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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2020

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.

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 and ending	<u>j J</u> UN 30, 2020	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addre	s INTERFAITH WORKS		
	Name chang		52-10726	84
	Initial return			
	Final return		(301)762	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,926,210.
Ļ	Amen return Applio	ROCKVILLE, MD 20030-4213	H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: COOK INDI IIADD	for subordinates	
_	T		H(b) Are all subordinates in	
		empt status:	If "No," attach a	list. (see instructions)
			Year of formation: 1972	
	art I		real of formation.	otate of legal definione, 222
	T	Briefly describe the organization's mission or most significant activities: SEE PART	r III, LINE 1.	
Governance			-	
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		12
<u>ھ</u>	"	Number of independent voting members of the governing body (Part VI, line 1b)		12
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		160
Ĕ	6	Total number of volunteers (estimate if necessary)	6	10350
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		
Revenue	8	Contributions and grants (Part VIII line 1h)	Prior Year 13,696,350.	Current Year 12,607,074.
	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	144,658.	86,820.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		951.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,455.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,915,688.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,347,691.	6,074,486.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,194,445.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 394,815.	1 500 500	1 (00 405
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,580,599. 14,122,735.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-207,047.	
_ Z		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)	2,081,214.	End of Year 3,044,937.
ASS	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	1,716,180.	2,296,992.
Net I	22	Net assets or fund balances. Subtract line 21 from line 20	365,034.	747,945.
	art II	Signature Block		•
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Cimpature of officer	Doto	
Sig		Signature of officer	Date 4/9/21	
He	re	COURTNEY HALL, CEO Type or print name and title		
		<u> </u>	Date Check	PTIN
Pai	d	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature LOCASTRO, CPA	14/0/2024 if	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	THIHSEIN	
	,	BETHESDA, MD 20814-2930	Phone no. (3	01) 951-9090
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Par	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Thursday Th
	INTERFAITH WORKS WAS ESTABLISHED IN 1972 AND INCORPORATED IN 1978. ITS PURPOSE IS TO IDENTIFY AND MEET THE NEEDS OF THE POOR BY LEADING AND
	ENGAGING MONTGOMERY COUNTY'S FAITH COMMUNITIES IN SERVICE,
	EDUCATION, AND ADVOCACY. THROUGH ITS VARIOUS PROGRAMS, IT PROVIDES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,894,468 • including grants of \$ 5,566,000 •) (Revenue \$ 11,080 •)
4a	(Code:) (Expenses \$ 5,894,468 or including grants of \$ 5,566,000 or) (Revenue \$ 11,080 or) INTERFAITH CLOTHING CENTER: PROVIDES FREE CLOTHING AND HOUSEHOLD GOODS
	TO 13,000 INCOME-QUALIFIED RESIDENTS EACH YEAR, INCLUDING NEARLY 6,000
	CHILDREN, THROUGH THE DISTRIBUTION OF MILLIONS OF DOLLARS' WORTH OF
	DONATED ITEMS. THE INTERFAITH CLOTHING CENTER ALSO HOUSES A PREPARE TO
	IMPRESS SHOP (PROFESSIONAL CLOTHING), DISTRIBUTES SPECIALIZED ITEMS
	SUCH AS LAYETTES TO EXPECTANT MOTHERS AND BRAND-NEW BACKPACKS FILLED
	WITH NEW SCHOOL SUPPLIES TO MCPS STUDENTS.
4b	(Code:) (Expenses \$4,760,331. including grants of \$427,833.) (Revenue \$75,740.)
	HOMELESS SERVICES: BECKY'S HOUSE HOUSES SENIOR HOMELESS WOMEN IN AN
	8-BED HOME, PROVIDING 24-HOUR OVERSIGHT AND INTENSIVE CASE MANAGEMENT
	TO IMPROVE THE OVERALL HEALTH AND STABILITY OF FRAIL, HIGHER-NEED
	INDIVIDUALS.
	INTERFAITH WORKS EMPOWERMENT CENTER ENGAGES OVER 800 INDIVIDUALS IN A
	DAY PROGRAM WITH ACCESS TO SHOWERS, LAUNDRY, SUPPORT GROUPS, AND CASE
	MANAGEMENT SERVICES TO THOSE EXPERIENCING HOMELESSNESS. IT ALSO
	OPERATES AS A HEATING/COOLING CENTER DURING WEATHER EXTREMES. DURING
	THE WINTER MONTHS, THE OVERFLOW SHELTER OPENS TO APPROXIMATELY 350
	ADULTS, PROVIDING A PLACE TO SLEEP ON COLD NIGHTS.
4c	(Code:) (Expenses \$
	VOCATIONAL SERVICES: ENGAGES 250 LOW-INCOME AND HOMELESS INDIVIDUALS IN
	JOB READINESS CLASSES, CAREER COUNSELING AND TRAINING, AND ONE-ON-ONE
	JOB PLACEMENT SERVICES.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 577,633 • including grants of \$ 80,653 •) (Revenue \$)
40	(Expenses \$ 577,633 • including grants of \$ 80,653 •) (Revenue \$) Total program service expenses ► 11,496,272 •
70	Form 990 (2019)

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52-1072684 Page **3**

Form 990 (2019) INTERFAITH W Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		 -
Ü	Schedule D, Part III	8		Х
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, Part VI	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		╁┈
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		Х
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	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	• , , , , , , , , , , , , , , , , , , ,			

932003 01-20-20

Form 990 (2019) INTERFAITH WORKS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		х
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		х
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		х
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		х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l _	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_v	
Da	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
.	Estantha murchan variated in Day 0 of Farms 1000 Faton 0 if not acceptable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c		Ц

932004 01-20-20

Form **990** (2019)

2019) INTERFAITH WORKS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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)		
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 e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"		
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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 N/A 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
С	Enter the amount of reserves on hand			
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
40		_		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records			
	TIMOTHY LARKIN - (301)762-8682			
	114 W. MONTGOMERY AVE, ROCKVILLE, MD 20850-4213			

932006 01-20-20

Form **990** (2019)

INTERFAITH WORKS Page 7

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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.

(A)	(B)			_ ((C)			(D)	(E)	(F)	
Name and title	Average	(dc	Position (do not check more the				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week (list any	\vdash					, 	from the	from related organizations	other compensation	
	hours for	direct				- O		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization	
	organizations	trust	nal tru		oyee	ompe				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) VAN MERHOUGE	line) 8 • 0 0	<u> </u>	lns	#0	Ke	e Hig	For				
(1) KAY NEWHOUSE CHAIR PRESIDENT	1.00	X		x				0.	0.	0 .	
(2) DEVANG SHAH	8.00	₽		^				0.	0.	0	
VICE PRESIDENT	1.00	\mathbf{x}		x				0.	0.	0	
(3) MARILYN RIPIN	8.00	1						•	•		
SECRETARY	1.00	\mathbf{x}		x				0.	0.	0.	
(4) FRANK WHITE	8.00	† <u>-</u>		<u> </u>							
TREASURER	1.00	X		х				0.	0.	0	
(5) SABRINA MCGOWAN	2.00										
DIRECTOR	0.50	X						0.	0.	0	
(6) AGNES LESHNER	2.00										
DIRECTOR	0.50	Х						0.	0.	0 .	
(7) BRAD COLTON	2.00										
DIRECTOR	0.50	Х						0.	0.	0 .	
(8) LAURIE CLEARY	2.00	ļ							•		
DIRECTOR	0.50	Х						0.	0.	0	
(9) GRACE RIVERA-OWEN	2.00	١,,						0	0	_	
DIRECTOR	0.50	Х						0.	0.	0	
(10) HELEN BLUMEN	2.00 0.50	X						0.	0.	0	
DIRECTOR (11) SAMAN QADEER	2.00	┝						0.	0.	0	
DIRECTOR	0.50	X						0.	0.	0	
(12) PAMELA TAYLOR	2.00	 						0.	0.	0	
DIRECTOR	0.50	\mathbf{x}						0.	0.	0	
(13) SHANE ROCK	30.00	╁							•		
CEO (UNTIL 6/30/20)	10.00	1		х				126,972.	0.	644	
								.,-		<u> </u>	
		1									
		$oxed{oxed}$									
		1									
		\bot									

Form **990** (2019)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation			ount o	of
	(list any	tor					Ė	from the	from related organization			other oensa	tion
	hours for	direc.				pa		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)	•	<i>'</i>	orga	anizati	on
	organizations	al trus	onal tr		loyee	comp						l relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ill er				orga	nizatio	ns
		드	드	5	<u>\$</u>	포등	윤						
		1											
						+							
							\vdash						
						-					<u> </u>		
		1											
		1											
1b Subtotal								126,972.		0.		64	44.
c Total from continuation sheets to Part \	/II, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								126,972.		0.		64	44.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 of reportab	le			1
compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on	ļ			
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s			-					•	the organization				
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or	•				•	•		ted organization or indiv	idual for services	,	_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scriedui	e J I	Or Si	ucn	pers	SOH					5		
Complete this table for your five highest complete this table.	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation fi	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ing v	vith	or w	/ithir		year.			,	
(A) Name and busines	s address	NC	INC	E				(B) Description of s	ervices	С	(C Comper		1
								· · · · · · · · · · · · · · · · · · ·			•		
O Tabel sounds on of in 1	(to already 1	-4"		-1 •				d ale accelerate					
Total number of independent contractors\$100,000 of compensation from the organ		iot líi	mıte	a to	tho	se li 0	stec	a above) who received n	nore tnan				
, , , , , , , , , , , , , , , , , , , ,											Form 9	aan (c	010

932008 01-20-20

			Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII			
						, j	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
ts s	1	l a	Federated campaigns		1a	9,702.				
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues		1b	,,,,,				
٩			Fundraising events		1c					
ifts			Related organizations		1d					
nis,					1e	5,211,974.				
Sir			Government grants (contributions, gifts, g		-	3,211,374.				
e ti		'				7 395 309				
등등			similar amounts not included		1f	7,385,398.				
o d		_	Noncash contributions included in		1g \$	6,030,399.	12 607 074			
9		n	Total. Add lines 1a-1f				12,607,074.			
	_		HOWEL EGG. GERLITGEG			Business Code	75 740	75 740		
ice	2		HOMELESS SERVICES			900099	75,740.	75,740.		
ue Z		b	INTERFAITH CLOTHING	CENTER		900099	11,080.	11,080.		
m S		С								
yra Re		d								
Program Service Revenue		е								
-			All other program service							
-		g	Total. Add lines 2a-2f				86,820.			
	3	3	Investment income (include	-						
			other similar amounts)				951.			951.
	4	ŀ	Income from investment o	of tax-exen	npt bond p	oroceeds >				
	5	5	Royalties							
				(i) Real	(ii) Personal				
	6	a	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6с						
		d	Net rental income or (loss)							
	7	' a	Gross amount from sales of	(i) S	Securities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
ther Revenue		С	Gain or (loss)	7c						
Re			Net gain or (loss)							
ĕ	8		Gross income from fundraisin							
₹			including \$,	of					
			contributions reported on	line 1c). S	-					
			Part IV, line 18	•						
		b	Less: direct expenses							
			Net income or (loss) from t							
	9		Gross income from gaming							
		_	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, le							
		<i>,</i> u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from s			·				
-		U	THOSE INCOME OF (1088) HOTHS	saics UI II I	iveniory	Business Code				
Snc	44	١ ^	EXTRAORDINARY INCOME	R		900099	220,514.			220,514.
nec	' '		REIMBURSED EXPENSE			900099	10,851.			10,851.
Miscellaneous Revenue		-	WITHDOWNED EVERNOE			,,,,,,	10,031.			10,031.
Re		Ç	All other revenue							
Σ			All other revenue				231,365.			
			Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·	06 000		222 216
	12		Total revenue. See instructio	115			12,926,210.	86,820.	0.	232,316.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F.F. 400	5		
	and domestic governments. See Part IV, line 21	57,429.	57,429.		
2	Grants and other assistance to domestic	6 015 055	6 015 055		
	individuals. See Part IV, line 22	6,017,057.	6,017,057.		
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,	101 004	F0 F00		E0 E00
	trustees, and key employees	101,004.	50,502.		50,502
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 005 606	2 465 200	205 640	106 850
7	Other salaries and wages	4,037,686.	3,465,322.	385,612.	186,752
8	Pension plan accruals and contributions (include	0.7.000	00 000	2 625	4 4 - 4
	section 401(k) and 403(b) employer contributions)	27,822.	23,983.	2,685.	1,154 10,349
9	Other employee benefits	319,716.	235,623.	73,744.	
10	Payroll taxes	356,493.	302,975.	33,251.	20,267
11	Fees for services (nonemployees):				
а	Management	8 448			
b	Legal	7,117.	24 64 2	7,117.	4 050
С	Accounting	40,947.	31,619.	7,470.	1,858
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	455 054	100 506	c=0	50 400
	column (A) amount, list line 11g expenses on Sch 0.)	175,374.	122,596.	650.	52,128
12	Advertising and promotion	150 406	120 560	15 410	15 206
13	Office expenses	172,486.	139,762.	17,418.	15,306
14	Information technology	129,403.	85,514.	21,123.	22,766
15	Royalties	505 456	5.60 04.4	22 221	40.644
16	Occupancy	597,476.	560,914.	22,921.	13,641
17	Travel	16,776.	16,756.	-20.	40
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 005	0.061	1 0 4 5	500
19	Conferences, conventions, and meetings	4,035.	2,261.	1,245.	529
20	Interest	47,713.	1,227.	46,486.	
21	Payments to affiliates	F2 242	25 060	12 070	4 000
22	Depreciation, depletion, and amortization	53,340.	35,069. 27,937.	13,972.	4,299
23	Insurance	36,179.	21,931.	6,600.	1,642
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) CLIENT SUPPORT	182,846.	182,496.	35.	315
a b	REPAIRS & MAINTENANCE	116,822.	112,852.	2,474.	1,496
	PERSONNEL-RELATED EXP.	16,827.	13,295.	3,437.	95
C C	PAYROLL & HR SERVICES	12,637.	9,758.	2,305.	574
d		12,427.	1,325.	4,303.	11,102
	All other expenses Total functional expenses. Add lines 1 through 24e	12,539,612.	11,496,272.	648,525.	394,815
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	14,555,014.	11,470,2120	0=0,343•	374,013
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Form **990** (2019)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			X
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200.	1	1,511,574.	
	2	Savings and temporary cash investments		395,259.	2	25,038.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		620,865.	4	522,726.
	5	Loans and other receivables from any current or for				
		trustee, key employee, creator or founder, substant	al contributor, or 35%			
		controlled entity or family member of any of these p	ersons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		35,327.	9	36,437.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10				
	b	Less: accumulated depreciation 10	1,249,044.	502,566.	10c	470,057.
	11	Investments - publicly traded securities			11	200,735.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		526,997.	15	278,370.
	16	Total assets. Add lines 1 through 15 (must equal lin		2,081,214.	16	3,044,937.
	17	Accounts payable and accrued expenses	To the second se	295,606.	17	404,376.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
ies	22	Loans and other payables to any current or former of				
ij		trustee, key employee, creator or founder, substant				
Liabilities		controlled entity or family member of any of these p		E11 207	22	111 016
	23	Secured mortgages and notes payable to unrelated		514,287.	23	441,846. 811,800.
	24	Unsecured notes and loans payable to unrelated th			24	011,000.
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17-		906,287.		638,970.
	26	of Schedule D		1,716,180.	25 26	2,296,992.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check I	ana N X	1,710,100.	20	2,200,002
es		and complete lines 27, 28, 32, and 33.	iere 🚩 🔼			
auc	27	Net assets without donor restrictions		278,601.	27	710,043.
3ali	28	Net assets with donor restrictions		86,433.	28	37,902.
- Pu	20	Organizations that do not follow FASB ASC 958,		0071001	20	3773021
Ξ		and complete lines 29 through 33.	Check here			
٥	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equip	T T T T T T T T T T T T T T T T T T T		30	
Ass	31	Retained earnings, endowment, accumulated incom	· ·		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		365,034.	32	747,945.
2	33	Total liabilities and net assets/fund balances		2,081,214.	33	3,044,937.
	100	Total habilitios and not absolution balances		=, = , = , = = = =		Form 990 (2010)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,			
3	Revenue less expenses. Subtract line 2 from line 1	3				98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				34.
5	Net unrealized gains (losses) on investments	5		-	3,6	87.
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		74	7,9	45.
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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

 $Employer\ identification\ number\\52-1072684$

INTERFAITH WORKS

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

'nе	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A))(v).	
	X	An organization that norma						public described in
•		section 170(b)(1)(A)(vi). (C	•	inta part of its support	rom a gov	orranora.	ranic or non and goneral	pasio accorisca in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9	Ħ	An agricultural research org				ed in conju	inction with a land-grant	college
9		•				-	_	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	cinter the	marrie, Cit	y, and state of the colleg	le or
		university:						
10		An organization that norma						
		activities related to its exen	-	·				-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con						
11	\vdash	An organization organized a	•	•	•			
12		An organization organized a	•	•	-			
		more publicly supported or	-					Check the box in
		lines 12a through 12d that				•	, ,	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	I or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its supported organ	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	equirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	r the number of supported o						
		ide the following information						
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
ota	- I							

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` '	. ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	11,264,537.	11,877,763.	13,006,746.	13,696,350.	12,607,074.	62,452,470.
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						
4	Total. Add lines 1 through 3	11,264,537.	11,877,763.	13,006,746.	13,696,350.	12,607,074.	62,452,470.
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.						62,452,470.
	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	11,264,537.	11,877,763.	13,006,746.	13,696,350.	12,607,074.	62,452,470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	7,074.	4,576.	979.	225.	951.	13,805.
_	and income from similar sources	7,074.	4,570.	313.	223.	951.	13,603.
9	Net income from unrelated business						
	activities, whether or not the	127,206.		82,532.	69,979.		279,717.
40	business is regularly carried on	127,200.		02,332.	05,515.		217,111.
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		1,267.	1,272.	4,476.	231,365.	238,380.
11	Total support. Add lines 7 through 10		1,20,4	1,2,2,	1,1,00	231/3031	62,984,372.
12		etc (see instruction	nns)			12	826,406.
	First five years. If the Form 990 is for						
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.16 %
	Public support percentage from 2018					15	99.93 %
	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					<u></u> ▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	119 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						>
ŀ	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations			
1						
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509	(a)(a) Supporting Org	amzauons (continued)	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
ее	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

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					
• •	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509 any one cont	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-EZ, line 1. Complete Parts I and II.					
year, total co	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, II, and III.					
year, contribu is checked, e purpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively uritable, etc., contributions totaling \$5,000 or more during the year \int \bigset*					
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) (2019)

Name of organization

Employer identification number

52-1072684

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$.	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
2		\$\$ <u>351,964.</u>	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tame, addition, and all 1 1	\$	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.)

Name of organization Employer identification number

INTERFAITH WORKS

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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

Employer identification number Name of organization 52-1072684 INTERFAITH WORKS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TNTERFAITH WORKS

Employer identification number 52-1072684

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	• • • • • • • • • • • • • • • • • • • •	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance sheet works
ıa	of art, historical treasures, or other similar assets held for pul	, '	
	service, provide in Part XIII the text of the footnote to its final	,	·
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, of research in future	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Other	Similar As	sets(continued)	_
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at make sig	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			Yes N	No.
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other as	ssets not in	ncluded		
	on Form 990, Part X?							Yes N	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe							Yes N	lо
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII .			
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10).		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Four years bac	ck
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organization		
	by:							Yes N	О
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.					
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X, lii	ne 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Book value	
		basis (investr	nent)		(other)	depr	eciation		
1a	Land				19,839.			229,839	
	Buildings				7,442.		14,315.	103,127	
	Leasehold improvements				5,239.		89,629.	35,610	
d	Equipment				1,447.		18,223.	33,224	
е	Other			39	5,134.	32	26,877.	68,257	
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line	10c.)			470,057	1.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INTERFAITH	WORKS	52-1072684 _{Page} ;
Schedule D (Form 990) 2019 INTERFATTH Part VII Investments - Other Securities.	WORKS	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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'		
(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) SECURITY DEPOSITS	12,911.
(2) DUE TO IHC	265,459.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	278,370.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FORGIVABLE NOTES PAYABLE	588,470.
(3) REFUNDABLE ADVANCE	50,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	► 638,970.

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

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements Wit	h Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	14,529,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-3,687. 1,607,195.		
b	Donated services and use of facilities		1,607,195.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			1 600 500
е	Add lines 2a through 2d			2e	1,603,508
3	Subtract line 2e from line 1			3	12,926,210.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,926,210.
Par	t XII Reconciliation of Expenses per Audited Financial Sta		tn Expenses per	нет	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				14 146 007
1	Total expenses and losses per audited financial statements			1	14,146,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 (07 105		
а	Donated services and use of facilities		1,607,195.	-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)	•			1 607 105
е	Add lines 2a through 2d			2e	1,607,195.
3	Subtract line 2e from line 1			3	12,539,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	12 520 612
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	12,539,612.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional info	ormation.		
חאר	om v itne).				
PAF	RT X, LINE 2:				
EQE.	mile vevo ended time 20 2020 mile oda	\	NC IIXIII DOO	TTMTT	מדקות מונקדם
FOF	R THE YEAR ENDED JUNE 30, 2020, THE ORGA	ANIZATIO	NS HAVE DOC	UME	NIED THEIR
CON	ICTDEDAMION OF EACH ACC 7/0 10 INCOME		ממדטסת שגוו		TITDANCE EOD
CON	ISIDERATION OF FASB ASC 740-10, INCOME S	TAXES, T	HAT PROVIDE	5 G	UIDANCE FOR
ם לו כו	OCCUPATION THE THEOREM AND	מכן הואנוו	MEDMINED MI	7 m	NO MADDETAT
KEF	PORTING UNCERTAINTY IN INCOME TAXES AND	HAVE DE	TERMINED TH	A.I.	NO MATERIAL
TTNTC	TEDMATH MAY DOCTMIONC ONALTEY EOD ETMIEN	DECOCN	TMTON OD DT	ССТ	OCUDE IN
OMC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGN	TITON OR DI	рСп	OSURE IN
mitt	CONCOLIDADED EINANGIAL CHAMENEGO				
THE	E CONSOLIDATED FINANCIAL STATEMENTS.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INTERFAIT	H WORKS						Employer identification number 52-1072684
Part I General Information on Grants a							32 10,2001
Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		· ·			(f) Method of	1	1
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	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)	9,438.	0.			EAC EMERGENCY ASSISTANCE
EASTERN MONTGOMERY EMERGENCY ASSISTANCE NETWORK (EMEAN) - P.O. BOX 10474 - SILVER SPRING MD							
20914	52-1990279	501(C)(3)	10,165.	0.			EAC EMERGENCY ASSISTANCE
GAITHERSBURG HELP 809 HOPE COURT GAITHERSBURG, MD 20878	23-7413600	501(C)(3)	6,059.	0.			EAC EMERGENCY ASSISTANCE
MIDCOUNTY UNITED MINISTRIES (MUM) 2424 REEDIE DRIVE WHEATON, MD 20902	52-2072343	501(C)(3)	5,759.	0.			EAC EMERGENCY ASSISTANCE
MINISTRIES UNITED SILVER SPRING/TAKOMA PARK (MUSST) - 8818 GEORGIA AVE - SILVER SPRING, MD	32 2072313		3,755.				and manager instanting
20910	52-5132839	501(C)(3)	9,260.	0.			EAC EMERGENCY ASSISTANCE
UPPER MONTGOMERY ASSISTANCE NETWORK (UMAN) - P.O. BOX 416 -	50.1642245	501/57/03	2 505				
GAITHERSBURG, MD 20877	52-1648943	501(C)(3)	9,706.	0.		1	EAC EMERGENCY ASSISTANCE
2 Enter total number of section 501(c)(3) a	ına government o	rganizations listed in t	ne line i table				• 0 •

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

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

Schedule I (Form 990) (2019)

0.

52-1072684 INTERFAITH WORKS Schedule I (Form 990) (2019) 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. (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance FOOD, SHELTER, & CLOTHING 16474 0. 6,015,637,FMV FOOD, SHELTER, & CLOTHING Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

TO RECEIVE REIMBURSEMENT, GRANTEES MUST SUBMIT REIMBURSEMENT REQUEST FORMS

ALONG WITH APPLICABLE DOCUMENTS/ATTACHMENTS. GRANTEES MUST SUBMIT PROOF OF

PAYMENT (CANCELLED CHECK, RECEIPT OR INVOICE) AS WELL AS PROOF OF NEED

(COURT NOTICE, BILL, LANDLORD LETTER, DHHS REFERRAL, ETC). REQUESTS ARE

REVIEWED FOR COMPLIANCE AND THEN PRESENTED TO THE COUNTY FOR PAYMENT AS

MONTHLY INVOICES ACCORDING TO COUNTY INVOICING PROCEDURES. THE REPORTS ARE

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

Part IV Supplemental Information
MONITORING MEETINGS AT THE DISCRETION OF THE COUNTY CONTRACTOR. FURTHER,
THE IW PROGRAM COMMITTEE REVIEWS THE CONTRACTING PROCEDURES, PROCESS AND
REPORTS AS NECESSARY. THE CCES STAFF MAINTAINS CONSTANT COMMUNICATION WITH
EAC GRANTEES VIA EMAIL, TELEPHONE AND MONTHLY MEETINGS, TO KEEP THEM
ABREAST OF CONTRACTING PROCEDURES AND OR ADDRESS MONITORING ISSUES. FUNDS
DISTRIBUTED FROM PRIVATE SOURCES ARE REVIEWED FOR COMPLIANCE AS STIPULATED
IN AWARD LETTERS. FINAL GRANT SPENDING REPORTS ARE SUBMITTED TO FUNDERS AS
REQUIRED AND EVALUATED ACCORDINGLY.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

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.

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

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu	etermini		s
4	Art Morks of ort		items contributed	Tomin 990, i ait viii, iiile ig				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		6,017,057	E·M77			
5	Clothing and household goods			0,017,037	• I. I. A			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	1	13,342	E·M77			
9	Securities - Publicly traded			13,342	• I. I. A			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		•				^	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.	p						v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties contributions?				n	32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.	(5) 10	-71 3. 6. 5001	, (2) 10 01	,			
	1.5 200 5 200							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Parti	is re	portin part f	ıa in I	Part I	. colu	umn	(b), tl	ne n	umbe	e the ir	nforma ontribu	ation	requir s, the	ed by numb	Part er of i	I, line items	rece	o, 32b, and 33, and ived, or a combinat	whethe	r the org oth. Also	anization complete
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THE	AMOUN	T :	IN	CO	LUM	1N	(B)]	REP	RES	ENT	'S '	THE	NU	MBE	ER (OF	CONTRIBUT	IONS	•	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

INTERFAITH WORKS

Employer identification number 52-1072684

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOMELESS SERVICES, SUPPLIES LOW-INCOME FAMILIES WITH CLOTHING AND BOOKS, ADMINISTERS A MENTOR PROGRAM FOR LOW-INCOME FAMILIES, COMMUNITY EDUCATION AND DEVELOPMENT, AND SPECIAL EVENTS TO HELP FEED THE HUNGRY.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization **Employer identification number** INTERFAITH WORKS 52-1072684 CONNECTING THEM WITH COMMUNITY RESOURCES THAT EMPOWER THEM TO OVERCOME HOMELESSNESS. WATKINS MILL 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, 2020. 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 \$ 87,070. INCLUDING GRANTS OF \$ 16,699. 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 \$ 101,899. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONNECTIONS: PREVIOUSLY NAMED HAND-TO-HAND. PROVIDES RESOURCE COUNSELING TO LOW INCOME INDIVIDUALS AND FAMILIES. CONNECTIONS PROVIDES

Schedule O (Form 990 or 990-EZ) (2019)

REFERRALS TO PROGRAMS WITHIN INTERFAITH WORKS AS WELL AS OUTSIDE OF THE

AGENCY. CONNECTIONS IS ALSO RESPONSIBLE FOR DISTRIBUTING EMERGENCY

Name of the organization **Employer identification number** INTERFAITH WORKS 52-1072684 FINANCIAL ASSISTANCE FOR EVICTION PREVENTION, UTILITY CUT-OFF PREVENTION, AND OTHER UNMET NEEDS. INCLUDING GRANTS OF \$ 1,000. REVENUE \$ 0. EXPENSES \$ 229,358. 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 \$ 160,003. INCLUDING GRANTS OF \$ 62,954. REVENUE \$ 0. OTHER: INCUDES ACTIVITIES RELATED TO THE FAMILY INDEPENDENCE INITIATIVE AND EDUCATION AND ADVOCACY. EXPENSES \$ -697. INCLUDING GRANTS OF \$ 0. 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

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

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

EACH IS REMINDED TO REVIEW THE POLICY AND TO REPORT ANY CONFLICTS OF 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

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

OR COMMITTEE MAKES ITS DECISION ON WHETHER TO ENTER INTO THE TRANSACTION OR 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 15:

THE BOARD DOES AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND SETS THE COMPENSATION LEVEL FOR THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE JUNE 2020.

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 X, LINE 24:

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, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE

Name of the organization INTERFAITH WORKS	Employer identification number 52-1072684
FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR	IN PART. THE
ORGANIZATION INTENDS TO USE THE PROCEEDS FOR PURPOSES CON	SISTENT WITH
THE PAYCHECK PROTECTION PROGRAM AND BELIEVES THAT ITS USE	OF THE LOAN
PROCEEDS WILL MEET THE CONDITIONS FOR FORGIVENESS OF THE	LOAN. THE
ORGANIZATION INTENDS TO APPLY FOR FORGIVENESS AFTER COMPL	ETING THE 24
WEEK PERIOD. IF FORGIVENESS IS GRANTED, THE ORGANIZATION	WILL RECORD
REVENUE FROM DEBT EXTINGUISHMENTS DURING THE PERIOD THAT	FORGIVENESS
WAS APPROVED.	

SCHEDULE 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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization INTERFAITH W	ORKS					mployer identific 52-10726		umber
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes	s" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		s Direct c	(f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or mo	re related tax-exe	empt	
(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) ect controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
INTERFAITH HOUSING COALITION (IHC) - 52-1559137, 114 W. MONTGOMERY AVE, ROCKVILLE, MD 20850	PROVIDES HOUSING AND TENANT-SUPPORT SERVICES"	MARYLAND	501(C)(3)	LINE 7		FAITH WORKS	x	
ROCKVILLE, MD 20050	TENANT-SUPPORT SERVICES	MARILAND	501(C)(3)	LINE /	INTER	FAITH WORKS	Α	

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 organizations treated as a partnership during the tax year.
organizations treated us a partnership daring the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(h)		(i)	(j)		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Legal domicile (state or foreign entity ex	Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Predominant income income end-of-year assets Yes No		Direct controlling Predominant income Share of total Share of Discreptional		Predominant income (related, unrelated, excluded from tax under share of total end-of-year assets	rolling Predominant income (related, unrelated, excluded from tax under) Share of total Share of end-of-year end-of-year assets Disproportionate amount assets	ontrolling Predominant income (related, unrelated, excluded from tax under	Share of total income	Diagrapartianeta		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No						

Part IV 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 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	Sec 512(t contr ent	tion o)(13) rolled ity?
		country)		S. 1.25.7		4553.5		Yes	No
									
									<u> </u>
									—

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one of	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	Х			
b	Gift, grant, or capital contribution to related organization(s)					1b		X		
С	Gift, grant, or capital contribution from related organization(s)					1c		X		
d	Loans or loan guarantees to or for related organization(s)					1d		X		
	Loans or loan guarantees by related organization(s)					1e		X		
f	Dividends from related organization(s)					1f		X		
g	g Sale of assets to related organization(s)									
h	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	l Performance of services or membership or fundraising solicitations for related organization(s)									
	n Performance of services or membership or fundraising solicitations by related organization(s)					1m		Х		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)								Х		
р	Reimbursement paid to related organization(s) for expenses					1p		X		
q	Reimbursement paid by related organization(s) for expenses					1q	X			
r	Other transfer of cash or property to related organization(s)					1r		X		
	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 co	mplete ·	this line, including covered	relationsh	ips and transaction thresholds.					
	(a) (b) Name of related organization Transactype (a)	ction	(c) Amount involved		(d) Method of determining amount inv	olved				
(1)	INTERFAITH HOUSING COALITION A		10,851.	FMV						
(2)	INTERFAITH HOUSING COALITION Q		265,459.	FMV						
(3)										
(4)										
(5)										
(6)										
	an an an an	12			Cahadula I) /Far	~ 000	2010		

Schedule R (Form 990) 2019 INTERFAITH WORKS 52-1072684 Page 4

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 all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 20 as? of Schedule K-1	General of managing partner?	(k) Percentage ownership

932165 09-10-19