0
92	Shelving	6/30/00	2,177	54	0
93	Condenser	12/06/00	1,913	48	0
94	Improves	5/02/01	2,775	69	0
95	A/C Remediation	6/30/01	6,178	154	0
96	HVAC	12/31/01	46,207	1,156	0
97	HVAC	1/31/02	9,772	244	0
99	HVAC	4/30/02	16,628	416	0
100	HVAC	12/30/02	54,488	1,362	0
101	A/C Remediation	12/31/02	14,801	370	0
102	Improvements	12/31/02	11,150	279	0
103	HVAC Maintenance	9/16/03	1,043	26	0
104	Engineering	12/01/03	694	17	0
105	Structural Engineering	12/04/03	1,200	30	0
106	Aluminum Roof Flashing	12/08/03	7,250	182	0

Future Depreciation Report**FYE: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
107	Engineering	3/03/04	1,098	27	0
108	Compressor	6/01/04	1,845	0	0
109	HVAC Repairs	6/02/04	1,244	31	0
110	HVAC Maintenance	8/08/05	4,464	111	0
112	Compressor-Reception RM	6/13/08	1,472	98	0
113	Compressor-RM 207	6/13/08	1,515	101	0
114	Land	7/29/98	15,750	0	0
117	Locks on Lobby Door to Hall	10/31/08	1,020	0	0
120	Prokop Signs	10/13/09	1,525	0	0
121	Water Pump	6/25/10	2,434	60	60
122	Roof Repair	6/25/10	2,400	160	160
123	8 Air Conditioners	12/01/09	1,200	80	80
124	Office Phone System	6/25/10	2,960	0	0
140	Fireproof file drawer	11/30/12	1,532	103	0
152	Basement Sewage Ejector Pump	7/06/12	5,184	345	0
153	Intercom System	8/24/12	1,998	200	0
154	Lobby door buzzer	8/30/12	1,362	136	0
188	Qualifacts Systems, Inc. Care	2/09/15	44,350	0	0
190	12 gal water heater	6/30/16	32,000	6,400	0
191	2016 Ford Van	9/26/17	21,886	3,127	0
Total Other Depreciation			<u>1,837,402</u>	<u>53,048</u>	<u>300</u>
Total ACRS and Other Depreciation			<u>1,837,402</u>	<u>53,048</u>	<u>300</u>
Grand Totals			<u>1,877,652</u>	<u>53,498</u>	<u>609</u>

06-0646609

CT Future Depreciation Report**FYE: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CT</u>
Prior MACRS:				
111	HVAC Expansion Tank	8/29/07	2,448	163
127	Office Partition	3/01/12	4,635	119
128	Phone set up	5/04/12	1,533	0
177	Alarm design security camera	3/19/14	1,080	36
178	Lamps and ballasts	11/01/13	1,834	60
181	I M Technology - 1 22" Dell LCD	1/16/15	189	0
182	I M Technology - 12 Dell Optiplex	1/16/15	9,120	0
183	I M Technology 1 22" Dell LCD	1/22/15	149	0
184	I M Technology 2 Dell Optiplex	1/22/15	1,550	0
185	I M Technology - 2 Cyber Power	6/15/15	998	0
186	I M Technology - HP Laser Jet	6/23/15	456	0
187	Prime Electirc - Emergency Lights	12/01/14	2,203	72
192	Phone System - Norwich Office	4/01/19	14,055	0
193	Dell Poweredge Server	11/04/19	0	0
196	Air Compressor	4/28/20	0	0
197	Sub Pump	7/23/19	0	0
			<u>40,250</u>	<u>450</u>

Other Depreciation:

6	Office Furniture	12/30/02	1,938	0
7	Office Furniture	2/18/03	2,646	0
8	Filing Cabinet	5/05/03	1,198	0
9	2 Drawer Fire File	4/22/04	1,176	0
10	5 Drawer Fire File	4/22/04	1,176	0
11	Couch-Bob's Discount	10/11/05	599	10
12	Cabinets-Budget Office	10/11/05	1,049	18
13	Phone System	6/20/08	2,795	186
17	Paper Shredder	10/01/03	1,800	0
19	SBC Phone System	12/08/04	5,931	0
20	SBC Phone System Wiring	1/31/05	3,717	0
71	Accordion Door	5/30/08	2,600	174
72	Signage	6/30/08	1,542	102
74	Building 7/29/98	4/01/00	299,250	7,482
75	Closing Costs 7/29/98	4/01/00	1,807	45
76	Architect Fees 97/98	4/01/00	4,105	103
77	Architect Fees 98/99	4/01/00	51,139	1,279
78	Improves-98/99	4/01/00	31,953	799
79	Improves-98/99	4/01/00	38,302	958
80	Prints-98/99	4/01/00	1,044	26
81	Improves-99/00	4/01/00	924,910	23,122
82	Asbestos Removal	4/01/00	7,000	175
83	Permits	4/01/00	3,892	98
84	Telephone/Data System	4/01/00	44,585	1,115
85	Prints	4/01/00	235	6
86	Legal	4/01/00	1,523	38
87	Inspections	4/01/00	1,900	47
88	A/C	4/01/00	814	20
89	Interest	4/01/00	11,751	294
90	Interest	4/01/00	6,304	158
91	Architect Fees 99/00	6/30/00	55,206	1,380
92	Shelving	6/30/00	2,177	54
93	Condenser	12/06/00	1,913	48
94	Improves	5/02/01	2,775	69
95	A/C Remediation	6/30/01	6,178	154
96	HVAC	12/31/01	46,207	1,155
97	HVAC	1/31/02	9,772	244
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113	Compressor-RM 207	6/13/08	1,515	101
114	Land	7/29/98	15,750	0
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120	Prokop Signs	10/13/09	1,525	0
121	Water Pump	6/25/10	2,434	60
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Total ACRS and Other Depreciation			<u>1,837,402</u>	<u>53,020</u>
Grand Totals			<u>1,877,652</u>	<u>53,470</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

**Catholic Charities Diocese of
Norwich, Inc.**

06-0646609

Net Asset / Fund Balance at Beginning of Year **42,433**

Revenue

Contributions	<u>1,037,335</u>	
Program service revenue	<u>554,777</u>	
Investment income	<u>32,527</u>	
Capital gain / loss	<u>24,674</u>	
Fundraising / Gaming:		
Gross revenue	<u>19,450</u>	
Direct expenses	<u>19,450</u>	
Net income	<u>0</u>	
Other income	<u>0</u>	
Total revenue		<u>1,649,313</u>

Expenses

Program services	<u>1,690,108</u>	
Management and general	<u>210,259</u>	
Fundraising	<u>149,442</u>	
Total expenses		<u>2,049,809</u>
Excess / (deficit)		<u>-400,496</u>

Changes **16,137**

Net Asset / Fund Balance at End of Year **-341,926**

Reconciliation of Revenue

Total revenue per financial statements	<u>1,724,294</u>
Less:	
Unrealized gains	<u>16,137</u>
Donated services	<u>39,394</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	<u>-19,450</u>
Total revenue per return	<u><u>1,649,313</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,108,653</u>
Less:	
Donated services	<u>39,394</u>
Prior year adjustments	
Losses	
Other	<u>19,450</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>2,049,809</u></u>

	Balance Sheet		
	Beginning	Ending	Differences
Assets	<u>2,556,773</u>	<u>2,343,390</u>	
Liabilities	<u>2,514,340</u>	<u>2,685,316</u>	
Net assets	<u><u>42,433</u></u>	<u><u>-341,926</u></u>	<u><u>-384,359</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **05/17/21**
 Failure to file penalty _____

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 20 20▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

**Catholic Charities Diocese of
Norwich, Inc.**

Employer identification number

06-0646609

Name and title of officer

**Susan Connelly
Interim Exec. Dir.****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,649,313</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **Mahoney Sabol & Company, LLP** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **02/12/21****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06305312345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Kenneth A. Kron, CPA

Date ▶

02/12/21**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)