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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	
	INTERFAITH WORKS 114 W. MONTGOMERY AVE ROCKVILLE, MD 20850-4213
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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Discretion State the location Constructions and the latest information. Dispection A For the 2020 calendary expr of tax year beginning JUL 1, 2020 and ending JUN 30, 2021 Demployer identification number B check C Name of organization D Employer identification number S22-1072684 Dumber and steet (P 0. bot if mails in ot delivered to street address) Poom/state E Telephone number Tax-exempt attain Vort town, state of provone, county, and ZP or foreign postal code G even exempts G cover exempts Market X parket Figure 114 Work MONTGOMERY AVE G cover exempts SAME AS C ABOVE Figure 2015(1) Solic) (1) (insertion.) 4947(a)(1) or Estic Ho) for autocontates chader Yes No I Tax-exempt attain X Solic) (1) Inst Association Uther > L Yes ard formation: 1972 (M State of legal domicile MD Part I Summary I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. III 2 Check this box > If the organizatio's mission or most significant activities: SEE Corf, Or 4, 166, 06197 G atta assets. 1	For	n y	90	Under section 501(c), 52	27, or 4947	(a)(1) of the Interna	l Revenu	e Code (ex	cept private	foundation	s) 2020
International local C G to wow.is.gov/Form490 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning predicate. C Name of organization D Employer identification number B check C Name of organization D Employer identification number INTERFAITH WORKS Doing business as IW S2 - 1072684 Inspection Number and stered (or P.O.box if mail is not delivered to street address) Room/suite E Telegohore number (301)762-8682 If the max and address of propola of cours), and ZIP or foreign postal code G eman coursepts to state of propola of course, course, and the latest (or P.O.box if mail is not delivered to street address) If are exempt states. IX Sol (COURTINEY HALL SAME AS C ABOVE Ha) is this a group return for subordinates? IV res L(No, 'statesh alis.See instructions H(No, 'statesh alis.See instructions H(C) or up exemption number If are exempt states. IX Sol (COURTINEY HALL SAME AS C ABOVE He) work statesh alis.See instructions H(C) or up exemption number IV res (X) No If are exempt states. IX Sol (COURTINEY HALL SAME AS C C ABOVE He) work statesh alis.See instructions H(C) or up exemption number If are exempt states. IX Sol (COURTINEY HALL SOL (COURTINEY HALL). He) for a for number He) for subordinatesh alis.See instructions H(C) Group exemption				Do not ente	er social s	ecurity numbers on	this form	n as it may	be made pub	olic.	Open to Public
B Check C Name of organization D Employer identification number INTERFAITH WORKS Daring business as IW 52–1072684 Interpret To the province country, and ZIP or foreign postal code Generative country (3017762-8682 Interpret To the province country, and ZIP or foreign postal code Generative country (3017762-8682 Interpret To the province country, and ZIP or foreign postal code Generative country Generative country SAME AS C ABOVE High set ta set of province country, and ZIP or foreign postal code Generative country Fig. No. I take exempt status: IS 501((3) S01((1) (inset ne.) 4947(a)(1) or EST High set take country Fig. No. I take exempt status: IS 501((3) S01((1) (inset ne.) (inset ne.) 10 are status High set take country Fig. No. I take exempt status: IS 501((1) Interpret Ti take country, and ZIP or foreign postal country L vae of formation: 1972 M State of legal domicile MD Part II Summary I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 1 I are exempt status or individuas employed in calendar year 2020 (Part VI, line 10) I at 20 1 1 I number of individuas employed in calendar year 2020 (Part VI, line 12)<	Depa Interr	rtment o nal Reve	of the Treasury enue Service	Go to ww	/w.irs.gov	/Form990 for instrue					
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Image: Section 2012 Doing business as IW 52-1072684 Intervent 11 4 W. MONTGOMERY AVE Control 11 4 W. MONTGOMERY AVE Intervent 11 4 W. MONTGOMERY AVE (301)762-8682 City or town, state or province, country, and 21 or foreign postal code Concentrates 16,207,843. Reprint Flame and address of pencipal officer COURTINEY HALL Hold 16 this a group return for subordinates? Yes XI No I Tax exempt status: S01(2)(3) 501(c) (1 (metric) (metric) If No, attach a list. See instructions I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. If No, attach a list. See instructions I Drick this box If the organization discontinued is operations or disposed of more than 25% of its net assets. 12 I Intervent of independent voling members of the governing body (Part VI, line 1a) Imediated business taxable income from Form 990-T, Part I, line 11 Imediate 25% of its net assets. I Intervent income (Part VIII, column (A), lines 3, d, and 7d) Imediated business taxable income from Form 990-T, Part I, line 11 Image: Provenue add lines approve thematic active add lines approve thematic add lines approve thematic add lines approve thematic add lines approve thematic add lines approve add lines approve add lines a			SS TNTE	RFATTH WORKS							
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City or town, state or province, country, and ZIP or toreign postal code G Overscenses 1 (G, 207, 843 Maximized ROCKVILLE, MD 20850-4213 Hig) is this a group return for subordinates? FName and address of principal officer-COURTNEY HALL SAME AS C ABOVE Yes X No I Taxe-exempt status: XI 501(5(1)) 501(5(1)) 4947(a)(1) or 527 J Website: ► WWW. INORKSMC.ORG If (No, attach atta: See instructions Form of organization: XI Derporation Trust Association 0ther ► I Briefly describe the organization is mission or most significant activities: SEE PART III, LINE 1. It No, "attach atta sets. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of ndividuals employed in calendar year 2020 (Part V, line 1a) 3 12 4 Number of independent voting members of the governing body (Part V, line 1a) 3 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7 a Total unrelated business revenue from Part VIII, column (A), lines 3.4, and 7d) 951.1 14, 519. 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 951.1 14, 529. 14, 529. 10 Totar revenue (Part VIII, column (A), lines 3.4, and 7d) 9751.1 14, 5			111)				8682
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19 Revenue less expenses. Subtract line 18 from line 12 386,598. 1,565,376. 20 Total assets (Part X, line 16) Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26) 2,296,992. 1,082,747. 22 Net assets or fund balances. Subtract line 21 from line 20 747,945. 2,351,984. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer 0/15/22 Pipe or print name and title Date 0/15/22	ш	17	Other expense	es (Part IX, column (A), line	es 11a-11d	, 11f-24e)			1,622	,405.	
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Sign Here COURTNEY HALL, CEO Type or print name and title							-			-	knowledge and belief, it is
Sign Signature of officer Date Here COURTNEY HALL, CEO Type or print name and title	true,	correc	ct, and complete	. Declaration of preparer (othe	er than office	er) is based on all inforn	nation of w	nich prepare			
Here COURTNEY HALL, CEO Type or print name and title	.		Signature	of officer							
Type őr print name and title					0				Dali		
	Her	е									
			,			Preparer's signature	4	Ī	Date	Check	PTIN

	Print/Type preparer's name	Preparer's signature,	Dale	Check PTIN
Paid	RICHARD J. LOCASTRO, CPA	Rectand b. Locastr.	3/15/2022	^{if} self-employed P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBER		Firm's	EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY			
	BETHESDA, MD 208	14-2930	Phone	eno.(301) 951-9090
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				- 000 (2222)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) INTERFAITH WORKS	52-1072684	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: INTERFAITH WORKS WAS ESTABLISHED IN 1972, AND INCORPORA OUR MISSION IS TO SUPPORT OUR NEIGHBORS IN NEED BY PROV SERVICES AND A PATHWAY TO GREATER STABILITY. WE PROVIDE	IDING VITAL	
	SHELTER, HOUSING, CLOTHING, FOOD, FINANCIAL ASSISTANCE,	AND JOB	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	x X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	S X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
4a	revenue, if any, for each program service reported.(Code:) (Expenses \$6,458,832.including grants of \$6,088,055.) (ReventINTERFAITH WORKSCLOTHINGCENTER:PROVIDESFREECLOTHINGGOODSTO13,000INCOME-QUALIFIEDRESIDENTSEACHYEAR, I6,000CHILDREN,THROUGHTHEDISTRIBUTIONOFMILLIONSOF	IG AND HOUSER NCLUDING NEA	
	OF DONATED ITEMS. THE INTERFAITH CLOTHING CENTER ALSO H		
	TO IMPRESS SHOP (PROFESSIONAL CLOTHING), DISTRIBUTES SP	ECIALIZED IT	TEMS
	SUCH AS LAYETTES TO EXPECTANT MOTHERS AND BRAND-NEW BAC	KPACKS FILLE	ED
	WITH NEW SCHOOL SUPPLIES TO MCPS STUDENTS.		
4b	(Code:) (Expenses \$6,101,617.including grants of \$924,826.)(ReventHOMELESSSERVICES:HOMELESSSERVICESPROVIDESEMERGENCY700WOMENANDMENEACHYEARATTHREESITESINMONTGOMERADDITIONALLY,MORETHAN200INDIVIDUALSANDFAMILIESARAVARIETYOFSUPPORTIVEHOUSINGPROGRAMSINMONTGOMERY	SHELTER TO Y COUNTY. E SERVED THF	OVER
	INTERFAITH WORKS EMPOWERMENT CENTER ENGAGES OVER 800 IN DAY PROGRAM WITH ACCESS TO SHOWERS, LAUNDRY, SUPPORT GR MANAGEMENT SERVICES TO THOSE EXPERIENCING HOMELESSNESS.	OUPS, AND CA	IA ASE
	OPERATES AS A HEATING/COOLING CENTER DURING WEATHER EXT THE WINTER MONTHS, THE OVERFLOW SHELTER OPENS TO APPROX	REMES. DURIN	IG
	ADULTS, PROVIDING A PLACE TO SLEEP ON COLD NIGHTS.		
	·		
4c	(Code:) (Expenses \$ 409,386. including grants of \$ 248,874. (Rever CONNECTIONS: INTERFAITH WORKS CONNECTIONS LINKS LOW-INC MONTGOMERY COUNTY TO THE RESOURCES THEY NEED. THE RESOURCES	OME RESIDENT	TS OF
	COORDINATORS, WHO ARE BILINGUAL IN ENGLISH AND SPANISH,		
	CLIENTS TO CONDUCT A COMPREHENSIVE NEEDS ASSESSMENT, GA	THER INFORMA	
	TO MAKE REFERRALS TO APPROPRIATE PARTNER PROVIDERS, AND		ENTS
	ABOUT AVAILABLE ASSISTANCE. REFERRALS ARE MADE FOR MANY		
	SERVICES, INCLUDING FOOD, VOCATIONAL SERVICES, ENGLISH/		170110
	CLASSES, FURNITURE, AND BEHAVIORAL HEALTH. INTERFAITH WALSO PROVIDES A SAFETY NET TO HOUSEHOLDS BEHIND ON RENT		
	UTILITY BILLS (PEPCO OR WASHINGTON GAS) BY ADMINISTERIN		UK
	FINANCIAL ASSISTANCE.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 665,814 · including grants of \$ 89,980 ·) (Revenue \$)	
4e	Total program service expenses ► 13,635,649.	/	
	2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(990 (2020
380	2 315 745960 19375 2020.05091 INTERFAITH WORKS	193	752
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3	0	31	L 5	74	159	60	19	37	5	

		ist of Required Schedule	s
Form 990	(2020)	INTERFAITH	W

INTERFAITH WORKS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	∠∪D		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2020)	INTERFAITH	WORKS
Part IV	Checklist o	of Required Schedule	es (continued)

INTERFAITH WORKS

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Pa	t 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 161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
Ĩ	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	14		
~	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			v
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
	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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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INTERFAITH WORKS

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

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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.

		1.1	1 0		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	12			
	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.		12			
	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			•		v
~	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under					x
	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			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			5 6		X
6 70	Did the organization have members or stockholders?			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect 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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
					Yes	No
l0a	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, affilia	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody before filing	the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give right			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If in Schedule O how this was done</i>			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 appro			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		uent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a		x
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrance	ement 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 evalu			Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Sec	ction 501(c)(3)s only	/) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			, ,	,	
		in on Schedule	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inter	est policy, an	d fina	ncial	
	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 METOU BALDE – $(301)762-8682$	books and reco	rds ▶			
	114 W. MONTGOMERY AVE, ROCKVILLE, MD 20850-4213					
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	6					
80	315 745960 19375 2020.05091 INTERFAITH WO	RKS		191	375	2

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensa	ited
	Employees, and Independe	ent Contra	ctors					

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

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			uau	recio	n/uus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-271033-10100)		and related
	below	d ual t	utiona	_	mploy	st col	ar.			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) TIMOTHY LARKIN	30.00			_						
DIRECTOR OF FINANCE	10.00			Х				80,000.	0.	536.
(2) REBECCA R. WAGNER	34.00									
INTERIM CEO (6/20-10/20)	6.00			Х				52,264.	0.	171.
(3) COURTNEY HALL	34.00									
CEO (FROM 11/1/20)	6.00			Х				18,937.	0.	405.
(4) DEVANG SHAH	8.00							_	_	_
CHAIR PRESIDENT	1.00	Х		X				0.	0.	0.
(5) KAY NEWHOUSE	8.00									-
GOVERNANCE COMMITTEE CHAIR	1.00	Х		х				0.	0.	0.
(6) MARILYN RIPIN	8.00									
SECRETARY	1.00	X		X				0.	0.	0.
(7) FRANK WHITE	8.00									•
TREASURER	1.00	Х		X				0.	0.	0.
(8) RONNA COOK	2.00								0	0
DIRECTOR	0.50	X						0.	0.	0.
(9) AGNES LESHNER	2.00									•
DIRECTOR	0.50	X						0.	0.	0.
(10) BRAD COLTON	2.00									•
DIRECTOR	0.50	X						0.	0.	0.
(11) BRAD MCCULLOUGH	2.00								•	•
DIRECTOR	0.50	X						0.	0.	0.
(12) GRACE RIVERA-OWEN	2.00									•
DIRECTOR	0.50	X						0.	0.	0.
(13) HELEN BLUMEN	2.00									•
DIRECTOR	0.50	X						0.	0.	0.
(14) SAMAN QADEER	2.00									•
DIRECTOR	0.50	X						0.	0.	0.
(15) PAMELA TAYLOR	2.00								0	0
DIRECTOR	0.50	X						0.	0.	0.
										- 000 (2222)

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Form 990 (2020)

	990 (2020) INTERFAI									52-1	072	684	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtotal								151,201.		0.		1,1	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.		1,1	0. 12.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	no r	eceived more than \$100),000 of reportab	le			0
3	Did the organization list any former officer,			key e	empl	loye	e, or	hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	•	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	;	4		X X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Scheaule	eJī	or si	ucn	pers	son .					5		л
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	from	
	(A) Name and business								(B) Description of s		С	(C ompe	2) nsatio	n
	TAGE POINT, 700 E MAIN), SALISBURY, MD 21804	N STREED	С,	St	יונ	ΓE			OUTSOURCED I SERVICES	Т		13	0,3	94.
2	Total number of independent contractors (i	ncludina but n	ot lii	nite	d to	tho	se lie	ster	d above) who received n	ore than				
	\$100,000 of compensation from the organi	-					1		,e . soon ou n			Form	990 (;	2020)

		Check if Schedule O c		· · ·			(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud
-						10 (12				sections 512 -
		Federated campaigns				19,612.				
		Membership dues								
		Fundraising events								
		Related organizations				8,242,570.				
		Government grants (contri All other contributions, gifts, g				0,242,570.				
	'	similar amounts not included				7,826,192.				
	~	Noncash contributions included in			2	6,327,649.				
	-	Total. Add lines 1a-1f					16,088,374.			
						Business Code				
	0 a	HOMELESS SERVICES				900099	88,369.	88,369.		
1	z a b	INTERFAITH CLOTHING	CEN	ITER		900099	13,081.	13,081.		
	c									
	d									
	e									
		All other program service	reve	nue						
1		Total. Add lines 2a-2f				▶	101,450.			
	3	Investment income (includ					, .			
		other similar amounts)	-				14,519.			14,5
4	4	Income from investment o								,
	5	Royalties		•		· · ·				
		-		(i) Rea		(ii) Personal				
6	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)				►				
7		Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
1		and sales expenses	7b							
1	с		7c							
1		Net gain or (loss)				▶				
8	8 a	Gross income from fundraisin	ng ev	ents (not						
		including \$		of						
1		contributions reported on		-						
		Part IV, line 18			8a	ļ]				
1		Less: direct expenses			8b					
1		Net income or (loss) from t				🕨				
9	9 a	Gross income from gaming								
1	_	Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from (s	▶				
10	υa	Gross sales of inventory, le			-					
1		and allowances			10a					
1		Less: cost of goods sold			10b					
┢	С	Net income or (loss) from s	sales	s of invento	ry	Business Code				
.	4 -	REBATE INCOME				900099	3,500.			3,5
ין		ABAIE INCOME				500099	5,500.			, ³ , ³
'	b					├				
1	c d					├				
1		All other revenue					3,500.			
		Total. Add lines 11a-11d					16,207,843.	101,450.	0.	18,0
- 12	۷	Total revenue. See instructio	пэ			🚩	±0,207,043.	I TOT, 400.	۰ ⁰	<u> </u>

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INTERFAITH WORKS

Form 990 (2020) INTERFA
Part VIII Statement of Revenue

INTERFAITH WORKS

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 respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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	61,560.	61,560.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,290,175.	7,290,175.		
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,	188,526.	51,982.	84,562.	51,982.
6	trustees, and key employees Compensation not included above to disqualified	100,520.	JI, 902.	04,302.	51,902.
o	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,032,260.	4,547,555.	261,487.	223,218.
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	27,560.	24,288.	1,825. 56,538.	<u>1,447.</u> 13,146.
9	Other employee benefits	340,092.	270,408.	56,538.	13,146.
10	Payroll taxes	460,000.	405,382.	30,465.	24,153.
11	Fees for services (nonemployees):				
	Management	4,351.	4,288.	63.	
	Legal Accounting	35,535.	27,595.	6,313.	1,627.
	Lobbying			.,	_/ • _ •
	Professional fundraising services. See Part IV, line 17	57,500.			57,500.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	171,003.	168,521.	2,482.	
12	Advertising and promotion	169,490.	124 000	10 070	16 500
13	Office expenses	174,179.	134,890. 132,386.	18,072. 25,723.	16,528. 16,070.
14 15	Information technology	1/4,1/9•	152,500.	23,723.	10,070.
15 16	Royalties Occupancy	89,524.	54,367.	22,112.	13,045.
17	Travel	9,227.	9,227.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,079.	180.	1,899.	
20	Interest	17,677.		17,677.	
21	Payments to affiliates		<u> </u>	<u> </u>	1 701
22	Depreciation, depletion, and amortization	58,703. 45,869.	47,474. 41,838.	6,498.	<u>4,731.</u> 2,057.
23 24	Insurance Other expenses. Itemize expenses not covered	45,009.	41,050.	1,974.	2,037.
24	above (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	203,745.	196,625.	5,182.	1,938.
b	EXTRAORDINARY EXPENSES	147,825.	119,927.	25,730.	2,168.
с	PERSONNEL-RELATED EXP.	33,080.	26,436.	4,833.	1,811.
d	PAYROLL & HR SERVICES	22,539.	20,577.	949.	1,013.
	All other expenses	-32.	-32.	574,384.	120 101
25	Total functional expenses. Add lines 1 through 24e	14,642,467.	13,635,649.	5/4,304.	432,434.
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 Fight and following SOP 98-2 (ASC 958-720)				
03201	0 12-23-20		-		Form 990 (2020)

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INTERFAITH WORKS

Form 990 (2020)

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
	1	Cash - non-interest-bearing	1,511,574.	1	1,853,684.
	2	Savings and temporary cash investments	25,038.	2	34,218.
	3	Pledges and grants receivable, net	-,	3	
	4	Accounts receivable, net	522,726.	4	761,094.
	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		Ū	
	ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	36,437.	9	16,174.
		· · ·		J	
	100	basis. Complete Part VI of Schedule D 10a 1,812,521.			
	ь		470,057.	10c	500,049.
	11	Investments - publicly traded securities	200,735.	11	253,731.
	12	Investments - other securities. See Part IV, line 11	20077000	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	278,370.	15	15,781.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,044,937.	16	3,434,731.
	17	Accounts payable and accrued expenses	404,376.	17	488,777.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	441,846.	23	
	24	Unsecured notes and loans payable to unrelated third parties	811,800.	24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	638,970.	25	593,970.
	26	Total liabilities. Add lines 17 through 25	2,296,992.	26	1,082,747.
		Organizations that follow FASB ASC 958, check here ▶ X	· · ·		
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	710,043.	27	2,290,923.
Bal	28	Net assets with donor restrictions	37,902.	28	61,061.
pu		Organizations that do not follow FASB ASC 958, check here			
Ъ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	747,945.	32	2,351,984.
_	33	Total liabilities and net assets/fund balances	3,044,937.	33	3,434,731.

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

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Form **990** (2020)

Form	990 (2020) INTERFAITH WORKS	52-	-1072684	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,64	2,4	.67.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,56	5,3	376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74	7,9	945.
5	Net unrealized gains (losses) on investments	5		8,6	563.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,35	1,9	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

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SCHEDULE A

(Form	990	or	990-EZ)	
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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.

2020
Open to Public Inspection
identification number

OMB No. 1545-0047

Interna	al Reve	of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instructi			nformation.		Open to Public Inspection
Nam	e of t	the organizati			N C					r identification numbe $52 - 1072684$
Pa	rt I	Beason		RFAITH WOR	(All organizations must o	omolete t	his nart) S	See instructio		02-10/2004
					(For lines 1 through 12, o				10.	
1					on of churches describe					
2					(Attach Schedule E (Forr			•,,,•,,,•,•		
3					anization described in s			ii)		
4		•	•		onjunction with a hospita				.)(iii). Enter	the hospital's name
•		city, and stat								the heepital e hame,
5		-		or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descril	bed in
•		•	-	Complete Part II.)						
6					mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X		· ·	-	antial part of its support				the general	l public described in
•				omplete Part II.)		lioni a goi	onnionta		ano gonora	
8)(1)(A)(vi). (Complete Par	+ 11)				
9					d in section 170(b)(1)(A)		ed in coniı	unction with a	land-grant	college
-					culture (see instructions)					
		university:						,,		j e e.
10			on that norma	Illy receives (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
					ct to certain exceptions;					
					e (less section 511 tax) fr					-
				mplete Part III.)					gamzation	
11				•	sively to test for public sa	afetv. See	section 5	09(a)(4).		
12		•	-	-	sively for the benefit of, to	•			arrv out the	e purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organizatio					
а			-		supervised, or controlled		-		-	v aivina
				-	egularly appoint or elect	•	-			
			-	complete Part IV, S	• • • •	, ,				11 5
b					d or controlled in connec	tion with i	ts support	ed organizati	on(s). bv ha	avina
				-	ganization vested in the s			-		-
			-		, Sections A and C.				5 1	1
с		¬ ~			ng organization operated	in connec	tion with.	and functiona	allv integrat	ed with.
			-	• • •	s). You must complete				, ,	,
d		- ··	0		porting organization oper				rted organ	ization(s)
			-		ization generally must sa				•	. ,
					mplete Part IV, Section					
е		- ·		,	written determination fro				e II. Type III	
			•		onally integrated support			, , ,	, ,,	
f	Ente		•			0 0				
				n about the support						
		(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 INTERFAITH WORKS

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

<u>Se</u>	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	11,877,763.	13,006,746.	13,696,350.	12,607,074.	16,088,374.	67,276,307.			
2	Tax revenues levied for the organ-									
	ization'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 \dots									
4	Total. Add lines 1 through 3	11,877,763.	13,006,746.	13,696,350.	12,607,074.	16,088,374.	67,276,307.			
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)									
	Public support. Subtract line 5 from line 4.						67,276,307.			
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	11,877,763.	13,006,746.	13,696,350.	12,607,074.	16,088,374.	67,276,307.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	4,576.	979.	225.	951.	14,519.	21,250.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on		82,532.	69,979.			152,511.			
10	Other income. Do not include gain									
	or loss from the sale of capital	4 9 6 7	4 9 7 9	4 456						
	assets (Explain in Part VI.)	1,267.	1,272.	4,476.	231,365.	3,500.	241,880.			
11	Total support. Add lines 7 through 10						67,691,948.			
	Gross receipts from related activities,		,			12	672,097.			
13	First 5 years. If the Form 990 is for th	•	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	. —			
	organization, check this box and stop						>			
	ction C. Computation of Publ		-				99.39 %			
	Public support percentage for 2020 (I					14	00.10			
	Public support percentage from 2019					15	99.16 %			
16a	33 1/3% support test - 2020. If the c									
	stop here. The organization qualifies									
k	33 1/3% support test - 2019. If the c									
	and stop here. The organization qual									
17a	7a 10% -facts-and-circumstances test - 2020. 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 fact			-	-	VI how the organiz	ation			
_	meets the facts-and-circumstances te	-								
k	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets th									
	organization meets the facts-and-circu		•		•					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 160, 1/a, or 17b		nd see instruction				

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 INTERFAITH WORKS

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

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(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10 <i>a</i>	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 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
	check this box and stop here		<u></u>	<u></u>	<u></u>		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), (divided by line 13,	, column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from		B			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization						
	23 01-25-21						n 990 or 990-EZ) 2020
				15		-	-

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1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 disgualified 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 line 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.)

032024 01-25-21

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16 2020.05091 INTERFAITH WORKS

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Part IV Supporting Organizations (continued)

1

2

— ...

1.4

Yes No

Yes No

2a

2b

За

3b

		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 lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	Did the governing body, members of the governing body, one of a dairy in their official capacity, of membership of one of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, 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).	1		

sec	ction D. All Type III Supporting Organizations	
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 line 2, above, 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	

significant v	voice in the organization's investment policies and in directing the use of the organization's	
income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
supported of	organizations played in this regard.	3

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" 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.*

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 INTERFAITH WORKS

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

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	ally integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 INTERFAITH WORKS

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued	<u>// </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS S	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 INTERFAITH WORKS

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032028 01-25-	21			<u>Sr</u>	hedule A (Form 9	990 or 990-F7) 2

Schedule B

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

Name of the organization

Organization type (check one)

1

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

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

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

General Rule

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

Special Rules

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

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

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

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).

LHA 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) (2020)

Name of organization

INTERFAITH WORKS

52-1072684

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 6,948,669.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZiP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>811,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

22 2020.05091 INTERFAITH WORKS

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page 3

INTERFAITH WORKS

Employer identification number

52-1072684

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		-			
		\$			
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023453 11-25	5-20 23	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

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Page 4

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Jart I Image: Constraint of gift (e) Transfer of gift) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Part I		., -		
		-			
	—			-	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gi	ť	
		Transfornala name editore and		Dalat	onchin of transformer to transforme
	┝	mansieree's name, address, and a	LIF + 4	relat	

SCHEDULE I)
------------	---

Department of the Treasury

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



Interna	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information	າ.	Inspect	ion
Nam	e of the organizat				over identification	
Par	t I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accoun	ts.Complete if t	he
		on answered "Yes" on Form 990, Part IV, lin				
	0		(a) Donor advised funds	(b) Funds	and other acco	unts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5			writing that the assets held in donor advised fu	inds		
	-		exclusive legal control?		Yes	🗌 No
6			advisors in writing that grant funds can be used			
			or donor advisor, or for any other purpose conf			
	impermissible priv	/ate benefit?			Yes	🗌 No
Par	t II Conserv		ganization answered "Yes" on Form 990, Part I			
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).			
	Preservation	n of land for public use (for example, recrea	ation or education) Preservation of a his	torically in	portant land are	a
	Protection of	of natural habitat	Preservation of a ce	tified histo	oric structure	
	Preservation	n of open space				
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservati	on easement on	the last
	day of the tax yea	ır.		Н	eld at the End of t	he Tax Year
а	Total number of c	onservation easements		2a		
с	Number of conser	rvation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conser	rvation easements included in (c) acquired	after 7/25/06, and not on a historic structure			
	listed in the Natio	nal Register		2d		
3	Number of conser	rvation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization d	luring the tax	
	year 🕨					
4	Number of states	where property subject to conservation ea	sement is located ►			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and en	forcement of the conservation easements i	t holds?		Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	tion easer	nents during the	year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements	s during the year	
	▶\$					
8		• • • • •	ve satisfy the requirements of section 170(h)(4)			
	and section 170(h	n)(4)(B)(ii)?			Ves	No No
9	In Part XIII, descri	be how the organization reports conservation	ion easements in its revenue and expense stat	ement and	1	
	balance sheet, an	d include, if applicable, the text of the foot	note to the organization's financial statements	that descr	ibes the	
		counting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	0		
Par		-	f Art, Historical Treasures, or Othe	Similar	Assets.	
		if the organization answered "Yes" on Form				
1a			58, not to report in its revenue statement and b			
			blic exhibition, education, or research in furthe	ance of pu	ublic	
	· •		ncial statements that describes these items.			
b			58, to report in its revenue statement and balar			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	•	ring amounts relating to these items:				
	(i) Revenue inclu					
	. ,					
2	If the organization	received or held works of art historical tre	asures, or other similar assets for financial dair	nrovide		

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

Assets included in Form 990, Part X b

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

Schedule D (Form 990) 2020

\$ ► \$

►

032051 12-01-20

11380315 745960 19375

Sche	dule D (Form 990) 2020 INTERFA	ITH WORKS				ŗ	52-10	7268	4 _{Pa}	age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check any of tl	ne following tha	t make si	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange progra	am					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they furthe	r the organizati	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or oth	er similar	assets		_		-
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organiza	tion answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			· · · · ·				
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1 f		1		1
	Did the organization include an amount on F					ty?	L	Yes		J No ⊓
Pa	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					<u></u>	<u></u>	<u></u>		
Fai							ooro book	(a) Four	wooro	book
1.	Designing of year balance	(a) Current year	(b) Prior year	(c) Two year	S DACK (a) Thee y	Ears Dack	(e) roui	years	DACK
1a ⊾	Beginning of year balance									
u o	Contributions									
с А	Net investment earnings, gains, and losses									
u	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
1	Administrative expenses									
2	End of year balance Provide the estimated percentage of the cur	ront year and balance	o (lino 1 a column							
2	Board designated or quasi-endowment	Territ year erru balarit	%	r (a)) rielu as.						
a h	Permanent endowment	%	/0							
c		<u> </u>								
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held	and administe	red for th	e organiz	ation			
	by:]	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o	ther (b) Co	ost or other	(c) Ac	cumulate	d	(d) Boo	k value	ə
	-	basis (investr	,	is (other)	dep	reciation				
1a	Land			29,839.					9,8	
	Buildings			317,442.		14,31			3,1	
	Leasehold improvements			25,239.		02,03			3,2	
	Equipment			395,395.		29,80			5,5	
	Other		4	84,606.	3	66,32	22.		8,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	e 10c.)				50	0,0	49.
								D /F		~~~~

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨						
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. (Col. (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. (Colu	mn (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	j.

(b) Book value (a) Description of liability 1. Federal income taxes (1) 588,470. FORGIVABLE NOTES PAYABLE (2) **REFUNDABLE ADVANCE** 5,500 (3) (4) (5) (6) (7) (8) (9) 593,970. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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... 🗴

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 INTERFAITH WORKS			52-	1072684 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	17,696,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	38,663.		
b	Donated services and use of facilities	_ 2b	1,449,898.	,	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,488,561.
3	Subtract line 2e from line 1			3	16,207,843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_				_	16 207 012
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				16,207,843.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem				
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents W ແ	/ith Expenses per		ırn.
	t XII Reconciliation of Expenses per Audited Financial Staten	nents W ແ	/ith Expenses per		Jrn.
Par	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents W	/ith Expenses per	⁻ Retu	ırn.
Par 1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents W	/ith Expenses per	⁻ Retu	ırn.
Par 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W 	/ith Expenses per	⁻ Retu	ırn.
Par 1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	22 2b	/ith Expenses per	⁻ Retu	ırn.
Par 1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	/ith Expenses per	⁻ Retu	ırn. 16,092,365.
Par 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	/ith Expenses per 1,449,898.	⁻ Retu	urn. 16,092,365. 1,449,898.
Par 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 1,449,898.		ırn. 16,092,365.
Par 1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 1,449,898.	r Retu	urn. 16,092,365. 1,449,898.
Par 1 2 a b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per 1,449,898.	r Retu	urn. 16,092,365. 1,449,898.
Par 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	/ith Expenses per 1,449,898.	r Retu	urn. 16,092,365. 1,449,898.
Par 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	/ith Expenses per 1,449,898.	r Retu	urn. 16,092,365. 1,449,898. 14,642,467. 0.
Par 1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 1,449,898.	1 2e 3	urn. 16,092,365. 1,449,898. 14,642,467.

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

PART X, LINE 2:

FOR	THE	YEAR	ENDE	DJUN	1E 3	0, 2	021,	THE	ORG	ANIZAT	TIONS	HAVE	DOCUM	IENTEI) THI	EIR
CONS	SIDEF	RATION	I OF	FASB	ASC	740	-10,	INC	OME	TAXES,	, ТНАЛ	PROV	IDES	GUIDA	ANCE	FOR
REPO	ORTIN	IG UNC	ERTA	INTY	IN	INCO	ме т	AXES	AND	HAVE	DETEF	MINED	О ТНАЛ	NO	1 ATEI	RIAL
UNCE	ERTAI	N TAX	POS	ITIO	IS Q	UALI	FY F	OR E	ITHE	R RECO	OGNITI	ION OR	DISC	LOSU	RE II	N
THE	CONS	SOLIDA	TED	FINAL	ICIA	L ST	ATEM	ENTS	•							

032054 12-01-20

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2020
Department of the Treasury		Attach to Form 99	0 or Fo	r m 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	I the latest informat	ion.	Employerid	Inspection entification number
Name of the organization		AITH WORKS					52-1072	
	complete this par	Complete if the organization answ rt.	/ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitation tations licitations on have a written ed in Form 990, F		ation of ation of al fundra al (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye	
compensated at le	•			0				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RBW STRATEGY, LLC		GOVERNMENT &	Yes	No	-			
TOTHILL DR., OLNEY	, MD 20832			x	274,745.		57,500	. 217,245.
3 List all states in whitor licensing.		on is registered or licensed to solicit		▶ Dutions	274 , 745 . s or has been notified	d it is	57 , 500 exempt from r	,
MD								
		tice, see the Instructions for Form FOR CONTINUATIONS	n 990 or	990-1	EZ. S	Schee	dule G (Form s	990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 INTERFAITH WORKS Part II Fundraising Events. Complete if the organization answ

rt II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of funducience event contributions and events income on Form 000 F7 lines 1 and Ch. Lint events with events when the theory that the second seco

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	1 , 5			►	
	11 art	Net income summary. Subtract line 10 from li				
Гс	ar t i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990, Part IV, line 19, or	reported more than	
			() 5	(b) Pull tabs/instant	() ()	(d) Total gaming (add
enue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
-	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:		States		
		ere any of the organization's gaming licenses re			year?	Yes No
N	, 11	Yes," explain:				
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 INTERFAITH WORKS	52-1	072684	4 Page 3
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 to administer charitable gaming?		Yes	No
to administer charitable gaming?			
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			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?	Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ ar	nd the amount		
of gaming revenue retained by the third party \blacktriangleright \$			
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	c		
retain the state gaming license?		Yes	🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt organization			
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(III) and (V); and Par	t III, lines S	96, 106,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	UNDRAISER	S:	
(I) NAME OF FUNDRAISER: RBW STRATEGY, LLC			
(I) ADDRESS OF FUNDRAISER: 5012 TOTHILL DR., OLNEY, MD	20832		
(II) ACTIVITY: GOVERNMENT & NON-GOVERNMENT SOLICITATION			
	-		

032083 11-25-20

11380315 745960 19375

Schedule G (Form 990 or 990-EZ) 2020

		Schedule G (Form 990 or 990-EZ)
032084 04-01-20		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organizatio Go to www.ir	nd Individual	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization							Employer identification number
INTERFAIT							52-1072684
Part I General Information on Grants a						· · · · · · · · · · · · · · · · · · ·	
 Does the organization maintain records to criteria used to award the grants or assis Describe in Dath 1/4 to assessing in the first or an and the grant in the first organization is the first organization in the first organization in the first organization in the first organization is the first organization in the first organization in the first organization is the first organization is the first organization is the first organization in the first organization is the first organizat	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to		¥¥¥			anization answered "N	(es" on Form 990 Par	t IV line 21 for any
recipient that received more than \$. –				anization answered i	es on on 990, Fai	
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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY MINISTRIES OF ROCKVILLE (CMR) - 8 WEST MIDDLE LANE - ROCKVILLE, MD 20850	52-0910334	501(C)(3)	12,839.	0.			EAC EMERGENCY ASSISTANCE
EASTERN MONTGOMERY EMERGENCY ASSISTANCE NETWORK (EMEAN) - P.O. BOX 10474 - SILVER SPRING, MD 20914	52-1990279	501(C)(3)	9,796.	0.			EAC EMERGENCY ASSISTANCE
GAITHERSBURG HELP 809 HOPE COURT GAITHERSBURG, MD 20878	23-7413600	501(C)(3)	6,033.	0.			EAC EMERGENCY ASSISTANCE
MIDCOUNTY UNITED MINISTRIES (MUM) 2424 REEDIE DRIVE WHEATON, MD 20902	52-2072343	501(C)(3)	5,756.	0.			EAC EMERGENCY ASSISTANCE
WUMCO HELP INC P.O. BOX 247 POOLESVILLE, MD 20837	52-1425830	501(C)(3)	5,856.	0.			EAC EMERGENCY ASSISTANCE
UPPER MONTGOMERY ASSISTANCE NETWORK (UMAN) - P.O. BOX 416 - GAITHERSBURG, MD 20877	52-1648943		13,889.	0.			EAC EMERGENCY ASSISTANCE
2 Enter total number of section 501(c)(3) a	•	•	ne líne 1 table				
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

INTERFAITH WORKS

52-1072684 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, SHELTER, & CLOTHING	113652	0.	7,290,175.	FMV	FOOD, SHELTER, & CLOTHING
David W Complemental Information Duryida the information of					
Part IV Supplemental Information. Provide the information r	equired in Part I, IIr	ie 2; Part III, column	(b); and any other a	doitional information.	
PART I, LINE 2:					
TO RECEIVE REIMBURSEMENT, GRANTEE	S MUST SU	BMIT REIMB	URSEMENT R	EQUEST FORMS	
ALONG WITH APPLICABLE DOCUMENTS/A	TTACHMENT	S. GRANTEE	S MUST SUB	MIT PROOF OF	
PAYMENT (CANCELLED CHECK, RECEIPT	OR INVOI	CE) AS WEL	L AS PROOF	OF NEED	
(COURT NOTICE, BILL, LANDLORD LET	TER, DHHS	REFERRAL,	ETC). REQ	UESTS ARE	
REVIEWED FOR COMPLIANCE AND THEN	PRESENTED	TO THE CO	UNTY FOR P	AYMENT AS	
MONTHLY INVOICES ACCORDING TO COU	NTY INVOI	CING PROCE	DURES. THE	REPORTS ARE	
REVIEWED BY THE COUNTY CONTRACT M	INTTOR AN	D APPROVED	FOR PAYME	NT. ONCE THE	

REVIEWED BY THE COUNTY CONTRACT MONITOR AND APPROVED FOR PAYMENT. ONCE THE

INVOICE IS PAID, IW ISSUES A CHECK TO THE EAC GRANTEE. CCES UNDERGOES

Schedule I (Form 990) INTERFAITH WORKS	52-1072684 Page 2
Part IV Supplemental Information	
MONITORING MEETINGS AT THE DISCRETION OF THE COUNTY CONTRA	ACTOR. FURTHER,
THE IW PROGRAM COMMITTEE REVIEWS THE CONTRACTING PROCEDURI	ES, PROCESS AND
REPORTS AS NECESSARY. THE CCES STAFF MAINTAINS CONSTANT CO	OMMUNICATION WITH
EAC GRANTEES VIA EMAIL, TELEPHONE AND MONTHLY MEETINGS, TO	O KEEP THEM
ABREAST OF CONTRACTING PROCEDURES AND OR ADDRESS MONITORIN	NG ISSUES. FUNDS
DISTRIBUTED FROM PRIVATE SOURCES ARE REVIEWED FOR COMPLIAN	NCE AS STIPULATED
IN AWARD LETTERS. FINAL GRANT SPENDING REPORTS ARE SUBMIT	TED TO FUNDERS AS
REQUIRED AND EVALUATED ACCORDINGLY.	

032291 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number

52 - 1072684

Name of the organization

INTERFAITH WORKS

Pai	rtI	Types of Property			-				
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	•
			applicable		Form 990, Part VIII, line 10			ounta	<u> </u>
1	Art -	Works of art							
2		Historical treasures							
3	Art -	Fractional interests							
4	Boo	ks and publications							
5	Clot	hing and household goods	Х		6,327,649	•FMV			
6	Cars	s and other vehicles							
7	Boa	ts and planes							
8		llectual property							
9	Sec	urities - Publicly traded							
10	Sec	urities - Closely held stock							
11		urities - Partnership, LLC, or							
	trus	t interests							
12		urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15	Rea	l estate - Residential							
16		l estate - Commercial							
17	Rea	l estate - Other							
18	Coll	ectibles							
19		d inventory							
20		gs and medical supplies							
21		dermy							
22		orical artifacts							
23		entific specimens				-			
24	Arch	neological artifacts				-			
25		er 🕨 ()							
26	Oth	· · /							
27	Oth	er 🕨 ()							
28	Oth	, , , , , , , , , , , , , , , , , , , ,							
29		nber of Forms 8283 received by the organiz		• •				0	
	for v	which the organization completed Form 828	33, Part V, [Donee Acknowledg	ement 29		—	0	
								Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least three years from the date		,					v
		mpt purposes for the entire holding period?	,				30a	_	X
		es," describe the arrangement in Part II.	I I		of any managemetric device of the	ution of			v
31		s the organization have a gift acceptance p					31		Х
32a		s the organization hire or use third parties of the transport of the trans		•	· •				х
L.		tributions?					32a		
		'es," describe in Part II.	olump (o) fo	ratura of proport	v for which column (a) is at	hockod			
33		e organization didn't report an amount in constitution of the second second second second second second second	olumin (C) TO	a type of propert	y for which column (a) IS Cr	IECREU,			
	ues	cribe in Part II.							

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

Schedule M (Form 990) 2020

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11380315 745960 19375

52-1072684 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 52 - 1072684

INTERFAITH WORKS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PLACEMENT SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERFAITH HOMES PROVIDES SCATTERED-SITE APARTMENTS FOR 31 MEN AND

WOMEN WHO HAVE PREVIOUSLY EXPERIENCED CHRONIC HOMELESSNESS. OFFERS WRAP

AROUND CLINICAL AND MEDICAL CASE MANAGEMENT SERVICES THAT EMPOWER

INDIVIDUALS TO MAINTAIN INCOME AND HOUSING.

INTERFAITH WORKS HOUSING INITIATIVES PROGRAM PROVIDES SERVICE

COORDINATION FOR 35 INDIVIDUALS HOUSED IN THEIR OWN APARTMENTS THROUGH

MONTGOMERY COUNTY'S HOUSING INITIATIVE PROGRAM. THE PROGRAM PROVIDES

WRAP-AROUND CASE MANAGEMENT SERVICES INCLUDING COORDINATION OF CARE,

LIFE SKILLS DEVELOPMENT AND TENANCY SUPPORT AS WELL AS COMMUNITY

REFERRALS.

INTERFAITH WORKS RESIDENCES PROVIDES 24-HOUR STAFF SUPPORTED PRIVATE

LIVING QUARTERS TO 21 MEN AND WOMEN WHO PREVIOUSLY HAVE EXPERIENCED

LONG-TERM HOMELESSNESS. OFFERS A SAFE ENVIRONMENT WHERE RESIDENTS CAN

IDENTIFY AND OVERCOME BARRIERS TO SELF-SUFFICIENCY AND HOUSING.

INTERFAITH WORKS WOMEN'S CENTER PROVIDES EMERGENCY SHELTER, MEALS AND

CASE MANAGEMENT TO APPROXIMATELY 250 WOMEN EXPERIENCING HOMELESSNESS

ANNUALLY AT A 70-BED FACILITY. HELPS WOMEN OVERCOME BARRIERS BY

CONNECTING THEM WITH COMMUNITY RESOURCES THAT EMPOWER THEM TO OVERCOME

HOMELESSNESS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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THE IW SHELTER AT PROGRESS PLACE PROVIDES LOW-BARRIER SHELTER FOR MEN AND WOMEN. CASE MANAGERS ENGAGE SHELTER GUESTS AND WORK TO CONNECT THEM WITH RESOURCES AND HOUSING.

PRISCILLA'S HOUSE PROVIDES TRANSITIONAL HOUSING TO WOMEN WHO HAVE EXPERIENCED HOMELESSNESS WITH BEHAVIORAL HEALTH DIAGNOSES IN AN 8-BED HOME OFFERING 24-HOUR SUPPORT AND CASE MANAGEMENT. LINKS CLIENTS TO TREATMENT, IW'S VOCATIONAL SERVICES, AND OTHER RESOURCES TO HELP WOMEN GAIN THE SUPPORTS THEY NEED TO MOVE THEMSELVES TO MORE STABLE, PERMANENT HOUSING. DUE TO THE COVID-19 CRISIS, A 2ND OVERFLOW WAS OPENED AND BOTH SHELTERS REMAINED OPEN THROUGH JUNE 30, 2021.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FRIENDS IN ACTION: SERVES 40 FAMILIES WITH 120 TRAINED VOLUNTEER MENTORS DIVIDED INTO TEAMS. EACH FAMILY MEMBER WORKS CLOSELY WITH A CASE MANAGER TO SET INDIVIDUALIZED GOALS TO IMPROVE ESSENTIAL LIVING SKILLS AND STABILIZE AREAS OF CRISIS. MENTOR TEAMS WORK WITH FAMILIES FOR AT LEAST ONE YEAR AND OFTEN LONGER.

EXPENSES \$ 56,600. INCLUDING GRANTS OF \$ 3,161. REVENUE \$ 0.

NETWORK: PROVIDES ASSISTANCE TO MONTGOMERY COUNTY FAITH COMMUNITIES IN MEETING COMMUNITY NEEDS INCLUDING RELIGIOUS LAND USE, NEIGHBORS IN NEED, AND RESPONDING TO ACTS OF VIOLENCE OR HATE. EXPENSES \$ 67,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VOCATIONAL SERVICES: ENGAGES 250 LOW-INCOME AND HOMELESS INDIVIDUALS IN

 JOB READINESS CLASSES, CAREER COUNSELING AND TRAINING, AND ONE-ON-ONE

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 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020							Page 2
Name of the organization	ITH WORKS						identification number 1072684
JOB PLACEMENT SERVICE	lS.						
EXPENSES \$ 246,074.	INCLUDING	GRANTS (OF \$	5,781.	REVE	NUE \$	0.

EMERGENCY ASSISTANCE COALITION: PREVIOUSLY NAMED CONGREGATION &

COMMUNITY EMERGENCY SUPPORT. LEADS A MULTIAGENCY COLLABORATION OF

EMERGENCY ASSISTANCE PROVIDERS OFFERING CAPACITY BUILDING, FINANCIAL

ASSISTANCE SERVICES AND ADVOCACY. IMPACTS THE LIVES OF 30,000

FINANCIALLY FRAGILE INDIVIDUALS AND SUPPORTS EFFORTS TO EMPOWER CLIENTS

TOWARD SELF-SUFFICIENCY. OFFERS SUPPORT TO CONGREGATIONS THROUGH

CONSULTATION, REFERRAL AND TRAINING. PROVIDES CONSELING, REFERRALS,

GRANTS AND LOANS TO HELP INDIVIDUALS STAY UTILITY CUT-OFFS, AVOID

EVICTION, AND PAY FOR OTHER ESSENTIAL EXPENSES AND FACILITATES

MULTI-AGENCY COLLABORATION.

EXPENSES \$ 157,109. INCLUDING GRANTS OF \$ 61,560. REVENUE \$ 0.

OTHER: INCUDES ACTIVITIES RELATED TO THE FAMILY INDEPENDENCE INITIATIVE AND EDUCATION AND ADVOCACY.

EXPENSES \$ 138,283. INCLUDING GRANTS OF \$ 19,478. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE

COMMITTEE PRIOR TO FILING WITH THE IRS. A COPY OF THE FORM 990 IS THEN

PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH

MEMBER OF THE GOVERNING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES;

EACH IS REMINDED TO REVIEW THE POLICY AND TO REPORT ANY CONFLICTS OF 032212 11-20-20
Checkedule O (Form 990 or 990-EZ) 2020 40
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Employer identification number 52 - 1072684

INTEREST.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. IN AN EFFORT TO AID SUCH DISCLOSURE, EACH MEMBER (BOARD, COMMITTEE, CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER) COMPLETES THE INTERFAITH WORKS CONFLICT OF INTEREST QUESTIONNAIRE AS CIRCUMSTANCES WARRANT, BUT NO LESS FREQUENTLY THAN ANNUALLY.

THE BOARD OR COMMITTEE REVIEWS EACH MEMBER QUESTIONNAIRE AND ANY OTHER DISCLOSURES REGARDING THE FINANCIAL INTERESTS OF ITS MEMBERS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE REMAINING BOARD OR COMMITTEE MEMBERS DISCUSS AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS.

AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT PRODUCE A CONFLICT OF INTEREST. THE INTERESTED PERSON IS NOT PRESENT IN THE ROOM DURING THE DETERMINATION. IF AN ALTERNATIVE TRANSACTION OR ARRANGEMENT IS NOT POSSIBLE, THE GOVERNING BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTERESTS OF THE ORGANIZATION, FOR ITS OWN BENEFIT, AND FAIR AND REASONABLE. BASED ON THESE DETERMINATIONS, THE BOARD OR COMMITTEE MAKES ITS DECISION ON WHETHER TO ENTER INTO THE TRANSACTION OR 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 41 11380315 745960 19375 2020.05091 INTERFAITH WORKS 19375 2

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Name of the organization	Employer identification number
INTERFAITH WORKS	52-1072684

ARRANGEMENT.

IF THE BOARD OR COMMITTEE HAS REASON TO BELIEVE AN INDIVIDUAL HAS FAILED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, IT WILL INFORM THE MEMBER AND ALLOW HIM/HER TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD OR COMMITTEE STILL HAS REASON TO BELIEVE A CONFLICT OF INTEREST EXISTS AFTER THE ALLEGED CONFLICT IS EXPLAINED, IT WILL TAKE CORRECTIVE ACTION, POSSIBLY INCLUDING REMOVAL OF THE MEMBER FROM THE BOARD OR COMMITTEE OR FROM EMPLOYMENT AT INTERFAITH WORKS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD DOES AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND SETS THE COMPENSATION LEVEL FOR THE CEO. THE BOARD USES GATHERED INFORMATION COLLECTED FROM OTHER NON-PROFITS IN THE DC AREA WITH COMPARABLE ANNUAL REVENUES AND THE PROCESS IS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE JUNE 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR.

FORM 990, PART VIII, LINE 1E:

ON APRIL 21, 2020, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE

AMOUNT OF \$811,800 UNDER THE PAYCHECK PROTECTION PROGRAM. THE

PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS

AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF

PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 42 11380315 745960 19375 2020.05091 INTERFAITH WORKS

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
INTERFAITH WORKS	
AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOT	TE MAY BE
FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION (SBA) IN W	HOLE OR IN
PART. THE ORGANIZATION USED THE PROCEEDS FOR PURPOSES CO	NSISTENT WITH
THE PAYCHECK PROTECTION PROGRAM AND RECEIVED FORGIVENESS	BY THE SBA ON
FEBRUARY 24, 2021. REVENUE FROM FORGIVENESS OF DEBT WAS I	RECORDED DURING
THE YEAR ENDED JUNE 30, 2021.	
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SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

52-1072684

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

Name of the organization

INTERFAITH WORKS

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

		i	· · · · · · · · · · · · · · · · · · ·		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
INTERFAITH HOUSING COALITION (IHC) -							
52-1559137, 114 W. MONTGOMERY AVE,	PROVIDES HOUSING AND						
ROCKVILLE, MD 20850	TENANT-SUPPORT SERVICES	MARYLAND	501(C)(3)	LINE 7	INTERFAITH WORKS	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 INTERFAITH WORKS 52-1072684 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part III organizations treated as a partnership during the tax year. (i) (j) (k) (a) (b) (d) (e) (f) (h) (c) (g) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Predominant income Share of total Share of Code V-UBI Disproportionate domicile amount in box 20 of Schedule K-1 (Form 1065) Yes No end-of-year assets (related, unrelated, of related organization entity income ownership (state or allocations? excluded from tax under sections 512-514) foreian country) Yes No

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr ent	tity?
		country)		,				Yes	No

Schedule R (Form 990) 2020 INTERFAITH WORKS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERFAITH HOUSING COALITION	Q	2,570.	FMV
(2) INTERFAITH HOUSING COALITION	0	91,724.	FMV
<u>(3)</u>			
_(6)			

Schedule R (Form 990) 2020 INTERFAITH WORKS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes) ill (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F ging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2020

INTERFAITH WORKS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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