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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department 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 \$500,000 and total assets less than \$1,250,000 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

16 Other expenses (describe See Statement 1 17 Total expenses. Add lines 10 through 16 17 281, 279.	Α	For the 2009 calendar	year, or tax year beginning	7/01	, 2009, and er	nding	6/30		, 2010
Name consequents Special Speci	B		C				Dε	mployer	dentification number
Spokane, WA 99202 Spok		Address change use IRS	Interfaith Hospital	lity Networ	k of Spokan			91-17	07988
Termination Section	\vdash	Name change label or print or	608 S. Richard Alle	en Čourt #5	•		Ετ	elephone	number
Residence Security			Spokane, WA 99202					509-7	47-5487
**Section 301(x/3) organizations and 4947(x/1) nonexempt chanitable trusts **Section 301(x/3) organizations and 4947(x/1) nonexempt chanitable trusts Website: ** www.innspokane.org	=	Termination Specific							
*Section 501cct) organizations and 4947(xV1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 939-E2). Website: * Whw. innspokane.org	⊨	tions.							xemption
Website: www.inspokane.org	ــــــــــــــــــــــــــــــــــــــ					0 0-			
Website: - www.innspokane.org		● Section 501(c)(3) must atta) organizations and 4947(a)(1) uch a completed Schedule A (l	nonexempt chair Form 990 or 990-	ritable trusts FZ)		-		Cash X Accrual
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Se2,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	K	Check ► If the orga	anization is not a section 509(a)(3) supporting (organization and its	aross re	eceipts are no	rmally	not more than
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		\$25,000 A Form 990-EZ	or Form 990 return is not requir	ed, but if the organ	nization chooses to file	e a retur	n, be sure to fi	le a cor	nplete return
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			ribe ► See Statement	3 1					
		•			line 21)				32,460.

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

Form 990-EZ (2009)

Form	-170)7988 Page 2				
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
Desc	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the ribe the services provided, the number of ram title	e Statement 4 he organization's exempt purp f persons benefited, or other	poses In a clear and co relevant information for	oncise manner, each	(Reg 501 (orga: 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
<u> </u>	See Statement 5				101 0	uiers /
	(Grants \$) If the		28 a	216,417.		
29						
	(Grants \$) If the	<u>-</u>	29 a			
30						
21		nis amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedul (Grants \$) If the	e) <u>nis am</u> ount includes foreign gr	rants shock hara	▶□	21 -	
32	Total program service expenses (add I		ants, theth here		31 a	216,417.
	t IV. List of Officers, Directors		plovees List each or	ne even if not com		ated (See the instra)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
T	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensat	s and	and other allowances
	Kramarz	President	0.		0.	0.
	316 N. Granite Ln	5.00				
	okane, WA 99218					
	Moore	Member	0.		0.	0.
	10 S. Madison	5.00				
_	leyford, WA 99036					
	lelyn Bafus	Case Mgr, Dir	33,443.		0.	0.
Spo	25th Ave. kane, WA 99216	35.00				
	ce_Baldwin	Vice President	0.		0.	0.
	<u>7 E. Tanager Ln</u> .d, WA 99021	2.00				
Mic	hael Wiser	Secretary	0.		0.	0.
330	8 W. Alice	2.00				
Spo	kane, WA 99205					
	na Syron	Member	0.		0.	0.
	3 N. VanMarter	2.00				
	kane Valley, WA 99206	,				
	ger_Lake	Member, past	0.		0.	0.
	4 S. Jefferson kane, WA 99203	2.00				
Wen	dy McIntyre	Member	0.		0.	0.
PO_	Box 48726	2.00				
Spo	kane, WA 99228					
	Stephens	Treasurer	0.		0.	0.
	26 E. 33rd Ct.	5.00				
	kane, WA 99206	Marshar				
162	jamin Coleman 5 South Koren Rd.	Member 2.00	0.		0.	0.
აp0 	kane, WA 99212					

	n 990-EZ (2009) Interfaith Hospitality Network of Spokan 91-170798	8	Р	age 3
Pai	rt V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme	ent	6
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
36	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a 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 outstanding at the end of the period covered by this return?	38 a		X
t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39				
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A		۰	İ
	a Section 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.			
t	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b		Х
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	r)s	*	×
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	,	**	
е	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	<i>**</i> * 40 e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
41	List the states with which a copy of this return is filed None			
	Telephone no ► 509-53 Located at ► PO Box 19291 Spokane WA 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.	35-4 42b	529 Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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		*	X
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	- -		N/A N/A No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	. 03	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	45		X
BAA		m 990	-EZ (

	orm 990-EZ (2009)	Interfaith	Hospitality	Network	of	Spokar
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91-1707988

►X Yes

Form **990-EZ** (2009)

No

Page 4

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a **b** If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's 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' (b) Title and average (e) Expense account and other allowances (c) Compensation (d) Contributions to employee (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's 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 d Total number of other independent contractors each 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 Date Here Type or print name and title Date 3 9 11 Preparer's Identifying Number (See instructions) Preparer's signature Paid P00358786 employed Pre-Α. Pierson, Lori Firm's name (or yours if self employed), parer's PO Box 6466 35-2191732 Use FIN Only Spokane, WA 99217-6466 (509) 465-0762 Phone no

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

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

			ality Network							707988			
Parl				s (All organizations					See ı	<u>nstruct</u>	ions		
The c	rga	•		ise it is. (For lines 1 thro	-		-	-					
1	Ц			ociation of churches des		section	n 1 70 (b)	(1)(A)(i)).				
2	Ш		` ^ ^	A)(ii). (Attach Schedule I	•								
3	Ц	•	•	e organization described		•							
4	Ш			d in conjunction with a h	iospital (describe	d in sec	ction 17	0(Ь)(1)(А	A)(iii) Er	nter the ho	spital's	ŝ
_		name, city, and sta		of a collogo or upwersity			ated by	2 2010			corrbodin		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)											
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	Ш	A community trust	described in section	1 70(b)(1)(A)(vi) . (Comple	te Part I	1)							
9		An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	n 509(a)	(4).				
11		An organization org more publicly supp describes the type	ganized and operated orted organizations of of supporting organiz	exclusively for the bene lescribed in section 509(zation and complete lines	fit of, to a)(1) or s 11e th	perform section rough 1	the fun 509(a)(2 I h	ctions (2) See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of o	ne or x that
		a Type I	b Type II	c ☐ Type II	l – Fund	ctionally	ıntegraf	ted		d 🗌	Type III-	Other	r
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in se	disqualiction 509	ified perso 9(a)(1) or s	ns oth ection	ner I
f		check this box		ermination from the IRS		•			•		_	n,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fro	от апу	of the f	ollowing	persons	,7		·
												Yes	No
		(i) a person who	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11 g (i)		
		· -	ber of a person desc	• •							11g (ii)		 -
		• • •	•	described in (i) or (ii) a	bove?						11 g (iii)		
h		• •		he supported organization							(179(11)		
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	is the non in cold in your irning ment?	the organ	ou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
									·				
-4-1			٠ .	» ,»		7							

Schedule A (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Part III Support Schedule for (Complete only if you che ection A. Public Support alendar year (or fiscal yr beginning in)► 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			(c) 2007	(d) 2008	(e) 2009	(f) Total
ection A. Public Support alendar year (or fiscal yr beginning in) 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			(c) 2007	(d) 2008	(e) 2009	(f) Total
alendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Giffs, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 				()		
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						
	i					
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line			> <i>*</i>	* ' *		
7c from line 6)			* (*	*	
ection B. Total Support	1			···		
alendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 1 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on				_		
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3 Total support. (add Ins 9, 10c, 11, and 12)	-	å , i	*	*	* i	
4 First five years. If the Form 990 organization, check this box and	ાં for the organiz I stop here	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)(3) ▶ □
ection C. Computation of Pu		ercentage				
5 Public support percentage for 20	009 (line 8, columi	n (f) divided by lin	e 13, column (f))	-	15	%
6 Public support percentage from					16	%
ection D. Computation of Inv						
7 Investment income percentage f	-		-	mn (f)).	17	
8 Investment income percentage f				io mara than 22 1/2	18 18	%_
9a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b 33-1/3 support tests – 2008. If the support tests is a support test of the support tests.	ox and stop here	. The organization	i qualifies as a pu	iblicly supported o	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	Supplemen	tal Informa	ation. Comp	lete this par	t to provide	the explana	tions required	by Part II I	rage 4
	Part II, line	17a or 17b	; and Part I	III, line 12. F	Provide any	other additio	tions required anal informati	on. See instr	uctions.
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2009

Schedule A, Part IV - Supplemental Information

Page 5

Interfaith Hospitality Network of Spokan

91-1707988

Part II, Li	ine 10 -	Other	Income
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Nature and Source		2009	;	2008	2	2007	2006	<u> </u>	2005	
Miscellaneous	Γotal \$	0.	\$	857. 857.	\$	1,350. 1,350.	\$	0. \$	85 85	<u></u>

2009	Federal Statements		Page 1
Inte	erfaith Hospitality Network of Spokan		91-1707988
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion Day Center expenses Depreciation Dues & Subscriptions Guest expenses Insurance Less direct fundraising exp meetings Miscellaneous Office Expenses Travel		Total	\$ 11,939. 1,577. 6,536. 2,512. 98,617. 5,115. -7,453. 304. 525. 5,233. 3,308. \$ 128,213.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable Machinery and Equipment Miscellaneous Pledges and Grants Receivable Prepaid Expenses and Deferred		3,179 2,114 10,555 2,925	7. \$ 1,001. 9. 3,224. 4. 5,324. 5. 6,269. 5. 0.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			
Accounts Payable and Accrued : Unsecured Notes and Loans Pay	Expenses able Total	\$ 12,248 5,000 \$ 17,248	8. \$ 6,465. 0. 5,000.

Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Overnight shelter, meals & transportation to homeless families.

2009

Federal Statements

Page 2

Interfaith Hospitality Network of Spokan

91-1707988

Statement 5
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.

Statement 6 Form 990-EZ, Part V 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?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Form 8868	(Rev 4-2009)		Page 2
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only		. ► 🛛
Note. Only	complete Part II if you have already been granted an automatic 3-month external	ension on a previously filed Form 8868.	_
	are filing for an Automatic 3-Month Extension, complete only Part I (on page		
Partilla	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no copies needed).	
_	Name of Exempt Organization	Employer identification number	
Type or print	Interfaith Hospitality Network of Spokan	91-1707988	
•	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only	
File by the extended	Lori A. Pierson, CPA		_
due date for filing the	PO Box 6466		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Spokane, WA 99217-6466		
Check type	e of return to be filed (File a separate application for each return):		
Form 9	90 Form 990-PF	Form 1041-A Form 60	069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 88	370
X Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previously filed Form 8868.	
The box	oks are in care of Carol Avery/Saving Your Sanity		
Telepho	one No. ► 509-535-4529 FAX No. ►		
If the o	rganization does not have an office or place of business in the United States,	, check this box	▶ 🗍
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Nur	mber (GEN) If this	is for the
whole grou	p, check this box. Fig. 1 If it is for part of the group, check this box.	and attach a list with the names and EINs of	fall
members t	he extension is for		
4 I requ	uest an additional 3-month extension of time until 5/15 , 20 1	1.	
5 For c	alendar year , or other tax year beginning $7/01$, 20	09, and ending 6/30 , 20 1	0
	s tax year is for less than 12 months, check reason: Initial return		
7 State	in detail why you need the extension The Organization is i		•
ind	ependant audit. The Organization needs addition	al time to complete the audi	tin
ord	er 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 tenta stundable credits. See instructions	ative tax, less any	
payiii	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cents made. Include any prior year overpayment allowed as a credit and any after 8868	credits and estimated tax amount paid previously 8b\$	
c Balan with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, deposit System). See instrs 8c \$	
	Signature and Verification	n	
Under penalties correct, and co	s of perjury. I declare that I have examined this form, including accompanying schedules and statement implete, and that I am authorized to prepare this form.	is, and to the best of my knowledge and belief, it is true,	
Signature	Title ► CPA	Date -2 11 1	<u> </u>