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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A For the 2008 calendar year, or tax year beginning** 7/01, **2008, and ending** 6/30, **2009****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
Interfaith Hospitality Network of Spokane
608 S. Richard Allen Court #5
Spokane, WA 99202

D Employer identification number

91-1707988

E Telephone number

509-747-5487

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► N/A**J** Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ 262,658.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	261,777.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	24.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	726.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-726.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including reported on line 6)	6a	9,322.
6b	Less: direct expenses other than fundraising expenses	6b	4,386.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-4,386.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► See Statement 2)	8	857.	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	257,546.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	121,077.
	13	Professional fees and other payments to independent contractors	13	12,234.
	14	Occupancy, rent, utilities, and maintenance	14	26,684.
	15	Printing, publications, postage, and shipping	15	374.
	16	Other expenses (describe ► See Statement 3)	16	91,658.
	17	Total expenses (add lines 10 through 16)	17	252,027.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,519.
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)	19	28,526.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,045.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,311.	11,379.
23 Land and buildings	292.	20,484.
24 Other assets (describe ► See Statement 4)	20,144.	19,430.
25 Total assets	38,747.	51,293.
26 Total liabilities (describe ► See Statement 5)	10,221.	17,248.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,526.	34,045.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28a	183,980.
-----	----------

28 a	183,980.
------	----------

29 a

30 a

32	183,980.
----	----------

32	183,980.
----	----------

(a) Name and address

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances	
--	--

See Statement 8

43,728.

0.

0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed WA		

42a The books are in care of **Carol Avery/Saving Your Sanity** Telephone no **509-535-4529**
 Located at **PO Box 19291 Spokane WA** ZIP + 4 **99219**

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)?
 If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 ☐ N/A
☒ N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 9**46** 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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

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: [Signature] Date: 3/12/10

Type or print name and title: Rob Stephens, Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/3/10

Firm's name (or yours if self-employed), address, and ZIP + 4: Lori A. Pierson, CPA
PO Box 6466
Spokane, WA 99217-6466

Check if self-employed: ☒ ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A

Phone no: (509) 465-0762

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	182,837.	142,485.	186,746.	253,603.	262,977.	1,028,648.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	182,837.	142,485.	186,746.	253,603.	262,977.	1,028,648.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						1,028,648.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	182,837.	142,485.	186,746.	253,603.	262,977.	1,028,648.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262.	408.	394.	335.	24.	1,423.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		850.		1,350.	857.	3,057.
11 Total support. Add lines 7 through 10						1,033,128.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.7 %

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**b 33-1/3 support test – 2007.** 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. ☐**17a 10%-facts-and-circumstances test – 2008.** 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. ☐**b 10%-facts-and-circumstances test – 2007.** 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. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
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 <input type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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)

[illegible]

Interfaith Hospitality Network of Spokane

91-1707988

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Miscellaneous	857.	1,350.		850.	
Total	\$ <u>857.</u>	\$ <u>1,350.</u>	\$ <u>0.</u>	\$ <u>850.</u>	\$ <u>0.</u>

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Copier		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	12/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	1,832.		
Basis Method:	Cost		
Depreciation:	1,832.		
		Gain (Loss)	0.

Description:	Fax machine & attachments		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	12/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	918.		
Basis Method:	Cost		
Depreciation:	918.		
		Gain (Loss)	0.

Description:	Office Equipment		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	269.		
Basis Method:	Cost		
Depreciation:	269.		
		Gain (Loss)	0.

Description:	Printer		
Date Acquired:	7/17/1998		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	325.		
Basis Method:	Cost		
Depreciation:	325.		
		Gain (Loss)	0.

Description:	Dryer/Refrig/appliances		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	965.		
Basis Method:	Cost		
Depreciation:	965.		
		Gain (Loss)	0.

Description:	Equipment		
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Statement 1 (continued)
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	855.		
Basis Method:	Cost		
Depreciation:	855.		
		Gain (Loss)	0.

Description:	Washing machine		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	734.		
Basis Method:	Cost		
Depreciation:	734.		
		Gain (Loss)	0.

Description:	Computer (donated)		
Date Acquired:	12/31/2001		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	1,000.		
Basis Method:	Cost		
Depreciation:	1,000.		
		Gain (Loss)	0.

Description:	Software		
Date Acquired:	12/31/2001		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:	0.		
Cost or Other Basis:	2,200.		
Basis Method:	Cost		
Depreciation:	2,200.		
		Gain (Loss)	0.

Description:	Bedding		
Date Acquired:	3/10/1997		
How Acquired:	Purchase		
Date Sold:	12/31/2008		
To Whom Sold:	Junked supplies		
Gross Sales Price:	0.		
Cost or Other Basis:	1,221.		
Basis Method:	Cost		
Depreciation:	1,221.		
		Gain (Loss)	0.

Description:	Software
Date Acquired:	6/30/2004
How Acquired:	Purchase
Date Sold:	7/31/2008

Interfaith Hospitality Network of Spokane

91-1707988

Statement 1 (continued)
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

To Whom Sold:	Junked equipment		
Gross Sales Price:		0.	
Cost or Other Basis:		1,090.	
Basis Method:	Cost		
Depreciation:		1,090.	
			Gain (Loss) 0.
Description:	Bathtub resurfacing		
Date Acquired:	7/26/2005		
How Acquired:	Purchase		
Date Sold:	7/31/2008		
To Whom Sold:	Junked equipment		
Gross Sales Price:		0.	
Cost or Other Basis:		390.	
Basis Method:	Cost		
Depreciation:		118.	
			Gain (Loss) -272.
Description:	Snow blower (used)		
Date Acquired:	11/30/2005		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:	Junked equipment		
Gross Sales Price:		0.	
Cost or Other Basis:		407.	
Basis Method:	Cost		
Depreciation:		123.	
			Gain (Loss) -284.
Description:	Laptop computer (donated)		
Date Acquired:	12/12/2007		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:	Junked equipment		
Gross Sales Price:		0.	
Cost or Other Basis:		350.	
Basis Method:	Cost		
Depreciation:		180.	
			Gain (Loss) -170.
Total Gain (Loss) Other Assets			\$ -726.
Total Net Gain (Loss) From Noninventory Sales			\$ -726.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Miscellaneous income		\$ 857.
Total		\$ 857.

Interfaith Hospitality Network of Spokane

91-1707988

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	5,324.
Building cleaning & maintenanc		734.
Conferences, Conventions, and Meetings		835.
Day Center expenses		2,709.
Depreciation		4,059.
Dues & Subscriptions		2,838.
Guest expenses		89,531.
In-kind guest facilities excl.		-33,930.
Insurance		4,852.
Miscellaneous		707.
Office Expenses		5,830.
Other expenses		16.
Repair & maintenance		2,079.
Travel		6,074.
Total	\$	91,658.

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 657.
Machinery and Equipment	4,914.	3,179.
Miscellaneous	1,946.	2,114.
Pledges and Grants Receivable	10,359.	10,555.
Prepaid Expenses and Deferred Charges	2,925.	2,925.
Total	\$ 20,144.	\$ 19,430.

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 10,221.	\$ 12,248.
Total	\$ 10,221.	\$ 12,248.

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Overnight shelter, meals & transportation to homeless families.

Interfaith Hospitality Network of Spokane

91-1707988

Statement 7
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Provide overnight shelter, meals, transportation and other emergency support to homeless families in the Spokane area by partnering with area churches. There are 12 churches in the Spokane area rotating space for homeless families. The Organization's network can provide shelter for more than 12 homeless individuals at any given time, for a maximum stay of 30 days. Over 250 families have been served, with a success rate of 77% of families finding permanent or transitional housing. A day center is available for the families during the day, with enrichment classes and resources being available under parent and job training programs. A mentoring program is also under development. Housing and meal services valued at a total of \$33,930 was provided to guests who qualified for temporary housing at one of the participating churches, which is not included in the program expenses listed on page 2.

Statement 8
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Donna Syron 4223 N. Van Marter Spokane Valley, WA 99206	Director (new) 2.00	\$ 0.	\$ 0.	\$ 0.
Barbara Henley 4207 W. Center Lane Spokane, WA 99208	Member 2.00	0.	0.	0.
Joe Kramarz 11316 N. Granite Ln Spokane, WA 99218	President 5.00	0.	0.	0.
Wendy McIntyre PO Box 48726 Spokane, WA 99228	Director (new) 2.00	0.	0.	0.
Madelyn Bafus E. 25th Ave. Spokane, WA 99216	Case Mgr, Dir 35.00	32,285.	0.	0.
Karen Stuart 523 E. Glencrest Dr. Spokane, WA 99208	Vice President 2.00	0.	0.	0.
Kathie Bonner-Walsh 6547 Long Lake Drive Nine Mile Falls, WA 99026	Director, Past 40.00	11,443.	0.	0.
Laurie DePonty 6271 W. Shawnee Spokane, WA 99208	Secretary 2.00	0.	0.	0.

Interfaith Hospitality Network of Spokane

91-1707988

Statement 8 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Bruce Baldwin 3807 E. Tanager Ln Spokane, WA 99021	Member 2.00	\$ 0.	\$ 0.	\$ 0.
Rodger Lake 3014 S. Jefferson Spokane, WA 99203	Member 2.00	0.	0.	0.
Michael Wiser 3308 W. Alice Spokane, WA 99205	Member 2.00	0.	0.	0.
Rob Stephens 12726 E. 33rd Ct. Spokane, WA 99206	Treasurer 5.00	0.	0.	0.
Benjamin Coleman 1625 South Koren Rd. Spokane, WA 99212	Member 2.00	0.	0.	0.
	Total	\$ 43,728.	\$ 0.	\$ 0.

Statement 9
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	Interfaith Hospitality Network of Spokane	91-1707988
	Number, street, and room or suite number If a P.O. box, see instructions	For IRS use only
	Lori A. Pierson, CPA PO Box 6466	
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Spokane, WA 99217-6466	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Carol Avery/Saving Your Sanity
Telephone No. 509-535-4529 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 10.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension The Organization is in the process of an annual independant audit. The Organization needs additional time to complete the audit in order to compile the data needed to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Lori A. Pierson Title CPA Date 2/4/2010