

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A F	or th	e 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 and $$	ending J	<u>UN 30, 2022</u>				
	Check if pplicab	C Name of organization		D Employer identifi	cation number			
	Addre	INTERFAITH SOCIAL SERVICES INC						
	Name			04-21048	53			
	Initial return		Room/suite	E Telephone numbe				
	Final return	105 ADAMS ST		617-773-	6203			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,032,928.			
	Amen return	QUINCI, MA UZIU9		H(a) Is this a group re				
	Application pendi	F Name and address of principal officer: UAI MARVIN		for subordinates	—			
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	or 527	1	list. See instructions			
		te: INTERFAITHSOCIALSERVICES.ORG	1	H(c) Group exemptio				
	orm o	forganization: X Corporation Trust Association Other ► Summary	L Year (of formation: 194/ N	M State of legal domicile: MA			
1 6			CHEDII	T.F. O				
e G	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDO.	пв О				
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	eete			
Veri	3			3	19			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			19			
ۆ ئ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			27			
/itie	6	Total number of volunteers (estimate if necessary)			586			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		3,292,914.	3,694,558.			
enc	9	Program service revenue (Part VIII, line 2g)		202,606.	300,919.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,416.	8,337.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		579.	-15,194.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,499,515.	3,988,620.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		101,053.	99,623.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		748,248.	841,116.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		740,240.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 266, 12	22.		•			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,979,822.	2,761,686.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,829,123.	3,702,425.			
	I .	Revenue less expenses. Subtract line 18 from line 12		670,392.	286,195.			
Or Se			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		2,410,547.	2,649,478.			
ASS	21	Total liabilities (Part X, line 26)		131,451.	84,187.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,279,096.	2,565,291.			
Pa	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
0:	_	Signature of officer		I Date				
Sig		RICHARD DOANE, EXECUTIVE DIRECTOR		Date				
Her	е	Type or print name and title						
		Print/Type preparer's name Preparer's signature	I C	Date Check C	PTIN			
Paid	ı	JOLANTA TUCK, CPA JOLANTA TUCK, CP	A 0	5/08/23 if self-employ	P01340068			
	oarer	Firm's name COHNREZNICK LLP		Firm's EIN ▶ 22-1478099				
-	Only	Firm's address 10 FORBES ROAD, SUITE 200						
_		BRAINTREE, MA 02184		Phone no. 78	1-380-3520			
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	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 SOCIAL SERVICES PROVIDES SOUTH SHORE RESIDENTS WITH THE
	RESOURCES NECESSARY TO SUPPORT A HEALTHY AND FULFILLING LIFE. OUR TEAM
	OF CLINICIANS, STAFF AND VOLUNTEERS DELIVER PROGRAMS FOCUSED ON
	ALLEVIATING HUNGER, PROVIDING MENTAL HEALTH COUNSELING, PREVENTING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$2,603,747. including grants of \$) (Revenue \$)
	INTERFAITH'S FOOD PANTRY IS ONE OF THE LARGEST EMERGENCY FOOD PROGRAMS
	IN GREATER BOSTON, DISTRIBUTING 800,000+ MEALS TO SOUTH SHORE RESIDENTS
	EVERY YEAR. THE FOOD PANTRY ALSO OPERATES THE LARGEST FOOD RESCUE
	PROGRAM ON THE SOUTH SHORE SALVAGING 439,621 POUNDS OF FOOD THIS YEAR
	FROM LOCAL SUPERMARKETS. THE FOOD PANTRY'S "JOY FOR CHILDREN"
	INITIATIVES BRING HAPPINESS TO THOUSANDS OF DISADVANTAGED LOCAL
	CHILDREN EACH YEAR BY DISTRIBUTING HUNDREDS OF HALLOWEEN COSTUMES,
	BUNNY BASKETS, HOLIDAY GIFTS, BACKPACKS FULL OF SCHOOL SUPPLIES, AND
	1,000+ THANKSGIVING MEALS EACH YEAR. THE FOOD PANTRY ALSO DISTRIBUTED
	89,500 PADS AND TAMPONS AND 56,300 DIAPERS TO THE WOMEN AND CHILDREN
	SERVED BY OUR PROGRAM.
41:	(Code:) (Expenses \$ 333,290 • including grants of \$) (Revenue \$ 85,174 •)
4b	(Code:) (Expenses \$ 333,290 • including grants of \$) (Revenue \$) (Revenue \$) INTERFAITH'S NEW DIRECTIONS COUNSELING CENTER OFFERS COUNSELING
	SERVICES ON AN INCOME-BASED SLIDING-FEE SCALE TO ADULTS, CHILDREN,
	COUPLES AND FAMILIES. THE PROGRAM ENSURES THAT AREA RESIDENTS CAN
	RECEIVE TREATMENT FOR MENTAL ILLNESS AND ADDICTION REGARDLESS OF THEIR
	INCOME OR INSURANCE STATUS. INTERFAITH'S THERAPISTS PROVIDED 3,394
	COUNSELING SESSIONS TO LOCAL RESIDENTS IN NEED.
4c	(Code:) (Expenses \$ 152,177. including grants of \$) (Revenue \$ 215,745.)
	THE BUREAU DRAWER THRIFT SHOP OFFERS LOW-COST CLOTHING AND HOUSEHOLD
	GOODS TO THE COMMUNITY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 147,105 · including grants of \$ 99,623 ·) (Revenue \$) Total program service expenses ▶ 3,236,319 ·
<u>4e</u>	Total program service expenses ► 3, 236, 319. Form 990 (2021)
	FOIII 999 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			\ ₃₇
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_~
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) INTERFAITH SOCIAL
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	\cdot	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
132004	l 12-09-21	Form	990	(2021)

INTERFAITH SOCIAL SERVICES INC 04-2104853 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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If "Yes," complete Form 6069.

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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19	<u>1</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\c y = 0$	'es," d	escribe			
	on Schedule O how this was done			12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial	
	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 book production and telephone number of the person who possesses the organization's book production and telephone number of the person who possesses the organization's book production and telephone number of the person who possesses the organization's book production and telephone number of the person who possesses the organization's book production and telephone number of the person who possesses the organization's book production and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person	ks and	records			
	RICHARD DOANE - 617-773-6203 105 ADAMS ST OULDCY MA 02169					
	TO LAURIA AL COLINCT MA UZIOT					

Form **990** (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(B)						(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is				n an	compensation	compensation	amount of
	week	-	Cer an	er and a directo			lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) RICHARD DOANE	35.00	1								
EXECUTIVE DIRECTOR				Х				108,913.	0.	26,810.
(2) JAY MARVIN	2.00									
BOARD PRESIDENT	1	Х		Х				0.	0.	0.
(3) GABRIEL ARATO	1.00									
IMMEDIATE PAST PRESIDENT	1 50	Х						0.	0.	0.
(4) NANCY POWERS	1.50	.,								
FIRST ASSISTANT PRESIDENT	1 50	Х		Х				0.	0.	0.
(5) GILLIAN GROSSMAN	1.50	٠,,		7,7					0	_
SECOND ASSISTANT PRESIDENT (6) MAGGIE TRUDEL	1 50	Х		Х				0.	0.	0.
, . ,	1.50	Х		х				0.	0.	_
TREASURER (7) PETER LUNG	1.50	Δ		Λ				0.	0.	0.
FIRST ASSISTANT TREASURER	1.50	Х		х				0.	0.	0.
(8) JILL RUPPLE	1.50	Δ						0.	0.	.
SECOND ASSISTANT TREASURER	1.50	Х		Х				0.	0.	0.
(9) CYNTHIA LEE	1.50	25		22				•	0.	<u></u>
SECRETARY	1.30	х		Х				0.	0.	0.
(10) BILL BLACKMER	1.00	T							0.1	
DIRECTOR		Х						0.	0.	0.
(11) ERIC BROWN	1.00								-	
DIRECTOR		Х						0.	0.	0.
(12) BARBARA CARON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ROBERTA FERGUSON-GREGG	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MADDY GABOR	1.50									
DIRECTOR		Х						0.	0.	0.
(15) TERREL HARRIS	1.50									
DIRECTOR	1 -	Х						0.	0.	0.
(16) SANDY JOHNSON	1.00	. .						_		_
DIRECTOR		Х						0.	0.	0.
(17) JUDY KILEY	1.00									_
DIRECTOR		Х						0.	0.	0.

Form 990 (2021)

Form 990 (2021) INTERFAIT									04-23	104	853	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,				
(A) Name and title	(B) Average hours per		not c	Posi heck r	ition more	than o		(D) Reportable	(E) Reportable			(F) imate	
	week (list any hours for related organizations below line)			ss per da a di			tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organization (W-2/1099-MIS 1099-NEC)	l s	comp fro orga and	ount on other oensate om the anization relate nization	tion e on ed
(18) RHONDA PROKOS	1.00												
DIRECTOR	1 00	Х	_		_			0.		0.			0.
(19) BILL SWANSON DIRECTOR	1.00	х						0.		0.			0.
(20) SILVANA ZAKRZEWSKI	1.00	^						0.		0.			<u> </u>
DIRECTOR	1.00	Х						0.		0.			0.
1b Subtotal							>	108,913.		0.	26	, 81	LO.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							>	108,913.		0.	26	5,81	0. L0.
Total number of individuals (including but not not not not not not not not not no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			, -	
compensation from the organization												V	1
3 Did the organization list any former officer,	director truct	00 1		mnl	0) (0)	0.05	hia	shoot componented omn	lovos on			Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J f	or st	ıch r	oers	on .					5		
Complete this table for your five highest con	•	•							•	ensa	tion fro	m	
the organization. Report compensation for t	ne calendar ye	ear e	riair	ig w	itri C	or wi	unin	the organization's tax y	ear.		(C	١	
Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	С	ompen		1
							_						
2 Total number of independent contractors (in	acluding but a	ot li-	nitos	4 + 0 4	thoo	o lic	tod	abova) who received m	oro than				
 Total number of independent contractors (in \$100,000 of compensation from the organize 	•	UL III	ıntec	ม เ0 โ	tnos (iea	above) who received mo	וואוו אוכ				
											Form 9	90 (2	2021)

Form 990 (2021) INTERFA
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a respoi	nse (or note to anv lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
(0, (0	_	_	Endorated compaigns		1a						
nts an	'		Federated campaigns								
हुं व			Membership dues				337,698.				
ts, An			Fundraising events				337,030.				
ig ig			Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri								
e ë		f	All other contributions, gifts,			2	256 060				
έŧ			similar amounts not included	abov			356,860.				
gg		g	Noncash contributions included in I	lines 1	a-1f 1g \$	2,	164,009.				
ŏ ₽		h	Total. Add lines 1a-1f					3,694,558.			
							Business Code				
e,	2	а	BUREAU DRAWER				453310	215,745.	215,745.		
Σ̈́		b	CLIENT COUNSE	LI]	NG FEE	<u>S</u> _	624100	85,174.	85,174.		
Se	c										
am		d									
Program Service Revenue		е									
Pr			All other program service	rever	nue						
			Total. Add lines 2a-2f					300,919.			
	3		Investment income (includ								
	_							8,337.			8,337.
	other similar amounts)					,					
	5		Royalties		=	-					
	٥		rioyanics		(i) Real		(ii) Personal				
	6		Gross rents	6a	(1) 1 1001		()				
	U			6b							
			Less: rental expenses	6c							
			Rental income or (loss)								
	_		Net rental income or (loss)	<u>'</u>	(i) Securiti		(ii) Other				
	1	а	Gross amount from sales of	_	(i) Securiti	-5	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ng			and sales expenses	7b							
š			Gain or (loss)	7с							
æ			Net gain or (loss)								
her Revenue	8	а	Gross income from fundraisin								
ð			including \$ 337	, 6	98. of						
			contributions reported on	line	1c). See						
			Part IV, line 18				22,715.				
		b	Less: direct expenses			8b	44,308.				
		С	Net income or (loss) from	fund	raising even	ts_	>	-21,593.			-21,593.
	9	а	Gross income from gamin	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activities						
	10		Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			,	•				
			()				Business Code				
snc	11	а									
nec	• •	b				_					
Miscellaneous Revenue		C				_					
Sce			All other revenue			_	900099	6,399.	6,399.		
Σ			Total. Add lines 11a-11d					6,399.	0,333.		
	12		Total revenue. See instruction					3,988,620.	307,318.	0.	-13,256.
	12		iotai iovollue. Ode ilisti dello	ıııə				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 30,,310.		10,200

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 99,623. 99,623. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101,273. 137,539. 15,384. 20,882. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 568,744. 434,082. 51,533. 83,129. Other salaries and wages 7 Pension plan accruals and contributions (include 38,728. 24,442. 7,549. 6,737. section 401(k) and 403(b) employer contributions) 27,507. 17,361. <u>5,361.</u> 4,785. Other employee benefits 9 68,598. 52,956. 6,052. 9,590. 10 Payroll taxes Fees for services (nonemployees): Management Legal 5,000. 5,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 69,124. 30,622. 27,062. 11,440. column (A), amount, list line 11g expenses on Sch O.) 19,164. <u>2,960.</u> 15,613. 591. Advertising and promotion 12 179,593. 96,948. 50,750.31,895. Office expenses 13 Information technology 14 15 Royalties 65,586. 59,358. 3,959. 2,269. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 52,136. 17,205. 21,897. 13,034. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 2,354,665. 2,286,836. 2,477. 65,352. DONATED FOOD AND GOODS **EVENT EXPENSES** 16,418. 16,418. С d All other expenses 3,702,425. 3,236,319. 199,984. 266,122. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,040,254.	1	1,322,530
	2	Savings and temporary cash investments			396,039.	2	402,083
	3	Pledges and grants receivable, net			75,625.	3	5,625
	4	Accounts receivable, net			14,699.	4	36,738
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			84,598.	8	93,416
¥	9	Donatal company of defended by		28,509.	9	42,862	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,248,084.			
	b	Less: accumulated depreciation	10b	501,860.	770,823.	10c	746,224
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			2,410,547.	16	2,649,478
	17	Accounts payable and accrued expenses			126,106.	17	78,974
	18	Grants payable				18	
	19	Deferred revenue	5,345.	19	5,213		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ap 		controlled entity or family member of any of the		22			
┛╽	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X			
		of Schedule D	121 451	25	04 107		
	26	Total liabilities. Add lines 17 through 25			131,451.	26	84,187
ړ		Organizations that follow FASB ASC 958, che	ck here				
ا <u>د</u> و		and complete lines 27, 28, 32, and 33.			2 170 702		2 441 666
<u>aa</u>	27	Net assets without donor restrictions	2,170,702.	27	2,441,666		
ĕ	28	Net assets with donor restrictions	108,394.	28	123,625		
<u> </u>		Organizations that do not follow FASB ASC 9	58, che	ck here L			
~		and complete lines 29 through 33.				0.0	
ts (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 270 006	31	2 ECE 201
8	32	Total net assets or fund balances		ı	2,279,096.	32	2,565,291
	33	Total liabilities and net assets/fund balances .			2,410,547.	33	2,649,478 Form 990 (202

Form **990** (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				<u> </u>						
	Check if Schedule O contains a response or note to any line in this Part XI										
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,98	8,6	20.						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,70								
3	Revenue less expenses. Subtract line 2 from line 1	3			95.						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,27	9,0	96.						
5	Net unrealized gains (losses) on investments	5									
6	Donated services and use of facilities										
7	Donated services and use of facilities 6 Investment expenses 7										
8											
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,										
	column (B))	10	2,56	5,2	91.						
Pa	rt XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII										
				Yes	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a									
	separate basis, consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?		2b	X							
	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:										
	X Separate basis Consolidated basis Both consolidated and separate basis										
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,									
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho										
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit											
	Act and OMB Circular A-133?		3a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b								

122012 12 00 2

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization INTERFAITH SOCIAL SERVICES INC 04-2104853 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sect	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
r	membership fees received. (Do not						
i	nclude any "unusual grants.")	1955112.	1927018.	2609797.	3292914.	3694558.	13479399 .
2	Tax revenues levied for the organ-						
į.	zation's benefit and either paid to						
C	or expended on its behalf						
3	The value of services or facilities						
f	furnished by a governmental unit to						
t	the organization without charge						
4 1	Total. Add lines 1 through 3	1955112.	1927018.	2609797.	3292914.	3694558.	13479399.
5	The portion of total contributions						
k	by each person (other than a						
•	governmental unit or publicly						
8	supported organization) included						
C	on line 1 that exceeds 2% of the						
a	amount shown on line 11,						
C	column (f)						942,214.
	Public support. Subtract line 5 from line 4.						12537185.
Sect	tion B. Total Support				T	.	
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 /	Amounts from line 4	1955112.	1927018.	2609797.	3292914.	3694558.	13479399.
8 (Gross income from interest,						
C	dividends, payments received on						
5	securities loans, rents, royalties,						
a	and income from similar sources	1,733.	5,929.	6,110.	3,416.	8,337.	25,525.
9 1	Net income from unrelated business						
á	activities, whether or not the						
k	ousiness is regularly carried on						
10 (Other income. Do not include gain						
C	or loss from the sale of capital	400 000	4.55 000	44 00-			
	assets (Explain in Part VI.)	188,872.	165,302.	11,905.	579.		373,057.
	Total support. Add lines 7 through 10						13877981.
	Gross receipts from related activities,	*	,			12	869,604.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop tion C. Computation of Publi						P
	•			l (f))		44	90.34 %
	Public support percentage for 2021 (li					14	50.40
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
	and stop here. The organization quali 10% -facts-and-circumstances test		•				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-		· ·	. .
	10% -facts-and-circumstances test	•	•			7a and line 15 is	
	nore, and if the organization meets the	J				•	10/0 01
	organization meets the facts-and-circu		•				
	Private foundation. If the organization						······································

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				P
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION. IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	■

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Van Na

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.5		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		
ule A (Forn	n 990)	2021

132024 01-04-21

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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.	3		
Sec	tion 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	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	and any anguing and according to a constraint and according to the policies, programs, and activities of each			

Sche	dule A (Form 990) 2021 INTERFAITH SOCIAL SERVI	CES I	:NC	04-2104853 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Schedule A (Form 990) 2021

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Par	T V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations _(continue)	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

INTERFAITH SOCIAL SERVICES INC

Employer identification number 04-2104853

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

			ITH SOCIAL				011			04853	
	t III	Organizations Maintaining C								(continue	ed)
3	_	g the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	make sigr	nificant u	se of its		
		ction items (check all that apply):		. —							
а	=	Public exhibition	C			hange progra					
b		Scholarly research	•	• 📖	Other						
C		Preservation for future generations									
4		de a description of the organization's co							e in Part .	XIII.	
5		g the year, did the organization solicit o								7 v	
Dar	to be	sold to raise funds rather than to be ma Escrow and Custodial Arrang	aintained as part of t	ne organ	ilzation's co	ilection?		000	L	Yes	No
ı uı		reported an amount on Form 990, Par		ete ii trie	organizatio	n answered	res on r	omi 990,	Part IV, I	irie 9, or	
1a	Is the	organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	sets not inc	cluded			
	on Fo	orm 990, Part X?							\square	Yes	☐ No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
										Amount	
С	Begin	nning balance						1c			
d	Addit	ions during the year						1d			
е	Distril	butions during the year						1e			
f	Endin	ng balance						1f		_	
		ne organization include an amount on Fo		,			•	?	L	Yes	No
		s," explain the arrangement in Part XIII.									
Par	τν	Endowment Funds. Complete i				1					
			(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four y	ears back
	-	nning of year balance									
		ributions									
		nvestment earnings, gains, and losses									
		ts or scholarships									
е	Other	expenditures for facilities									
		programs									
		nistrative expenses									
g		of year balance									
2		de the estimated percentage of the curr	•		g, column (a)) held as:					
		d designated or quasi-endowment		%							
		anent endowment >									
С			%								
		percentages on lines 2a, 2b, and 2c sho									
За		nere endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiza	tion	[v	/oo No
	by:										es No
		Inrelated organizations								3a(i)	_
		Related organizations								3a(ii)	_
b		s" on line 3a(ii), are the related organiza								3b	
4 Par		ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment f	unds.						
ı aı	C VI	Complete if the organization answere) Part IV	/ line 11a S	See Form 990	Part X lir	ne 10			
					<u> </u>				<u>. </u>	(d) Dooler	voluc
		Description of property	(a) Cost or o			or other (other)		cumulate eciation	u	(d) Book v	value
4.	1000		- ` ` ` 	none)		0,000.	чері	COIGNOT		50	,000.
		ingo	I			5,940.	2	95,73	1		,000. ,209.
		ings			Ι, ΟΙ	J, 940 •	3.	,,,,	<u>, + • </u>	020	, 403.
С	Lease	ehold improvements				0 1 1 1					015

Schedule D (Form 990) 2021

76,015.

746,224.

106,129.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

182,144.

Schedule D (Form 990) 2021 INTERFAITH	SOCIAL SERVICE	ES INC	04-2104853 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Ye		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: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" on Form 990 Part IV line	11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(a) Dook tales	(c) memora or raidament o	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X, line	15.
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	U 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(9)

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	·3-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,991,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	19,464.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1			
е	Add lines 2a through 2d			2e	19,464.
3	Subtract line 2e from line 1			3	3,972,202.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	16,418.		
С	Add lines 4a and 4b			4c	16,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	3,988,620.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,705,471.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	19,464.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	19,464.
3	Subtract line 2e from line 1			3	3,686,007.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	16,418.		
С	Add lines 4a and 4b			4c	16,418.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,702,425.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inform	ation.		
PAI	RT X, LINE 2:				
MAI	IAGEMENT HAS ANALYZED THE TAX POSITIONS TAP	KEN BY	THE AGENCY	ANI	D HAS
COI	ICLUDED THAT, AS OF JUNE 30, 2022, THERE AF	RE NO U	NCERTAIN T	AX I	POSITIONS
TAI	KEN OR EXPECTED TO BE TAKEN THAT WOULD REQU	JIRE RE	COGNITION	OF Z	A
LIZ	ABILITY (OR ASSET) OR DISCLOSURES IN THE FI	INANCIA	L STATEMEN	TS.	
GEI	IERALLY, THE AGENCY'S INFORMATION/TAX RETUR	RNS REM	AIN OPEN F	OR I	POSSIBLE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE SERVICE, TAX YEARS SINCE 2019 REMAIN OPEN.

FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE.

WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL

Schedule D (Form 990) 2021	INTERFAITH	SOCIAL	SERVICES	INC	04-2104853 Page 5
Part XIII Supplement	INTERFAITH cal Information (continued)				
EVENT EXPENSES	RECLASSED TO EXP	ENSE			16,418.
PART XTT LINE	4B - OTHER ADJUS	TMENTS:			
THE MIL, DIND	4D OTHER RECOR	111111111111111111111111111111111111111			
EVENT EXPENSES	RECLASSED TO EXP	ENSE			16,418.
					<u> </u>
-					

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

INTERFA	ITH SOCIAL SERVICES	II S	IC		04-2104	853	
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes		
(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				
Total			•				
3 List all states in which the organizatio or licensing.			utions	or has been notified	it is exempt from re	gistration	

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule G (Form 990) 2021

132082 10-21-21

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

_		of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FEED THE		NONE	(add col. (a) through
			HUNGRY GALA			
			(event type)	(event type)	(total number)	col. (c))
Jue					· ·	
Revenue	1	Gross receipts	360,413.			360,413.
Ä	Ō	Greed recorpte				
	2	Less: Contributions	337,698.			337,698.
	_	2000. Genandadone				
	3	Gross income (line 1 minus line 2)	22,715.			22,715.
			,			,
	4	Cash prizes				
	-					
	5	Noncash prizes				
S						
Sus	6	Rent/facility costs	10,544.			10,544.
xpe	Ŭ					
Direct Expenses	7	Food and beverages				
<u>ie</u>	′	Food and beverages				
	8	Entertainment	525.			525.
	9	Other direct expenses				33,239.
	10		· · · · · · · · · · · · · · · · · · ·		•	44,308.
	11	. ,	. ,			-21,593.
Pa	rt I			990 Part IV line 19 or r		21,333.
		\$15,000 on Form 990-EZ, line 6a.	anowered res on rom	000, 1 are 10, 1110 10, 01 1	oported more than	
		+ 10,000 011 0111 000 <u></u> , 1110 001		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				3 1 3		(-7
Be	1	Cross revenue				
		Gross revenue				
	2	Cash prizes				
ses		Cash prizes				
Expenses	3	Noncach prizes				
Ä	3	Noncash prizes				
ğ	_	Pont/facility conta				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor			No Yes%	
	0	volunteer labor	L No	No	I NO	
	7	Direct expense summary. Add lines 2 through	h E in column (d)			
	′	Direct expense summary. Add lines 2 through	13 III Column (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line 7	from line 1, column (a)			
0	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
						res NO
L	"	No," explain:				
10-	\//	organization's semina licenses	wokod suspended or to	rminated during the tax:	(Oar?	Yes No
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		real (. Lites Lino
Ю	11 "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 INTERFAITH SOCIAL SERVICES INC 04-2	<u> 2104853</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		امدا	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
_	s If "Yes," enter name and address of the third party:		
·	on Tes, entername and address of the tilld party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
		103	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	G (Form 990)	INTERFAITH	SOCIAL	SERVICES	INC	04-2104853	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continued)					
		(continuou)					
-							
-							
-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

INTERFAIT	H SOCIAL	<u>SERVICES IN</u>	<u>C</u>				04-2104853
Part I General Information on Grants a	and Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectior	n
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "\	es" on Form 990, Part I'	V, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-	-	e line 1 table				💺

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

Schedule I (Form 990) 2021 INTERFAITH SOC	IAL SERVI	CES INC			04-2104853	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
HOUSING AND UTILITY ASSISTANCE	479	99,623.	0.			
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
GRANT CHECKS FOR CLIENTS ARE ALWA	YS MADE OU	JT TO VENDO	RS: UTILIT	Y COMPANIES,		
LANDLORDS, HEALTHCARE PROVIDERS,	ETC. THUS	ENSURING T	HAT SUCH G	RANTS ARE		
USED FOR PROPER PURPOSES AND ARE	NOT OTHERW	VISE DIVERT	ED FROM TH	E INTENDED		
USE. LOW INCOME CLIENTS IN EMERGE	NCY SITUAT	CIONS ARE E	LIGIBLE FO	R LIMITED		
FUNDING ONCE EVERY 12 MONTHS. CLI	ENTS MUST	LIVE WITHI	N OUR SERV	ICE AREA,		
AND MUST COMPLETE A REGISTRATION	PACKET AS	WELL AS PR	RODUCING AL	L APPLICABLE		
VERIFICATION DOCUMENTS.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

Par	t 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 de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
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	561,837	1,893,562.	FAIR MARKET	VALU:	E
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other \blacktriangleright (\underline{TOYS} , \underline{GIFTS} ,)	X	195,404	270,447.	FAIR MARKET	VALU:	E
26	Other						
27	Other						
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Ye	s No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period	?				30a	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?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
	For Denominals Dedication Ast Notice and			_			

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INTERFAITH SOCIAL SERVICES INC

Employer identification number 04-2104853

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 THE ANNUAL

MEETING.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization INTERFAITH SOCIAL SERVICES INC	Employer identification number 04-2104853
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD'S EXECUTIVE COMMITTEE CONDUCTS A THOROUGH PERFOR	RMANCE REVIEW OF
THE EXECUTIVE DIRECTOR EACH YEAR AND MAKES A RECOMMENDATION	N TO THE BOARD OF
DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE	E SALARY.
FORM 990, PART VI, SECTION C, LINE 19:	
ANNUAL REPORTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE IN THE QUINCY OFFI	CE UPON
APPOINTMENT.	