

Forms 990 / 990-EZ Return Summary

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

04-2104853

INTERFAITH SOCIAL SERVICES, INC.

Net Asset / Fund Balance at Beginning of Year		<u>1,199,717</u>
Revenue		
Contributions	<u>2,609,797</u>	
Program service revenue	<u>84,534</u>	
Investment income	<u>6,110</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>115,989</u>	
Direct expenses	<u>104,594</u>	
Net income	<u>11,395</u>	
Other income	<u>510</u>	
Total revenue		<u>2,712,346</u>
Expenses		
Program services	<u>1,983,675</u>	
Management and general	<u>118,448</u>	
Fundraising	<u>201,236</u>	
Total expenses		<u>2,303,359</u>
Excess / (deficit)		<u>408,987</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>1,608,704</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,712,346</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,712,346</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,303,359</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>2,303,359</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,261,154</u>	<u>1,706,810</u>	
Liabilities	<u>61,437</u>	<u>98,106</u>	
Net assets	<u>1,199,717</u>	<u>1,608,704</u>	<u>408,987</u>

Miscellaneous Information

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01 2019, and ending 6/30 2020

2019

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

Name and title of officer

**RICHARD DOANE
EXEC DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,712,346</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize Campbell, DeVasto & Associates LLP to enter my PIN 04853 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature }

Date } 03/08/20

Part III Certification and Authentication

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

04299347474

Do not enter all zeros

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

ERO's signature } Paul J. DeVasto

Date } 03/08/20

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
 Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">INTERFAITH SOCIAL SERVICES, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>105 ADAMS ST</p> City or town, state or province, country, and ZIP or foreign postal code <p>QUINCY MA 02169-2004</p>		D Employer identification number <p align="center">04-2104853</p>
	E Telephone number <p align="center">617-773-6203</p>		G Gross receipts\$ 2,816,940
	F Name and address of principal officer: <p>BERNARD DASILVA 770 NORTH MONTELLO S BROCKTON MA 02301</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u INTERFAITHSOCIALSERVICES.ORG			L Year of formation: u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:				
	Interfaith supports South Shore families with resources for a healthy and fulfilling life. Our staff and volunteers deliver programs that alleviate hunger, offer mental health counseling and emergency financial assistance.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	11	
	6	Total number of volunteers (estimate if necessary)	6	771	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
	Revenue			Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	1,927,018	2,609,797	
9		Program service revenue (Part VIII, line 2g)	85,100	84,534	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,921	6,110	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,930	11,905	
12		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,067,969	2,712,346	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,156,355	1,364,806
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	473,292	524,647
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,500	27,750
		b	Total fundraising expenses (Part IX, column (D), line 25) u 201,236		
		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,507	386,156
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,002,654	2,303,359	
	19	Revenue less expenses. Subtract line 18 from line 12	65,315	408,987	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	1,261,154	1,706,810	
	21	Total liabilities (Part X, line 26)	61,437	98,106	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,199,717	1,608,704	

Part II Signature Block

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

Sign Here	Signature of officer <p align="center">RICHARD DOANE</p> Type or print name and title	Date <p align="center">EXEC DIRECTOR</p>
	Print/Type preparer's name Paul J. DeVasto	Preparer's signature Paul J. DeVasto
Paid Preparer Use Only	Check <input type="checkbox"/> if PTIN self-employed P01287624	Firm's EIN } 04-2779892
	Firm's name } Campbell, DeVasto & Associates LLP	Phone no. 617-731-2333
	Firm's address } 2001 Beacon St Ste 314 Brighton, MA 02135	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Interfaith supports South Shore families with resources for a healthy and fulfilling life. Our staff and volunteers deliver programs that alleviate hunger, offer mental health counseling and emergency financial assistance.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **226,426** including grants of\$) (Revenue \$ **84,534**)

THE ORGANIZATION PROVIDED APPROXIMATELY 2,607 COUNSELING SESSIONS OF THERAPY & SUPPORT TO INDIVIDUALS AND FAMILIES BY LICENSED CLINICAL SOCIAL WORKERS

4b (Code:) (Expenses \$ **73,485** including grants of\$ **26,366**) (Revenue \$)

THE ORGANIZATION HELPED 900 INDIVIDUALS VIA GRANTS OF FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS AND PROVIDE EMERGENCY SUPPORT TO IMPOVERISHED FAMILIES AND INDIVIDUALS.

4c (Code:) (Expenses \$ **1,622,408** including grants of\$ **1,338,440**) (Revenue \$)

THE ORGANIZATION DISTRIBUTED APPROXIMATELY 940,652 POUNDS OF FOOD TO OVER 5,564 HOUSEHOLDS AS WELL AS PROVIDING FREE PROFESSIONAL CLOTHING TO LOW INCOME JOB SEEKERS.

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

(Expenses \$ **61,356** including grants of\$) (Revenue \$)

4e Total program service expenses **u 1,983,675**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	17		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	X	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

RICHARD DOANE
QUINCY

105 ADAMS STREET

MA 02169

617-773-6203

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.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD DOANE EXEC DIRECTOR	35.00 0.00			X				93,006	0	20,787
(2) GABRIEL ARATO 1ST ASST PRESIDENT	1.50 0.00	X		X				0	0	0
(3) ERIC BROWN DIRECTOR	1.50 0.00	X						0	0	0
(4) BERNARD DASILVA PRESIDENT	1.50 0.00	X		X				0	0	0
(5) TOM DINEEN DIRECTOR	1.50 0.00	X						0	0	0
(6) DONNA ELIASSON DIRECTOR	1.50 0.00	X						0	0	0
(7) STEPHEN GREENE DIRECTOR	1.50 0.00	X						0	0	0
(8) GILLIAN GROSSMAN DIRECTOR	1.50 0.00	X						0	0	0
(9) TERREL HARRIS DIRECTOR	1.50 0.00	X						0	0	0
(10) ALLISON IDRIS DIRECTOR	1.50 0.00	X						0	0	0
(11) SANDY JOHNSON TREASURER	1.50 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CYNTHIA LEE	1.50									
SECRETARY	0.00	X		X			0	0	0	
(13) PETER LUNG	1.50									
2ND ASSISTANT TREASU	0.00	X		X			0	0	0	
(14) BRIAN MANNING	1.50									
FINANCE COMMITTEE CH	0.00	X					0	0	0	
(15) JAY MARVIN	1.50									
2ND ASSISTANT PRESID	0.00	X		X			0	0	0	
(16) RALPH PALMIERI	1.50									
NOMIMATING COMMITTE	0.00	X					0	0	0	
(17) BILL SWANSON	1.50									
DIRECTOR	0.00	X					0	0	0	
(18) MAGGIE TRUDEL	1.50									
1ST ASSISTANT TREASU	0.00	X		X			0	0	0	
1b Subtotal							93,006		20,787	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							93,006		20,787	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events	315,894				
	1d Related organizations					
	1e Government grants (contributions)	25,000				
	1f All other contributions, gifts, grants, and similar amounts not included above	2,268,903				
	1g Noncash contributions included in lines 1a-1f	\$ 1,333,896				
	1h Total. Add lines 1a-1f	u 2,609,797				
Program Service Revenue	2a Client Counseling Fees Co	84,534	84,534			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 84,534				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 6,110	6,110			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	6c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales exps.				
	7c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 315,894 of contributions reported on line 1c). See Part IV, line 18	8a	113,159			
		8b Less: direct expenses	104,594			
c Net income or (loss) from fundraising events	u 8,565			8,565		
9a Gross income from gaming activities. See Part IV, line 19	9a	2,830				
	9b Less: direct expenses					
c Net income or (loss) from gaming activities	u 2,830			2,830		
10a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a Miscellaneous Income	510	510			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u 510				
12 Total revenue. See instructions	u 2,712,346	91,154	0	11,395		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,364,806	1,364,806		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,363	55,595	28,715	41,053
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	324,748	248,347	20,587	55,814
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,656	16,030	1,404	3,222
9 Other employee benefits	15,245	8,832	5,288	1,125
10 Payroll taxes	38,635	26,529	4,044	8,062
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,861		29,861	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	27,750			27,750
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	100,647	95,208	4,213	1,226
12 Advertising and promotion	25,538	10,649	1,002	13,887
13 Office expenses	46,338	15,364	2,044	28,930
14 Information technology	8,628	3,547	3,138	1,943
15 Royalties				
16 Occupancy	48,917	45,131	1,790	1,996
17 Travel	8,758	7,166	1,419	173
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,805	660	1,125	20
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,677	41,255	1,514	908
23 Insurance	13,782	11,571	1,702	509
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Non Food Pantry exp	15,935	15,935		
b Volunteer Appreciation	7,390		7,390	
c Diaper Purchases	7,382	7,382		
d Development Expense	4,929			4,929
e All other expenses	22,569	9,668	3,212	9,689
25 Total functional expenses. Add lines 1 through 24e	2,303,359	1,983,675	118,448	201,236
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	34,007	1	161,400
	2	Savings and temporary cash investments	407,229	2	734,739
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,340	4	3,648
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	38,359	8	67,683
	9	Prepaid expenses and deferred charges	34,151	9	15,426
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,121,753		
	b	Less: accumulated depreciation	10b 400,564	10c	721,189
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,240	15	2,725
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,261,154	16	1,706,810	
Liabilities	17	Accounts payable and accrued expenses	20,028	17	29,189
	18	Grants payable		18	
	19	Deferred revenue	11,600	19	26,630
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	29,809	25	42,287
	26	Total liabilities. Add lines 17 through 25	61,437	26	98,106
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,189,717	27	1,533,523
	28	Net assets with donor restrictions	10,000	28	75,181
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,199,717	32	1,608,704
33	Total liabilities and net assets/fund balances	1,261,154	33	1,706,810	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,712,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,303,359
3	Revenue less expenses. Subtract line 2 from line 1	3	408,987
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,199,717
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,608,704

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization INTERFAITH SOCIAL SERVICES, INC.	Employer identification number 04-2104853
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,872,465	1,636,471	1,955,112	1,927,018	2,609,797	10,000,863
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,872,465	1,636,471	1,955,112	1,927,018	2,609,797	10,000,863
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)						1,436,483
6 Public support. Subtract line 5 from line 4.						8,564,380

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,872,465	1,636,471	1,955,112	1,927,018	2,609,797	10,000,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,106	444	1,733	5,929	6,110	15,322
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,631	55,258	188,872	165,302	11,905	451,968
11 Total support. Add lines 7 through 10						10,468,153
12 Gross receipts from related activities, etc. (see instructions)					12	381,853
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	81.81%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	73.62%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 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.)

Part II, Line 10 - Other Income Detail

MISCELLANEOUS	\$	195,947
FUNDRAISING EVENTS	\$	241,506
GAMING	\$	14,515

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization INTERFAITH SOCIAL SERVICES, INC.	Employer identification number 04-2104853
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.**04-2104853****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMAZON 410 TERRY AVE N. SEATTLE WA 98109	\$ 251,008	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARBELLA CHARITABLE FOUNDATION PO BOX 9103 QUINCY MA 02269	\$ 60,921	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON MA 02118	\$ 296,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	KRIS LARSEN 110 COLLEGE POND RD PLYMOUTH MA 02360	\$ 66,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROCHE BROTHERS 101 FALLS BVLD QUINCY MA 02169	\$ 69,724	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	STOP AND SHOP 316 GROVE STREET BRAINTREE MA 02184	\$ 181,284	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TARGET 215 GRANITE STREET BRAintree MA 02184	\$ 83,669	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	TRADER JOE'S 5 ESSINGTON DRIVE HINGHAM MA 02043	\$ 55,780	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Under 2% contributions not req to be reported individually 105 ADAMS STREET QUINCY MA 02169	\$ 763,073	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

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
1	FOOD	\$ 251,008	
3	FOOD	\$ 287,562	
5	FOOD	\$ 69,724	
6	FOOD	\$ 181,284	
7	FOOD	\$ 83,669	
8	FOOD	\$ 55,780	

Name of organization INTERFAITH SOCIAL SERVICES, INC.	Employer identification number 04-2104853
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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
9	Food donations under 2%	\$ 182,921	
9	Backpack donations under 2%	\$ 43,561	
9	Holiday donations under 2%	\$ 63,300	
9	Gala donations	\$ 58,807	
9	5k Walk	\$ 500	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings		905,136	330,280	574,856
c Leasehold improvements				
d Equipment		166,617	70,284	96,333
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				721,189

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Vacation	32,513
(3) Accrued Payroll & Taxes	9,566
(4) Accrued Sales Tax Payable	208
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	42,287

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.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DAVINE VENTURES 1 16 JAY STREET SOMERVILLE MA 02144	EVENT MNGR		X	359,721	25,000	334,721
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				359,721	25,000	334,721

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

Massachusetts

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala</u> (event type)	<u>5K</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	359,721	68,846	428,567
	2	Less: Contributions	256,973	58,435	315,408
	3	Gross income (line 1 minus line 2)	102,748	10,411	113,159
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	32,097		32,097
	7	Food and beverages	33,766		33,766
	8	Entertainment	5,450		5,450
	9	Other direct expenses	28,222	5,059	33,281
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				8,565

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
**Open to Public
Inspection**

Name of the organization

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 HOUSING & UTILITY ASSISTANCE	900	25,203			
2 MEDICAL ASSISTANCE	2	1,163			
3 FOOD PANTRY	5564	58,322	1,167,727	WEIGHT	FOOD
4 CHRISTMAS TOYS	633		63,300	ESTIMATE	TOYS
5 SEASONAL PANTRY	453		5,530	WEIGHT	BASKETS
6 BACKPACKS	1000		43,561	ESTIMATE	BACKPACKS
7					

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 - Procedures for Monitoring the Use of Grant Funds

Grant checks for clients are always made out to vendors: utility companies, landlords, health care providers, etc. Thus ensuring that such grants are used for proper purposes and are not otherwise diverted from the intended use. Low income clients in emergency situations are eligible for limited funding once every 12 months. Clients must live within our service area, and must complete a registration packet as well as producing all applicable verification documents.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

OMB No. 1545-0047

2019

**Open To Public
Inspection**

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		63,300	RESALE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
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	X	917737	1,167,728	\$0.77 GBFB 1.62 OTHER/LB
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (GALA)	X	30	58,807	VALUE OF ITEMS DONATED
26 Other u ()				
27 Other u (BACKPACKS)	X	1000	43,561	VALUE OF ITEMS DONATED
28 Other u (5K WALK)	X	2	500	VALUE OF ITEMS DONATED

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization INTERFAITH SOCIAL SERVICES, INC.	Employer identification number 04-2104853
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Form 990, Part III, Line 4d - All Other Accomplishments

**THE ORGANIZATION PROVIDED CLOTHING AND OTHER HOUSEHOLD
GOODS AT NOMINAL EXPENSE TO INDIVIDUALS**

Form 990, Part VI - Additional Information

Part VI. Governance, Management, and Disclosure

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

BERNARD DASILVA

770 NORTH MONTELLO S

BROCKTON, MA 02301

GABRIEL ARATO

292 WATER ST

QUINCY, MA 02169

JAY MARVIN

4 TILLINGHAST DRIVE

HINGHAM, MA 02043

SANDY JOHNSON

22 TERNE ROAD

QUINCY, MA 02169

MAGGIE TRUDEL

Name of the organization INTERFAITH SOCIAL SERVICES, INC.	Employer identification number 04-2104853
---	---

11 WYNOT ROAD

BRAINTREE, MA 02184

PETER LUNG

26 TOWN HILL STREET

QUINCY, MA 02169

CYNTHIA LEE

254 LISLE STREET

BRAINTREE, MA 02184

ERIC BROWN

22 BEACH ROAD

SHARON, MA 02467

TOM DINEEN

20 MARION ST.

HINGHAM, MA 02043

DONNA ELIASSON

77 SHERRICK AVENUE

HOLBROOK, MA 02343

STEPHEN GREENE

17 MOUNT ARARAT ROAD

QUINCY, MA 02169-1717

Name of the organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

GILLIAN GROSSMAN

62 ELM ST.

HINGHAM, MA 02043

TERREL HARRIS

9 THURSTON PLACE

MEDFIELD, MA 02052

ALLISON IDRIS

19 BARNA ROAD

DORCHESTER , MA 02124

BRIAN MANNING

71 THETFORD AVENUE

BRAINTREE, MA 02184

RALPH PALMIERI

3 TILLINGHAST DRIVE

HINGHAM , MA 02043-4883

BILL SWANSON

24 CANOE CLUB LN.

PEMBROKE , MA 02359

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The organization's Treasurer and Executive Director prepared the form 990 with the assistance of an external auditor. Upon completion an electronic

Name of the organization

Employer identification number

INTERFAITH SOCIAL SERVICES, INC.

04-2104853

copy is made available to all board members for review.

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

The organization currently has a Conflicts of Interest policy which has been ratified by the Board of Directors. Monitoring, compliance and if applicable enforcement are evaluated once a year preceding our annual meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive committee sets up a subcommittee to review resumes and coordinates 1st interviews when hiring the Executive Director. Second interviews are done by the Board of Directors and include all employees and volunteers who are interested in participating in the process. The salary is based on market conditions and what the organization can afford to pay. An annual review is conducted each year to determine whether a moderate merit based pay increase is warranted.

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

All annual reports, form 990s and PC, as well as all governing documents, conflict of interest policy, and audited financial statements are stored at our offices at 105 Adams Street, Quincy, MA 02169. They are available for public inspection upon appointment. Also, all forms are on file with the State's Attorney General.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

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

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return **INTERFAITH SOCIAL SERVICES, INC.** Identifying number **04-2104853**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,680

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	43,680
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

04-2104853

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
144	Building 105 Adams	6/01/03	464,566			464,566	40 MO S/L	186,898	11,614
145	SIGNATURE GRAPHICS	7/11/02	150			150	40 MO S/L	64	4
146	SIGNATURE SIGNS	2/26/03	1,500			1,500	40 MO S/L	613	37
147	WILSON GROUP ARCHITECT	4/02/03	2,300			2,300	40 MO S/L	934	58
148	FIRST USA BANK, NA	4/04/03	424			424	40 MO S/L	172	11
149	FIRST USA BANK, NA-HO	4/30/03	46			46	40 MO S/L	18	2
150	FIRST USA BANK, NA- CU	4/30/03	145			145	40 MO S/L	59	3
151	DISCOVER- PAINT & SUPPLIES	5/14/03	106			106	40 MO S/L	43	3
152	SIGNATURE GRAPHICS	5/15/03	2,061			2,061	40 MO S/L	833	51
153	CASH-SAW BLADE & TILES 105	5/19/03	21			21	40 MO S/L	9	0
154	AMERICAN SERVICE CO	5/20/03	500			500	40 MO S/L	201	13
155	KRIS LARSON-METAL SIDING	5/28/03	7,325			7,325	40 MO S/L	2,945	183
156	CASH-105 ADAMS ROLLER PAINT	5/31/03	4			4	40 MO S/L	2	0
157	FIRST USA BANK, NA- CU	6/01/03	106			106	40 MO S/L	43	2
158	WILSON GROUP ARCHITECT	6/02/03	1,350			1,350	40 MO S/L	543	34
159	CURRY HARDWARE- PAINT	6/16/03	63			63	40 MO S/L	25	2
160	CURRY HARDWARE- PAINT	6/19/03	24			24	40 MO S/L	10	0
161	WILSON GROUP ARCHITECT	6/25/03	2,610			2,610	40 MO S/L	1,044	65
162	THOMAS G. GALLAGHER	6/25/03	1,076			1,076	40 MO S/L	430	27
170	KRIS LARSON-SMOKE DETECTORS	7/02/03	856			856	40 MO S/L	342	22
171	KRIS LARSON-INTERIOR WALLS	7/02/03	5,750			5,750	40 MO S/L	2,300	144
172	KRIS LARSON-OUTLETS, SWTICHES	7/02/03	3,645			3,645	40 MO S/L	1,458	91
173	KRIS LARSON-TOILET	7/02/03	726			726	40 MO S/L	290	19
174	KENNY'S LOCKS	7/17/03	1,081			1,081	40 MO S/L	430	27
175	FIRST USA BANK-LOWES	7/17/03	129			129	40 MO S/L	51	3
176	CURRY HARDWARE-PAINT	7/19/03	83			83	40 MO S/L	33	2
177	WILSON GROUP ARCHITECTS	7/30/03	465			465	40 MO S/L	185	12
178	THOMAS GALLAGHER	7/31/03	519			519	40 MO S/L	207	13
179	NEW ENGLAND VENTILATIO	7/31/03	1,950			1,950	40 MO S/L	776	49
180	KENNY'S LOCKS-MISC LOCKS	8/06/03	639			639	40 MO S/L	254	16
181	KRIS LARSON-EXTERIOR PAINTING	8/07/03	8,358			8,358	40 MO S/L	3,326	209
182	KRIS LARSON- NEW BASEMENT	8/11/03	2,252			2,252	40 MO S/L	896	56
183	THOMAS GALLAGHER	6/25/04	1,200			1,200	40 MO S/L	450	30
185	LAND 105 ADAMS STREET	6/01/03	50,000			50,000	0 -- Land	0	0
186	Carpeting Donated	6/01/03	8,720			8,720	40 MO S/L	3,506	218
187	2004 Cap Int 105 Adams	8/11/03	2,495			2,495	40 MO S/L	993	62
188	American Service	2/19/05	500			500	30 MO S/L	239	17
189	Varco Corporation	11/17/04	10,000			10,000	30 MO S/L	4,861	333
191	Eagle Energy Systems	3/23/05	54,988			54,988	30 MO S/L	26,119	1,833
192	P. REDMOND	4/05/06	11,590			11,590	30 MO S/L	5,119	386
193	NE SURFACE MAINTENANCE	9/28/05	7,500			7,500	30 MO S/L	3,438	250
194	SERVPRO OF WEYMOUTH	9/28/05	950			950	30 MO S/L	435	32
195	AMERICAM SERVICE	2/03/06	540			540	30 MO S/L	242	18
196	AMERICAN SERVICE	1/01/07	1,080			1,080	30 MO S/L	450	36
198	2 Freezers & 2 Refrigerators Pantry	11/10/06	12,650			12,650	10 MO S/L	12,650	0
199	Compressor	10/03/07	846			846	30 MO S/L	331	29
201	Braintree Lmbr Wasco Skydome	10/02/08	1,356			1,356	30 MO S/L	486	45
202	Sherman Electric	10/23/08	1,906			1,906	30 MO S/L	678	63
203	Affordable Closet Systems	11/12/08	2,043			2,043	30 MO S/L	726	69
204	Kris Larsen	11/19/08	17,653			17,653	30 MO S/L	6,228	588
206	American Service Co/Alarm	11/25/08	2,575			2,575	30 MO S/L	908	86
207	Central Glass To Repair Pantry Glass Door	11/25/08	355			355	30 MO S/L	125	12
208	KRIS LARSEN	1/07/09	10,000			10,000	30 MO S/L	3,500	333
209	Kris Larson Retrofit Partial Invoice	1/19/09	10,000			10,000	30 MO S/L	3,472	334
210	Kris Larson Retrofit Partial Invoice	1/21/09	10,000			10,000	30 MO S/L	3,472	334
211	Furniture	6/30/09	13,061			13,061	10 MO S/L	13,061	0
212	Equipment	6/30/09	504			504	5 MO S/L	504	0
214	DELL COMPUTER	8/10/10	1,083			1,083	5 MO S/L	1,083	0
215	DELL COMPUTER	8/10/10	542			542	5 MO S/L	542	0
216	COMPUTER FOR PAULA	5/06/11	439			439	5 MO S/L	439	0
218	BUSH- II glass door freezer	8/31/11	4,400			4,400	10 MO S/L	3,447	440
219	Shelving for Pantry	8/22/11	2,395			2,395	10 MO S/L	1,876	240
220	PAVING CONTRACTORS INC.	7/13/11	1,000			1,000	10 MO S/L	800	100
221	Rolling Shelf for Pantry	9/08/11	372			372	10 MO S/L	290	37
222	Roof	4/07/13	53,827			53,827	25 MO S/L	13,457	2,153
223	Copy Machine	3/25/13	150			150	5 MO S/L	150	0
224	DOORS & WINDOWS	1/15/14	11,810			11,810	20 MO S/L	3,248	590
225	SEWAGE PUMP	2/11/14	5,500			5,500	25 MO S/L	1,192	220

04-2104853

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
226	REFRIGERATOR	5/12/14	3,215			3,215	10 MO S/L	1,661	322
227	FLOORING	3/25/14	4,100			4,100	25 MO S/L	861	164
228	REFRIGERATED MERCHANDISER	7/16/13	1,515			1,515	10 MO S/L	897	151
229	STUCCO	9/12/14	48,152			48,152	25 MO S/L	9,309	1,926
230	HOT WATER HEATER	1/20/15	1,680			1,680	10 MO S/L	742	168
231	COPY MACHINE	5/14/15	3,290			3,290	5 MO S/L	2,742	548
232	FREEZER - DONATED F. BILLS	6/18/15	2,250			2,250	5 MO S/L	1,800	450
233	Pantry Heat Pump A/C System	5/16/16	7,400			7,400	15 MO S/L	1,521	493
235	BUSH REFRIGERATOR	10/27/16	4,845			4,845	5 MO S/L	2,584	969
236	HARDWOOD BENCHES	2/16/17	5,671			5,671	10 MO S/L	1,323	567
237	TELEPHONE SYSTEM	9/16/16	6,935			6,935	10 MO S/L	1,907	694
238	SALSA CRM SOFTWARE	1/04/17	3,900			3,900	5 MO S/L	1,950	780
239	ELECTRICAL PANEL UPGRADE	6/05/17	2,500			2,500	30 MO S/L	174	83
240	GAS UNIT THRIFT STORE	11/16/17	7,500			7,500	30 MO S/L	396	250
241	SEPTIC PUMP BASEMENT	8/03/17	3,520			3,520	30 MO S/L	225	117
242	ASPHALT WORK	5/27/19	6,091			6,091	30 MO S/L	17	203
243	FLOORING	10/02/18	5,606			5,606	25 MO S/L	168	224
244	REMODELING	4/29/19	51,872			51,872	30 MO S/L	288	1,729
245	GLASS WORK	2/27/19	911			911	15 MO S/L	20	61
246	TREE WORK	3/18/19	2,000			2,000	15 MO S/L	33	134
247	FENCE	4/30/19	3,429			3,429	30 MO S/L	19	114
248	WALK-IN FREEZER	4/03/19	20,591			20,591	30 MO S/L	172	686
249	WATER COOLER	4/01/19	606			606	10 MO S/L	15	61
250	BOOK CASES DESKS CHAIRS	4/01/19	2,328			2,328	10 MO S/L	58	233
251	FURNITURE AND RUG	5/31/19	2,362			2,362	15 MO S/L	13	158
252	VINYL BASKET	6/10/19	869			869	15 MO S/L	5	58
253	FILE CABINET DESKS MATS	6/25/19	915			915	15 MO S/L	0	61
254	2018 ISUZU TRUCK	1/31/19	67,801			67,801	7 MO S/L	4,036	9,686
255	COPIER	3/11/20	6,695			6,695	5 MO S/L	0	446
256	LIFT-GATE	6/15/20	9,416			9,416	7 MO S/L	0	112
257	2 REFRIDGERATORS	12/23/19	6,108			6,108	10 MO S/L	0	305
258	HVAC HEAT EXCHANGER	12/06/19	2,200			2,200	30 MO S/L	0	43
259	3 DRAWER LATERAL FILE CABINET	12/10/19	620			620	15 MO S/L	0	24
Total Other Depreciation			1,121,753			1,121,753		356,887	43,680
Total ACRS and Other Depreciation			1,121,753			1,121,753		356,887	43,680
Grand Totals			1,121,753			1,121,753		356,887	43,680
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			1,121,753			1,121,753		356,887	43,680

04-2104853

MA Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
Other Depreciation:								
144	Building 105 Adams	6/01/03	464,566	464,566	186,794	11,614	11,614	0
145	SIGNATURE GRAPHICS	7/11/02	150	150	64	4	4	0
146	SIGNATURE SIGNS	2/26/03	1,500	1,500	613	37	37	0
147	WILSON GROUP ARCHITECT	4/02/03	2,300	2,300	934	58	58	0
148	FIRST USA BANK, NA	4/04/03	424	424	172	11	11	0
149	FIRST USA BANK, NA-HO	4/30/03	46	46	18	2	2	0
150	FIRST USA BANK, NA- CU	4/30/03	145	145	59	3	3	0
151	DISCOVER- PAINT & SUPPLIES	5/14/03	106	106	43	3	3	0
152	SIGNATURE GRAPHICS	5/15/03	2,061	2,061	833	51	51	0
153	CASH-SAW BLADE & TILES 105	5/19/03	21	21	9	0	0	0
154	AMERICAN SERVICE CO	5/20/03	500	500	201	13	13	0
155	KRIS LARSON-METAL SIDING	5/28/03	7,325	7,325	2,945	183	183	0
156	CASH-105 ADAMS ROLLER PAINT	5/31/03	4	4	2	0	0	0
157	FIRST USA BANK, NA- CU	6/01/03	106	106	43	2	2	0
158	WILSON GROUP ARCHITECT	6/02/03	1,350	1,350	543	34	34	0
159	CURRY HARDWARE- PAINT	6/16/03	63	63	25	2	2	0
160	CURRY HARDWARE- PAINT	6/19/03	24	24	10	0	0	0
161	WILSON GROUP ARCHITECT	6/25/03	2,610	2,610	1,044	65	65	0
162	THOMAS G. GALLAGHER	6/25/03	1,076	1,076	430	27	27	0
170	KRIS LARSON-SMOKE DETECTORS	7/02/03	856	856	342	22	22	0
171	KRIS LARSON-INTERIOR WALLS	7/02/03	5,750	5,750	2,300	144	144	0
172	KRIS LARSON-OUTLETS, SWTICHES	7/02/03	3,645	3,645	1,458	91	91	0
173	KRIS LARSON-TOILET	7/02/03	726	726	290	19	19	0
174	KENNY'S LOCKS	7/17/03	1,081	1,081	430	27	27	0
175	FIRST USA BANK-LOWES	7/17/03	129	129	51	3	3	0
176	CURRY HARDWARE-PAINT	7/19/03	83	83	33	2	2	0
177	WILSON GROUP ARCHITECTS	7/30/03	465	465	185	12	12	0
178	THOMAS GALLAGHER	7/31/03	519	519	207	13	13	0
179	NEW ENGLAND VENTILATIO	7/31/03	1,950	1,950	776	49	49	0
180	KENNY'S LOCKS-MISC LOCKS	8/06/03	639	639	254	16	16	0
181	KRIS LARSON-EXTERIOR PAINTING	8/07/03	8,358	8,358	3,326	209	209	0
182	KRIS LARSON- NEW BASEMENT	8/11/03	2,252	2,252	896	56	56	0
183	THOMAS GALLAGHER	6/25/04	1,200	1,200	450	30	30	0
185	LAND 105 ADAMS STREET	6/01/03	50,000	50,000	0	0	0	0
186	Carpeting Donated	6/01/03	8,720	8,720	3,506	218	218	0
187	2004 Cap Int 105 Adams	8/11/03	2,495	2,495	993	62	62	0
188	American Service	2/19/05	500	500	239	17	17	0
189	Varco Corporation	11/17/04	10,000	10,000	4,861	333	333	0
191	Eagle Energy Systems	3/23/05	54,988	54,988	26,119	1,833	1,833	0
192	P. REDMOND	4/05/06	11,590	11,590	5,119	386	386	0
193	NE SURFACE MAINTENANCE	9/28/05	7,500	7,500	3,438	250	250	0
194	SERVPRO OF WEYMOUTH	9/28/05	950	950	435	32	32	0
195	AMERICAM SERVICE	2/03/06	540	540	242	18	18	0
196	AMERICAN SERVICE	1/01/07	1,080	1,080	450	36	36	0
198	2 Freezers & 2 Refrigerators Pantry	11/10/06	12,650	12,650	12,650	0	0	0
199	Compressor	10/03/07	846	846	331	29	29	0
201	Braintree Lmbr Wasco Skydome	10/02/08	1,356	1,356	486	45	45	0
202	Sherman Electric	10/23/08	1,906	1,906	678	63	63	0
203	Affordable Closet Systems	11/12/08	2,043	2,043	726	69	69	0
204	Kris Larsen	11/19/08	17,653	17,653	6,228	588	588	0
206	American Service Co/Alarm	11/25/08	2,575	2,575	908	86	86	0
207	Central Glass To Repair Pantry Glass Door	11/25/08	355	355	125	12	12	0
208	KRIS LARSEN	1/07/09	10,000	10,000	3,500	333	333	0
209	Kris Larson Retrofit Partial Invoice	1/19/09	10,000	10,000	3,472	334	334	0
210	Kris Larson Retrofit Partial Invoice	1/21/09	10,000	10,000	3,472	334	334	0
211	Furniture	6/30/09	13,061	13,061	13,061	0	0	0
212	Equipment	6/30/09	504	504	504	0	0	0
214	DELL COMPUTER	8/10/10	1,083	1,083	1,083	0	0	0
215	DELL COMPUTER	8/10/10	542	542	542	0	0	0
216	COMPUTER FOR PAULA	5/06/11	439	439	439	0	0	0
218	BUSH- II glass door freezer	8/31/11	4,400	4,400	3,447	440	440	0
219	Shelving for Pantry	8/22/11	2,395	2,395	1,876	240	240	0
220	PAVING CONTRACTORS INC.	7/13/11	1,000	1,000	800	100	100	0
221	Rolling Shelf for Pantry	9/08/11	372	372	290	37	37	0
222	Roof	4/07/13	53,827	53,827	13,457	2,153	2,153	0
223	Copy Machine	3/25/13	150	150	150	0	0	0
224	DOORS & WINDOWS	1/15/14	11,810	11,810	3,248	590	590	0
225	SEWAGE PUMP	2/11/14	5,500	5,500	1,192	220	220	0

04-2104853

MA Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
226	REFRIGERATOR	5/12/14	3,215	3,215	1,661	322	322	0
227	FLOORING	3/25/14	4,100	4,100	861	164	164	0
228	REFRIGERATED MERCHANDISER	7/16/13	1,515	1,515	897	151	151	0
229	STUCCO	9/12/14	48,152	48,152	9,309	1,926	1,926	0
230	HOT WATER HEATER	1/20/15	1,680	1,680	742	168	168	0
231	COPY MACHINE	5/14/15	3,290	3,290	2,742	548	548	0
232	FREEZER - DONATED F. BILLS	6/18/15	2,250	2,250	1,800	450	450	0
233	Pantry Heat Pump A/C System	5/16/16	7,400	7,400	1,521	493	493	0
235	BUSH REFRIGERATOR	10/27/16	4,845	4,845	2,584	969	969	0
236	HARDWOOD BENCHES	2/16/17	5,671	5,671	1,323	567	567	0
237	TELEPHONE SYSTEM	9/16/16	6,935	6,935	1,907	694	694	0
238	SALSA CRM SOFTWARE	1/04/17	3,900	3,900	1,950	780	780	0
239	ELECTRICAL PANEL UPGRADE	6/05/17	2,500	2,500	174	83	83	0
240	GAS UNIT THRIFT STORE	11/16/17	7,500	7,500	396	250	250	0
241	SEPTIC PUMP BASEMENT	8/03/17	3,520	3,520	225	117	117	0
242	ASPHALT WORK	5/27/19	6,091	6,091	17	203	203	0
243	FLOORING	10/02/18	5,606	5,606	168	224	224	0
244	REMODELING	4/29/19	51,872	51,872	288	1,729	1,729	0
245	GLASS WORK	2/27/19	911	911	20	61	61	0
246	TREE WORK	3/18/19	2,000	2,000	33	134	134	0
247	FENCE	4/30/19	3,429	3,429	19	114	114	0
248	WALK-IN FREEZER	4/03/19	20,591	20,591	172	686	686	0
249	WATER COOLER	4/01/19	606	606	15	61	61	0
250	BOOK CASES DESKS CHAIRS	4/01/19	2,328	2,328	58	233	233	0
251	FURNITURE AND RUG	5/31/19	2,362	2,362	13	158	158	0
252	VINYL BASKET	6/10/19	869	869	5	58	58	0
253	FILE CABINET DESKS MATS	6/25/19	915	915	0	61	61	0
254	2018 ISUZU TRUCK	1/31/19	67,801	67,801	4,036	9,686	9,686	0
255	COPIER	3/11/20	6,695	6,695	0	446	446	0
256	LIFT-GATE	6/15/20	9,416	9,416	0	112	112	0
257	2 REFRIDGERATORS	12/23/19	6,108	6,108	0	305	305	0
258	HVAC HEAT EXCHANGER	12/06/19	2,200	2,200	0	43	43	0
259	3 DRAWER LATERAL FILE CABINET	12/10/19	620	620	0	24	24	0
Total Other Depreciation			<u>1,121,753</u>	<u>1,121,753</u>	<u>356,783</u>	<u>43,680</u>	<u>43,680</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,121,753</u>	<u>1,121,753</u>	<u>356,783</u>	<u>43,680</u>	<u>43,680</u>	<u>0</u>
Grand Totals			1,121,753	1,121,753	356,783	43,680	43,680	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,121,753</u>	<u>1,121,753</u>	<u>356,783</u>	<u>43,680</u>	<u>43,680</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
144	Building 105 Adams	6/01/03	464,566	11,615	0
145	SIGNATURE GRAPHICS	7/11/02	150	3	0
146	SIGNATURE SIGNS	2/26/03	1,500	38	0
147	WILSON GROUP ARCHITECT	4/02/03	2,300	57	0
148	FIRST USA BANK, NA	4/04/03	424	10	0
149	FIRST USA BANK, NA-HO	4/30/03	46	1	0
150	FIRST USA BANK, NA- CU	4/30/03	145	4	0
151	DISCOVER- PAINT & SUPPLIES	5/14/03	106	2	0
152	SIGNATURE GRAPHICS	5/15/03	2,061	52	0
153	CASH-SAW BLADE & TILES 105	5/19/03	21	1	0
154	AMERICAN SERVICE CO	5/20/03	500	12	0
155	KRIS LARSON-METAL SIDING	5/28/03	7,325	184	0
156	CASH-105 ADAMS ROLLER PAINT	5/31/03	4	0	0
157	FIRST USA BANK, NA- CU	6/01/03	106	3	0
158	WILSON GROUP ARCHITECT	6/02/03	1,350	33	0
159	CURRY HARDWARE- PAINT	6/16/03	63	1	0
160	CURRY HARDWARE- PAINT	6/19/03	24	1	0
161	WILSON GROUP ARCHITECT	6/25/03	2,610	66	0
162	THOMAS G. GALLAGHER	6/25/03	1,076	27	0
170	KRIS LARSON-SMOKE DETECTORS	7/02/03	856	21	0
171	KRIS LARSON-INTERIOR WALLS	7/02/03	5,750	144	0
172	KRIS LARSON-OUTLETS, SWITCHES	7/02/03	3,645	91	0
173	KRIS LARSON-TOILET	7/02/03	726	18	0
174	KENNY'S LOCKS	7/17/03	1,081	27	0
175	FIRST USA BANK-LOWES	7/17/03	129	4	0
176	CURRY HARDWARE-PAINT	7/19/03	83	2	0
177	WILSON GROUP ARCHITECTS	7/30/03	465	11	0
178	THOMAS GALLAGHER	7/31/03	519	13	0
179	NEW ENGLAND VENTILATIO	7/31/03	1,950	48	0
180	KENNY'S LOCKS-MISC LOCKS	8/06/03	639	16	0
181	KRIS LARSON-EXTERIOR PAINTING	8/07/03	8,358	209	0
182	KRIS LARSON- NEW BASEMENT	8/11/03	2,252	57	0
183	THOMAS GALLAGHER	6/25/04	1,200	30	0
185	LAND 105 ADAMS STREET	6/01/03	50,000	0	0
186	Carpeting Donated	6/01/03	8,720	218	0
187	2004 Cap Int 105 Adams	8/11/03	2,495	62	0
188	American Service	2/19/05	500	16	0
189	Varco Corporation	11/17/04	10,000	334	0
191	Eagle Energy Systems	3/23/05	54,988	1,833	0
192	P. REDMOND	4/05/06	11,590	387	0
193	NE SURFACE MAINTENANCE	9/28/05	7,500	250	0
194	SERVPRO OF WEYMOUTH	9/28/05	950	32	0
195	AMERICAM SERVICE	2/03/06	540	18	0
196	AMERICAM SERVICE	1/01/07	1,080	36	0
198	2 Freezers & 2 Refrigerators Pantry	11/10/06	12,650	0	0
199	Compressor	10/03/07	846	28	0
201	Braintree Lmbr Wasco Skydome	10/02/08	1,356	45	0
202	Sherman Electric	10/23/08	1,906	64	0
203	Affordable Closet Systems	11/12/08	2,043	68	0
204	Kris Larsen	11/19/08	17,653	589	0
206	American Service Co/Alarm	11/25/08	2,575	86	0
207	Central Glass To Repair Pantry Glass Door	11/25/08	355	12	0
208	KRIS LARSEN	1/07/09	10,000	334	0
209	Kris Larson Retrofit Partial Invoice	1/19/09	10,000	333	0
210	Kris Larson Retrofit Partial Invoice	1/21/09	10,000	333	0
211	Furniture	6/30/09	13,061	0	0
212	Equipment	6/30/09	504	0	0
214	DELL COMPUTER	8/10/10	1,083	0	0
215	DELL COMPUTER	8/10/10	542	0	0
216	COMPUTER FOR PAULA	5/06/11	439	0	0
218	BUSH- II glass door freezer	8/31/11	4,400	440	0
219	Shelving for Pantry	8/22/11	2,395	239	0
220	PAVING CONTRACTORS INC.	7/13/11	1,000	100	0
221	Rolling Shelf for Pantry	9/08/11	372	37	0
222	Roof	4/07/13	53,827	2,153	0
223	Copy Machine	3/25/13	150	0	0
224	DOORS & WINDOWS	1/15/14	11,810	591	0

Asset	Description	Date In Service	Cost	Tax	AMT
225	SEWAGE PUMP	2/11/14	5,500	220	0
226	REFRIGERATOR	5/12/14	3,215	321	0
227	FLOORING	3/25/14	4,100	164	0
228	REFRIGERATED MERCHANDISER	7/16/13	1,515	152	0
229	STUCCO	9/12/14	48,152	1,927	0
230	HOT WATER HEATER	1/20/15	1,680	168	0
231	COPY MACHINE	5/14/15	3,290	0	0
232	FREEZER - DONATED F. BILLS	6/18/15	2,250	0	0
233	Pantry Heat Pump A/C System	5/16/16	7,400	494	0
235	BUSH REFRIGERATOR	10/27/16	4,845	969	0
236	HARDWOOD BENCHES	2/16/17	5,671	567	0
237	TELEPHONE SYSTEM	9/16/16	6,935	693	0
238	SALSA CRM SOFTWARE	1/04/17	3,900	780	0
239	ELECTRICAL PANEL UPGRADE	6/05/17	2,500	83	0
240	GAS UNIT THRIFT STORE	11/16/17	7,500	250	0
241	SEPTIC PUMP BASEMENT	8/03/17	3,520	118	0
242	ASPHALT WORK	5/27/19	6,091	203	0
243	FLOORING	10/02/18	5,606	225	0
244	REMODELING	4/29/19	51,872	1,729	0
245	GLASS WORK	2/27/19	911	61	0
246	TREE WORK	3/18/19	2,000	133	0
247	FENCE	4/30/19	3,429	115	0
248	WALK-IN FREEZER	4/03/19	20,591	686	0
249	WATER COOLER	4/01/19	606	60	0
250	BOOK CASES DESKS CHAIRS	4/01/19	2,328	233	0
251	FURNITURE AND RUG	5/31/19	2,362	157	0
252	VINYL BASKET	6/10/19	869	58	0
253	FILE CABINET DESKS MATS	6/25/19	915	61	0
254	2018 ISUZU TRUCK	1/31/19	67,801	9,686	0
255	COPIER	3/11/20	6,695	1,339	0
256	LIFT-GATE	6/15/20	9,416	1,345	0
257	2 REFRIDGERATORS	12/23/19	6,108	611	0
258	HVAC HEAT EXCHANGER	12/06/19	2,200	73	0
259	3 DRAWER LATERAL FILE CABINET	12/10/19	620	41	0
	Total Other Depreciation		<u>1,121,753</u>	<u>45,161</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,121,753</u>	<u>45,161</u>	<u>0</u>
	Grand Totals		<u>1,121,753</u>	<u>45,161</u>	<u>0</u>

Asset	Description	Date In Service	Cost	MA
Other Depreciation:				
144	Building 105 Adams	6/01/03	464,566	11,614
145	SIGNATURE GRAPHICS	7/11/02	150	3
146	SIGNATURE SIGNS	2/26/03	1,500	38
147	WILSON GROUP ARCHITECT	4/02/03	2,300	57
148	FIRST USA BANK, NA	4/04/03	424	10
149	FIRST USA BANK, NA-HO	4/30/03	46	1
150	FIRST USA BANK, NA- CU	4/30/03	145	4
151	DISCOVER- PAINT & SUPPLIES	5/14/03	106	2
152	SIGNATURE GRAPHICS	5/15/03	2,061	52
153	CASH-SAW BLADE & TILES 105	5/19/03	21	1
154	AMERICAN SERVICE CO	5/20/03	500	12
155	KRIS LARSON-METAL SIDING	5/28/03	7,325	184
156	CASH-105 ADAMS ROLLER PAINT	5/31/03	4	0
157	FIRST USA BANK, NA- CU	6/01/03	106	3
158	WILSON GROUP ARCHITECT	6/02/03	1,350	33
159	CURRY HARDWARE- PAINT	6/16/03	63	1
160	CURRY HARDWARE- PAINT	6/19/03	24	1
161	WILSON GROUP ARCHITECT	6/25/03	2,610	66
162	THOMAS G. GALLAGHER	6/25/03	1,076	27
170	KRIS LARSON-SMOKE DETECTORS	7/02/03	856	21
171	KRIS LARSON-INTERIOR WALLS	7/02/03	5,750	144
172	KRIS LARSON-OUTLETS, SWITCHES	7/02/03	3,645	91
173	KRIS LARSON-TOILET	7/02/03	726	18
174	KENNY'S LOCKS	7/17/03	1,081	27
175	FIRST USA BANK-LOWES	7/17/03	129	4
176	CURRY HARDWARE-PAINT	7/19/03	83	2
177	WILSON GROUP ARCHITECTS	7/30/03	465	11
178	THOMAS GALLAGHER	7/31/03	519	13
179	NEW ENGLAND VENTILATIO	7/31/03	1,950	48
180	KENNY'S LOCKS-MISC LOCKS	8/06/03	639	16
181	KRIS LARSON-EXTERIOR PAINTING	8/07/03	8,358	209
182	KRIS LARSON- NEW BASEMENT	8/11/03	2,252	57
183	THOMAS GALLAGHER	6/25/04	1,200	30
185	LAND 105 ADAMS STREET	6/01/03	50,000	0
186	Carpeting Donated	6/01/03	8,720	218
187	2004 Cap Int 105 Adams	8/11/03	2,495	62
188	American Service	2/19/05	500	16
189	Varco Corporation	11/17/04	10,000	334
191	Eagle Energy Systems	3/23/05	54,988	1,833
192	P. REDMOND	4/05/06	11,590	387
193	NE SURFACE MAINTENANCE	9/28/05	7,500	250
194	SERVPRO OF WEYMOUTH	9/28/05	950	32
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222	Roof	4/07/13	53,827	2,153
223	Copy Machine	3/25/13	150	0
224	DOORS & WINDOWS	1/15/14	11,810	591

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228	REFRIGERATED MERCHANDISER	7/16/13	1,515	152
229	STUCCO	9/12/14	48,152	1,927
230	HOT WATER HEATER	1/20/15	1,680	168
231	COPY MACHINE	5/14/15	3,290	0
232	FREEZER - DONATED F. BILLS	6/18/15	2,250	0
233	Pantry Heat Pump A/C System	5/16/16	7,400	494
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245	GLASS WORK	2/27/19	911	61
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250	BOOK CASES DESKS CHAIRS	4/01/19	2,328	233
251	FURNITURE AND RUG	5/31/19	2,362	157
252	VINYL BASKET	6/10/19	869	58
253	FILE CABINET DESKS MATS	6/25/19	915	61
254	2018 ISUZU TRUCK	1/31/19	67,801	9,686
255	COPIER	3/11/20	6,695	1,339
256	LIFT-GATE	6/15/20	9,416	1,345
257	2 REFRIDGERATORS	12/23/19	6,108	611
258	HVAC HEAT EXCHANGER	12/06/19	2,200	73
259	3 DRAWER LATERAL FILE CABINET	12/10/19	620	41
	Total Other Depreciation		<u>1,121,753</u>	<u>45,160</u>
	Total ACRS and Other Depreciation		<u>1,121,753</u>	<u>45,160</u>
	Grand Totals		<u>1,121,753</u>	<u>45,160</u>

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name

Taxpayer Identification Number

INTERFAITH SOCIAL SERVICES, INC.**04-2104853**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1,921,393	2,584,797	663,404
	2. Membership dues and assessments			
	3. Government contributions and grants	5,625	25,000	19,375
	4. Program service revenue	85,100	84,534	-566
	5. Investment income	5,929	6,110	181
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	2,992		-2,992
	8. Net income or (loss) from fundraising events	34,842	8,565	-26,277
	9. Net income or (loss) from gaming	8,790	2,830	-5,960
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	3,298	510	-2,788
	12. Total revenue. Add lines 1 through 11	2,067,969	2,712,346	644,377
Expenses	13. Grants and similar amounts paid	1,156,355	1,364,806	208,451
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	120,623	125,363	4,740
	16. Salaries, other compensation, and employee benefits	352,669	399,284	46,615
	17. Professional fundraising fees	27,500	27,750	250
	18. Other professional fees	117,651	130,508	12,857
	19. Occupancy, rent, utilities, and maintenance	48,168	48,917	749
	20. Depreciation and Depletion	39,386	43,677	4,291
	21. Other expenses	140,302	163,054	22,752
	22. Total expenses. Add lines 13 through 21	2,002,654	2,303,359	300,705
	23. Excess or (Deficit). Subtract line 22 from line 12	65,315	408,987	343,672
Other Information	24. Total exempt revenue	2,067,969	2,712,346	644,377
	25. Total unrelated revenue			
	26. Total excludable revenue	140,951	102,549	-38,402
	27. Total assets	1,261,154	1,706,810	445,656
	28. Total liabilities	61,437	98,106	36,669
	29. Retained earnings	1,199,717	1,608,704	408,987
	30. Number of voting members of governing body	18	17	
	31. Number of independent voting members of governing body	18	17	
32. Number of employees	12	11		
33. Number of volunteers	771	771		

Form 990	Tax Return History	2019
Name INTERFAITH SOCIAL SERVICES, INC.		Employer Identification Number 04-2104853

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,872,465	1,636,471	1,955,112	1,927,018	2,609,797	
Membership dues						
Program service revenue	50,325	67,936	77,964	85,100	84,534	
Capital gain or loss				2,992		
Investment income	1,106	444	1,733	5,929	6,110	
Fundraising revenue (income/loss)	30,506	43,423	56,381	34,842	8,565	
Gaming revenue (income/loss)		11,685	9,380	8,790	2,830	
Other revenue	125	150	5,035	3,298	510	
Total revenue	1,954,527	1,760,109	2,105,605	2,067,969	2,712,346	
Grants and similar amounts paid	1,279,471	1,036,094	1,266,585	1,156,355	1,364,806	
Benefits paid to or for members						
Compensation of officers, etc.	91,394	97,942	111,779	120,623	125,363	
Other compensation	227,072	250,285	291,950	352,669	399,284	
Professional fees	124,228	125,969	144,508	145,151	158,258	
Occupancy costs	47,190	46,433	49,009	48,168	48,917	
Depreciation and depletion	31,437	33,480	34,450	39,386	43,677	
Other expenses	104,857	97,433	119,251	140,302	163,054	
Total expenses	1,905,649	1,687,636	2,017,532	2,002,654	2,303,359	
Excess or (Deficit)	48,878	72,473	88,073	65,315	408,987	
Total exempt revenue	1,954,527	1,760,109	2,105,605	2,067,969	2,712,346	
Total unrelated revenue						
Total excludable revenue	82,062	123,638	150,493	140,951	102,549	
Total Assets	1,018,908	1,105,960	1,212,409	1,261,154	1,706,810	
Total Liabilities	45,052	59,631	78,007	61,437	98,106	
Net Fund Balances	973,856	1,046,329	1,134,402	1,199,717	1,608,704	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 6,110					
Total	<u>\$ 6,110</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Consultants Counseling	\$ 85,765	\$ 85,765	\$	\$
Chaplaincy Consultant	9,072	9,072		
Consultants Pantry	371	371		
Salsa-Donor Pro Fees	363			363
Prof. Fees Other	4,213		4,213	
Consultants Vol Coor&Developmn	863			863
Total	<u>\$ 100,647</u>	<u>\$ 95,208</u>	<u>\$ 4,213</u>	<u>\$ 1,226</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Stripe Credit Card Fees	\$ 4,142	\$	\$	\$ 4,142
5K T-Shirts	2,297			2,297
Bad Debt Expense Counseli	2,264	2,264		
Square Fees Bureau Drawer	1,787	1,787		
ADP Pantry Payroll Fees	1,580	1,580		
BD ebay shipping & seller	1,413	1,413		
Bad Debt Fundraising	1,305			1,305
Community Expenses	1,174		1,174	
License & Fees Fundraisin	788			788
Subscriptions Management	713		713	
ADP Fundraising Payroll F	689			689
ADP Admin. Payroll Fees	689		689	
Dues Management	645		645	
ADP Counseling Payroll Fe	612	612		
PayPal Fees Bureau Drawer	413	413		
GiveSmart Fees	406			406
Square Fees Counseling	403	403		
ADP Financial Assist.Payr	386	386		
Misc Expense Bureau Drawe	300	300		
License & Fees Pantry	194	194		
Empower fees pantry	65	65		
License & Fees Management	58		58	

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Misc Expense Pantry	\$ 50	\$ 50	\$	\$
License & Fees Fin Assist	50	50		
PayPal Fees Counseling	43	43		
Purchase Power fees Pantr	35	35		
Empower fees fundraising	33			33
Empower fees management	32		32	
Gift Card Expenses	25			25
Purchase Power fees BD	21	21		
Purchase Power Fees Couns	18	18		
Empower fees fin. assista	16	16		
Empower fees counseling	16	16		
Misc Expense Management	5		5	
Purchase Power Fees Mgmt.	4		4	
Purchase Power Fees fundr	3			3
Purchase Power Fees Fin.A	2	2		
PayPal Fees Fundraising	1			1
Misc	-108		-108	
Total	\$ 22,569	\$ 9,668	\$ 3,212	\$ 9,689

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
ADA BACON FUND	\$
Cash Contribution	10,500
ALICE W. DORR	
Cash Contribution	10,000
AMAZON	
FOOD	251,008
ARBELLA CHARITABLE FOUNDATION	
Cash Contribution	60,921
BJ'S WHOLESALE CLUB	
FOOD	27,890
BIG Y/HANNAFORD SUPERMARKET	
FOOD	13,945
BLUE CROSS BLUE SHIELD	
Cash Contribution	17,000
BOSTON FOUNDATION	
Cash Contribution	40,000
CITY OF QUINCY MAYOR'S OFFICE	
Cash Contribution	25,000
DWYER	
Cash Contribution	7,000
EASTERN BANK CHARITABLE FOUNDATION	
Cash Contribution	6,000
FAITH LUTHERAN CHURCH	
Cash Contribution	5,092
FIRST CONGREGATIONAL CHURCH	
Cash Contribution	10,000
FOUNDATION M	
Cash Contribution	7,000
FREDERICK E. WEBER CHARITIES CORP	
Cash Contribution	6,000
GREATER BOSTON COUNCIL ON ALCOHOLISM	
Cash Contribution	5,000
GREATER BOSTON FOOD BANK	
Cash Contribution	8,500
FOOD	287,562
HARBORONE BANK	
Cash Contribution	12,750
HAROLD BROOKS FOUNDATION	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Cash Contribution	\$ 40,000
JOHN C. & EUNICE B. MORRISON CHAR FD	
Cash Contribution	5,000
JOY IN CHILDHOOD FOUNDATION	
Cash Contribution	35,000
KRIS LARSEN	
Cash Contribution	66,740
LENARD & JEAN PLANTE	
Cash Contribution	20,965
LOVIN' SPOONFULS	
FOOD	13,945
MASSACHUSETTS MEDICAL SOCIETY AND AL	
Cash Contribution	10,000
MASS WOMAN'S HOME MISSIONARY UNION	
Cash Contribution	5,000
MORGAN GRANT FUND	
OFFICE FURNITURE - SHIPPING	
PATRICK & TANYA BUCHANAN	
Cash Contribution	10,075
PROJECT BREAD	
Cash Contribution	7,500
PURDUE PHARMA L.P.	
Cash Contribution	20,000
QUINCY FOUNDATION	
Cash Contribution	21,000
QUINCY MUTUAL FIRE INSURANCE COMPANY	
Cash Contribution	5,510
ROCHE BROTHERS	
FOOD	69,724
SIGNET ELECTRONIC SYSTEMS, INC.	
Cash Contribution	5,500
STAR MARKET	
FOOD	
STATE STREET FOUNDATION, INC.	
FOOD	
SUPER STOP AND SHOP	
FOOD	
STOP AND SHOP	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
FOOD	\$ 181,284
TARGET	
FOOD	83,669
THE TJX FOUNDATION, INC.	
Cash Contribution	5,000
TRADER JOE'S	
FOOD	55,780
UNITED WAY OF MASS BAY	
Cash Contribution	7,970
YAWKEY FOUNDATION	
Cash Contribution	50,000
Under 2% contributions	
Cash Contribution	413,984
Food donations under 2%	182,921
Backpack donations under 2%	43,561
Holiday donations under 2%	63,300
Gala donations	58,807
5k Walk	500
Gala	
Cash Contribution	256,973
5K	
Cash Contribution	58,435
Other	
Cash Contribution	486
Total	<u>\$ 2,609,797</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ADA BACON FUND	\$ 32,667	\$
ADVISORASSIST		
ALICE W. DORR	20,000	
AMAZON	498,811	289,448
AMELIA PEABODY CHARITABLE FUND	27,000	
ARBELLA CHARITABLE FOUNDATION	271,231	61,868
BJ'S WHOLESALE CLUB	242,350	32,987
BIG Y/HANNAFORD SUPERMARKET	437,609	228,246
BLUE CROSS BLUE SHIELD	31,500	
BOB'S DISCOUNT FURNITURE		
BOSTON EVENING CLINIC FOUNDATION	8,000	
BOSTON FINANCIAL DATA SERVICES		
BOSTON FOUNDATION	58,000	
BOSTON SCIENTIFIC FOUNDATION, INC.	10,000	
BMC HEALTHNET PLAN	5,000	
BRADFORD AND BARBARA CARON	5,000	
CATLENDER		
CHIPOLTE	2,125	
CLIPPER SHIP FOUNDATION		
COPELAND FAMILY FOUNDATION	67,000	
DANIELE & JOHN SERAFINI	55	
DUNKIN'DONUTS/BASKINROBBINS FOUNDATI		
DWYER	7,000	
EASTERN BANK CHARITABLE FOUNDATION	32,200	
EAST CONGREGATIONAL CHURCH	2,830	
ELLEN B. DEWOLFE REVOCABLE TRUST		
EMERGENCY FOOD AND SHELTER PROGRAM	16,450	
ESTATE OF JANET LOUIS BROWN		
FLATLEY FOUNDATION		
FOUNDATION M	16,000	
FOXCROFT REAL ESTATE MANAGEMENT		
FRANCES SEASHOLES		
FREDERICK E. WEBER CHARITIES CORP	6,000	
GEORGE H. & JANE A. MIFFLIN		
GILLIAN GROSSMAN		
GRANITE TELECOMMUNICATIONS	6,513	
GREATER BOSTON COUNCIL ON ALCOHOLISM	12,500	
FLATLEY FOUNDATION	10,000	
HARBORONE BANK	43,350	
HAROLD BROOKS FOUNDATION	110,000	
JEAN PLANTE		
JOHN H. & NAOMI TOMFOHRDE FOUNDATION		
JOHN C. & EUNICE B. MORRISON CHAR FD	12,500	
KRIS LARSEN	152,985	
KRISTEN E. WILLIAMS		
LENARD & JEAN PLANTE	35,215	
LOMBARDO'S		
LOVIN' SPOONFULS	32,377	
MASSACHUSETTS MEDICAL SOCIETY AND AL	20,000	
MASS WOMAN'S HOME MISSIONARY UNION	5,000	
MASS BANKERS ASSOC CHARITABLE FOUN		
MILTON LODGE, GEORGE DICKEY FUND		
MORGAN GRANT FUND		
NEIGHBORHOOD HEALTH PLAN	5,000	

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
PATRICK & TANYA BUCHANAN	\$ 43,218	\$
PROCTER & GAMBLE CORPORATE GIVING FD		
PROJECT BREAD	12,500	
PURDUE PHARMA L.P.	20,000	
QUINCY MUTUAL FIRE INSURANCE COMPANY	10,560	
RANDOLPH SAVINGS BANK		
REEBOK INTERNATIONAL FOUNDATION		
ROCHE BROTHERS	363,165	153,802
SALESFORCE.COM FOUNDATION	2,500	
SANTANDER BANK		
SIGNET ELECTRONIC SYSTEMS, INC.	7,810	
SPRINGER NORWELL		
STAR MARKET	23,684	
STATE STREET FOUNDATION, INC.	2,665	
SUPER STOP AND SHOP	670,014	460,651
STOP AND SHOP	193,881	
TARGET	96,847	
THE GRACE BROOKS FOUNDATION		
THE TJX FOUNDATION, INC.	10,000	
THERESE FLEMING	24,750	
TRADER JOE'S	222,359	12,996
UNITED WAY OF MASS BAY	22,470	
WALMART	120,950	
YAWKEY FOUNDATION	50,000	
ADA BACON FUND	18,433	
ARBELLA CHARITABLE FOUNDATION	74,500	
BJ'S WHOLESALE CLUB	143,829	
CHIPOTLE	2,125	
KRIS LARSEN	28,500	
HANNAFORD SUPERMARKET	279,936	70,573
SUPER STOP AND SHOP	335,275	125,912
THE COPLAND FAMILY FOUNDATION	31,000	
TRADER JOE'S	73,667	
WALMART	50,000	
ROCHE BROTHERS	107,264	
Total	<u>\$ 5,284,170</u>	<u>\$ 1,436,483</u>

Federal Statements**Gala****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
GALA Misc Exp	\$ 5,687
GALA Misc Fees	5,202
GALA Social Media/Video C	1,000
GALA Printing	8,199
GALA Audio/Visual	8,134
GALA Tickets	
Total	<u>\$ 28,222</u>

Federal Statements

5K

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
5K Expenses	\$ <u>5,059</u>
Total	\$ <u><u>5,059</u></u>

Federal Statements**Gala****Cash contributions fundraising**

<u>Description</u>	<u>Amount</u>
GALA Contributions (GALA Games	\$ 8,953
GALA Sponsors	176,370
GALA Fund The Need	71,650
Total	<u>\$ 256,973</u>

Federal Statements

5K

Cash contributions fundraising

<u>Description</u>	<u>Amount</u>
5K Donations	\$ 28,923
5K Sponsors	<u>29,512</u>
Total	<u><u>\$ 58,435</u></u>

Federal Statements

Other

Cash contributions fundraising

<u>Description</u>	<u>Amount</u>
Holiday Development	\$ <u>486</u>
Total	\$ <u><u>486</u></u>