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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

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**2008**

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- B** Check if applicable:
- ☐ Address change
  - ☒ Name change
  - ☐ Initial return
  - ☐ Termination
  - ☐ Amended return
  - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

**INTERFAITH SOCIAL SERVICES, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**105 ADAMS STREET**

Room/suite

City or town, state or country, and ZIP + 4

**QUINCY**

**MA 02169-2004**

**F** Name and address of principal officer

**JOHN MARTLAND**

**540 BRUSH HILL ROAD**

**MILTON**

**MA 02186**

**D** Employer identification number

**04-2104853**

**E** Telephone number

**617-773-6607**

**G** Gross receipts \$ **1,159,197**

**H(a)** Is this a group return for

affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) (insert no ) 4947(a)(1) or 527

**J** Website: **INTERFAITHSOCIALSERVICES.ORG**

**H(c)** Group exemption number

**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation

**M** State of legal domicile

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities		
	<b>TO PROVIDE FOOD, CLOTHING, COUNSELING AND ASSISTANCE FOR IMPOVERISHED INDIVIDUALS AND FAMILIES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
Revenue	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>810,217</b>	<b>1,043,685</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>64,581</b>	<b>57,739</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-1,842</b>	<b>11,230</b>
	<b>12</b> Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-4,863</b>	<b>575</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>868,093</b>	<b>1,113,229</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>492,724</b>	<b>684,669</b>
	Expenses	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>204,468</b>	<b>224,025</b>
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)			<b>7,000</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>180,752</b>	<b>172,294</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>877,944</b>	<b>1,087,988</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>-9,851</b>	<b>25,241</b>
Net Assets or Fund Balances		<b>20</b> Total assets (Part X, line 16)	Beginning of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,021,976</b>	<b>1,010,889</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>41,972</b>	<b>32,985</b>
		<b>980,004</b>	<b>977,904</b>

## Part II Signature Block

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

**Sign Here**

Signature of officer: *Richard S. Doane* Date: **1/21/10**

Type or print name and title: **RICHARD DOANE EXECUTIVE DIRECTOR**

**Paid Preparer's Use Only**

Preparer's signature: *Paul J. DeVasto* Date: **1/20/10** Check if self-employed: ☐ Preparer's identifying number (see instructions): **023-40-4820**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Campbell, DeVasto & Associates, CPA's** EIN: **04-2779892**

**2001 Beacon Street, Suite 314** Phone no: **617-731-2333**

**Brighton, MA 02135-7786**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SCANNED FEB 01 2010

Form 990 (2008) **INTERFAITH SOCIAL SERVICES, INC.** **04-2104853**

Page 2

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

**TO PROVIDE FOOD, CLOTHING, COUNSELING AND ASSISTANCE FOR  
IMPOVERISHED INDIVIDUALS AND FAMILIES**

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **122,362** including grants of \$ **263** ) (Revenue \$ **55,159** )  
**THE ORGANIZATION PROVIDED 2500 COUNSELING HOURS OF THERAPY  
 & SUPPORT TO 246 INDIVIDUALS AND FAMILIES BY LICENSED  
 CLINICAL SOCIAL WORKERS**

4b (Code ) (Expenses \$ **78,006** including grants of \$ **41,139** ) (Revenue \$ **2,580** )  
**THE ORGANIZATION PROVIDED 296 GRANTS OF FINANCIAL  
 ASSISTANCE TO PREVENT HOMELESSNESS AND PROVIDE EMERGENCY  
 SUPPORT TO IMPOVERISHED FAMILIES AND INDIVIDUALS.**

4c (Code ) (Expenses \$ **726,045** including grants of \$ **643,267** ) (Revenue \$ )  
**THE ORGANIZATION DISTRIBUTED APPROXIMATELY 350,000  
 POUNDS OF FOOD TO 510 INDIVIDUALS AS WELL AS  
 PROVIDING FREE PROFESSIONAL CLOTHING TO LOW INCOME JOB  
 SEEKERS.**

4d Other program services (Describe in Schedule O)

(Expenses \$ **17,143** including grants of \$ ) (Revenue \$ )4e Total program service expenses ► \$ **943,556** (Must equal Part IX, Line 25, column (B) )

Form 990 (2008)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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 questions 24b-24d and complete Schedule K If "No," go to question 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
  - b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
  - c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 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

	Yes	No
<b>28a</b>		<b>X</b>
<b>28b</b>		<b>X</b>
<b>28c</b>		<b>X</b>
<b>29</b>	<b>X</b>	
<b>30</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32</b>		<b>X</b>
<b>33</b>		<b>X</b>
<b>34</b>		<b>X</b>
<b>35</b>		<b>X</b>
<b>36</b>		<b>X</b>
<b>37</b>		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	<b>10</b>	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>0</b>	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>5</b>	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country <b>►</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2008) **INTERFAITH SOCIAL SERVICES, INC.****04-2104853**Page **6****Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body	<b>18</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>18</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	<b>X</b>	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>X</b>	

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13.	<b>X</b>	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed. ► **MA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► **RICHARD DOANE** **105 ADAMS STREET**

**QUINCY****MA 02169****617-773-6203**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHICKIE ABDALLAH DIRECTOR		X						0	0	0
DORIS ALLEN DIRECTOR		X						0	0	0
RON BURGESS DIRECTOR		X						0	0	0
DONNA CHAPMAN DIRECTOR		X						0	0	0
MARTHA CHASE DIRECTOR		X						0	0	0
SHIRLEY DUNLAP DIRECTOR		X						0	0	0
JOSEPH GIGGEY DIRECTOR		X						0	0	0
RUSSELL GOODMAN DIRECTOR		X						0	0	0
JOANNE HENNIGAN DIRECTOR		X						0	0	0
EDMUND KELLEY JR. DIRECTOR		X						0	0	0
TIFFANIE WILLIAMS DIRECTOR		X						0	0	0
JOHN MARTLAND PRESIDENT				X				0	0	0
DIANE RANN 1ST V PRES				X				0	0	0
PEG SANDAHL 2ND V PRES				X				0	0	0
ROBERT COHEN TREASURER				X				0	0	0
DONNA ELIASSON 1ST ASSIST				X				0	0	0
JOHN STUART 2ND ASSIST				X				0	0	0





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	59,969			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,925			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	980,791			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		670,968			
	<b>h</b> Total. Add lines 1a-1f		1,043,685			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> Client Counseling Fees Co		52,444	52,444		
	<b>b</b> Chaplaincy Income		2,715	2,715		
	<b>c</b> Ada Bacon Administration Fees		2,580	2,580		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		57,739			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		11,230	11,230		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 59,969 of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	34,436			
	<b>b</b> Less direct expenses	<b>b</b>	45,968			
	<b>c</b> Net income or (loss) from fundraising events		-11,532			-11,532
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> Miscellaneous Income			5,219	5,219		
<b>b</b> Cookbook sales			4,703	4,703		
<b>c</b> Career Closet Workshop Income			1,150	1,150		
<b>d</b> All other revenue			1,035	1,035		
<b>e</b> Total. Add lines 11a-11d			12,107			
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,113,229	81,076	0	-11,532

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	684,669	684,669		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59,348	17,805	33,741	7,802
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	128,155	97,013	31,142	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,717	5,819	1,898	
9 Other employee benefits	13,688	5,867	7,821	
10 Payroll taxes	15,117	9,517	5,600	
11 Fees for services (non-employees)				
a Management				
b Legal	132	132		
c Accounting	10,395		10,395	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	7,000			7,000
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	33,094	26,899	6,195	
17 Travel	25	25		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,244	19,119	2,125	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Consultants Counseling	47,367	47,367		
b Printing & Mailing News L	9,966		9,966	
c Chaplaincy consultant	5,832	5,832		
d Bad Debt Expense Counseli	4,363	4,363		
e Walkathon Expenses	3,868			3,868
f All other expenses	36,008	19,129	11,685	5,194
25 Total functional expenses. Add lines 1 through 24f	1,087,988	943,556	120,568	23,864
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	7,618	1	2,076
	2 Savings and temporary cash investments	206,685	2	231,859
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,971	4	5,021
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,215	9	5,995
	10a Land, buildings, and equipment cost basis	10a 777,555		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 107,920		
	11 Investments—publicly traded securities	621,424	10c	669,635
	12 Investments—other securities See Part IV, line 11	142,798	11	69,859
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	20,265	14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,021,976	15	26,444	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	18,866	16	1,010,889
	18 Grants payable		17	12,112
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow account liability Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable		23	
	25 Other liabilities Complete Part X of Schedule D	23,106	24	
	26 <b>Total liabilities.</b> Add lines 17 through 25	41,972	25	20,873
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		26
27 Unrestricted net assets		891,631	27	929,302
28 Temporarily restricted net assets		88,373	28	48,602
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		980,004	33	977,904
34 <b>Total liabilities and net assets/fund balances</b>		1,021,976	34	1,010,889

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	466,555	528,917	672,805	810,217	1,043,685	3,522,179
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	56,141	62,482	57,523	64,581	57,739	298,466
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1-5	522,696	591,399	730,328	874,798	1,101,424	3,820,645
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	12,500	26,250	21,460	12,500	12,500	85,210
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	12,500	26,250	21,460	12,500	12,500	85,210
8 <b>Public support</b> (Subtract line 7c from line 6)	510,196	565,149	708,868	862,298	1,088,924	3,735,435

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	522,696	591,399	730,328	874,798	1,101,424	3,820,645
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,442	10,337	13,208	10,294	11,230	52,511
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,442	10,337	13,208	10,294	11,230	52,511
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	47,047	4,404	7,005	-16,999	575	42,032
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	577,185	606,140	750,541	868,093	1,113,229	3,915,188
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.4088 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.4135 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.3412 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.2085 %

- 19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)**Part III, Line 12 - Other Income Detail**

<b>GAIN FROM SALE OF ASSETS</b>	<b>\$</b>	<b>-12,118</b>
<b>SPECIAL EVENTS INCOME</b>	<b>\$</b>	<b>26,881</b>
<b>ANNUAL MEETING FEE</b>	<b>\$</b>	<b>7,095</b>
<b>OTHER</b>	<b>\$</b>	<b>20,174</b>



**SCHEDULE D**  
**(Form 990)****Supplemental Financial Statements**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

**INTERFAITH SOCIAL SERVICES, INC.****04-2104853****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %  
 b Permanent endowment ☐ \_\_\_\_\_ %  
 c Term endowment ☐ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings		612,139	84,651	527,488
c Leasehold improvements				
d Equipment		115,416	23,269	92,147
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				669,635

Schedule D (Form 990) 2008

**INTERFAITH SOCIAL SERVICES, INC.****04-2104853**Page **3****Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Accrued Vacation</b>	<b>15,978</b>
<b>Accrued Payroll &amp; Taxes</b>	<b>3,027</b>
<b>Pre Paid Workshop Def.Revenue</b>	<b>750</b>
<b>Accrued Suta</b>	<b>299</b>
<b>Fica Withheld</b>	<b>273</b>
<b>Employer's Fica Liability</b>	<b>229</b>
<b>Mass Inc Tax Withheld</b>	<b>153</b>
<b>Fed Inc Tax Withheld</b>	<b>149</b>
<b>TDA Withheld</b>	<b>15</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	<b>20,873</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,113,229
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,087,988
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,241
4	Net unrealized gains (losses) on investments	4	-27,341
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-27,341
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,100

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,221,248
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-27,341
b	Donated services and use of facilities	2b	135,360
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	108,019
3	Subtract line 2e from line 1	3	1,113,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,113,229

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,223,348
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	135,360
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	135,360
3	Subtract line 2e from line 1	3	1,087,988
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,087,988

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CONCERT/DANCE/R	GOLF OUTING	None	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	75,644	15,195	90,839
	2	Less Charitable contributions	51,149	8,820	59,969
	3	Gross revenue (line 1 minus line 2)	24,495	6,375	30,870
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	35,355	9,512	44,867
	8	Direct expense summary Add lines 4 through 7 in column (d)			44,867
	9	Net income summary Combine lines 3 and 8 in column (d)			-13,997

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

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

- 9 Enter the state(s) in which the organization operates gaming activities
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Provide 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?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address:

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

**15a****17a**





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING & UTILITY ASSISTANCE	296	34,551			
MEDICAL ASSISTANCE	7	6,588			
COUNSELING	40	263			
PROFESSIONAL CLOTHING	31			ESTIMATE	CLOTHES
FOOD	510	11,677	596,765	\$1.49 / LB	FOOD
HOLIDAY GIFTS	590		34,825	ESTIMATE	TOYS
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

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

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

**SCHEDULE M  
(Form 990)****NonCash Contributions**

OMB No 1545-0047

**2008****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ To be completed by organizations that answered "Yes"  
on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**Employer identification number  
**04-2104853****Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>55,449</b>	
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	<b>X</b>	<b>4</b>	<b>601,954</b>	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>1</b>	<b>13,565</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be  
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

Yes No

30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

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**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Employer identification number

**INTERFAITH SOCIAL SERVICES, INC.****04-2104853****Form 990, Part III, Line 4d - All Other Achievements**

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

**Form 990, Part VI, Line 2 - Related Party Information Among Officers****EDMUND KELLY****CYNTHIA LEE****DIRECTOR****DIRECTOR****ROMANTIC RELATIONSHIP****DIANE RANN****JOHN STUART****DIRECTOR****DIRECTOR****ROMANTIC RELATIONSHIP****Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990**

**The organization's Treasurer and Executive Director prepared the form 990  
with the assistance of an external auditor. Upon completion an electronic  
copy is made available to all board members for review.**

**Form 990, Part VI, Line 11 - Officers Who Cannot Be Reached****SEE ATTACHED LIST****Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**The organization currently has a draft Conflicts of Interest policy which  
is in the process of being ratified by the Board of Directors. Monitoring,  
compliance and if applicable enforcement are evaluated once a year**

Name of the organization

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

preceding our annual meeting.

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

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

#### Schedule O - Additional Information

#### Part VI. Governance, Management, and Disclosure

#### Section A. Governing Body and Management

##### Line 1a.

The Executive Committee consists of all Board officers, committee chairs and key personnel. All voting members are on the Board of Directors. The Committee is empowered to: prepare and present proposals to the Board of Directors for consideration, assume all powers of the Board in emergency situations as declared by the president, authorize purchases in excess of \$500, and authorize and present a draft version of the budget for Board approval.

##### Line 2.

There are two couples that serve on our board and executive committee.

Name of the organization

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

Their romantic relationships in no way hinder or interfere with the administration of the organization.

## Section C. Disclosure

## Line 19

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

## Part XI. Financial Statements and Reporting

## Line 2c Audit committee.

As part of the Executive Committee's responsibly to prepare a draft budget each year they authorize the hiring of an external auditor.

**Interfaith Social Services  
Officers, Board Members, and Committee Members  
2008-2009**

**Officers**

**John Martland**

**President**

540 Brush Hill Road  
Milton, MA 02186

**Diane Rann**

**First Vice President**

104 Cranch Street  
Quincy, MA 02169

**Peg Sandahl**

**Second Vice President, Nominating Committee Chair**

58 Hanian Drive  
Weymouth, MA 02189

**Robert Cohen**

**Treasurer**

162 Quincy Shore Dr, #64  
Quincy, MA 02171

**Donna Eliasson**

**First Assistant**

77 Sherrick Ave  
Holbrook, MA 02343

**John Stuart**

**Second Assistant**

104 Cranch Street  
Quincy, MA 02169

**Cynthia Lee**

**Secretary**

254 Lisle Street  
Braintree, MA 02184



**Interfaith Social Services  
Officers, Board Members, and Committee Members  
2008-2009**

**Board Members**

**Chickie Abdallah**  
**Community Relations Committee Chair**  
48 Silver Street  
Quincy, MA 02169

**Doris Allen**  
8 Buckingham Road  
Quincy, MA 02170

**Ron Burgess**  
55 Wendell Park  
Milton, MA 02186

**Donna Chapman**  
54 Elmwood Park  
Wollaston, MA 02170

**Martha Chase**  
143 Sea Avenue  
Quincy, MA 02169

**Shirley Dunlap**  
584 Pleasant Street  
Milton, MA 02186

**Joseph Giggey**  
143 Sea Avenue  
Quincy, MA 02169

**Russell Goodman**  
**Interfaith Relations Committee Chair**  
53 Beal Street  
Hingham, MA 02143

**JoAnne Hennigan**  
1000 S. Artery , Apt #762  
Quincy, MA 02169

**Interfaith Social Services  
Officers, Board Members, and Committee Members  
2008-2009**

**Edmund Kelley, Jr.**  
254 Lisle Street  
Braintree, MA 02184

**Tiffanie Williams**  
21 McGrath Highway  
Quincy, MA 02169

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2008**Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**INTERFAITH SOCIAL SERVICES, INC.**

Identifying number

**04-2104853**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>21,244</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	<b>21,244</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

**There are no amounts for Page 2**