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**APPLICATION FOR EXTENSION ATTACHED
Short Form**

Return of Organization Exempt from Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, **2010, and ending** _____, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERFAITHWAYS Number and street (or P O box, if mail is not delivered to street address) Room/suite 8339 OLD YORK ROAD, SUITE 209 City or town, state or country, and ZIP + 4 ELKINS PARK, PA 19027	D Employer identification number 14-2011421 E Telephone number 215-207-0990 F Group Exemption Number ▶
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G Accounting Method Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

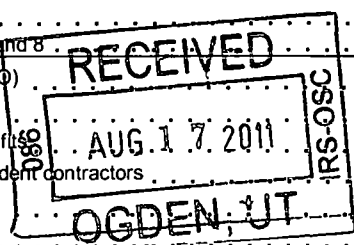
I Website: _____
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 127,872.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	127,825.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	47.00
	5 a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b		
c	Less: direct expenses gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	127,872.00	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0.00
	11	Benefits paid to or for members	11	0.00
	12	Salaries, other compensation, and employee benefits	12	50,205.00
	13	Professional fees and other payments to independent contractors	13	36,330.00
	14	Occupancy, rent, utilities, and maintenance	14	6,000.00
	15	Printing, publications, postage, and shipping	15	5,186.00
	16	Other expenses (describe in Schedule O)	16	19,398.00
	17	Total expenses. Add lines 10 through 16 ▶	17	117,119.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,753.00
	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	18,683.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	29,436.00



SCANNED AUG 30 2011

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,683.00	22	29,436.00
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	18,683.00	25	29,436.00
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,683.00	27	29,436.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PUBLIC CHARITY SUPPORTING INTERFAITH FAMILIES
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 PROVIDING SUPOPT TO INDIVIDUALS, EDUCATORS, RELIGIOUS LEADERS, AND OTHER PROFESSIONALS REGARDING INTERFAITH ISSUES. PROGRAMMING INCLUDES: WORKSHOPS, SERVICES, HOLIDAY DINNERS, & SPECIAL EVENT PROGRAMS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	117,119.00
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0.00
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0.00
31 Other program services (describe on Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0.00
32 Total program service expenses (add lines 28a through 31a)	32	117,119.00

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GARI J. WEILBACHER 524 VALLEY VIEW RD, MERION STATION, PA 19066	MANAGING DIRECTOR	35,208.00		
GABRIELLE S. KAPLAN 7709 UNION AVE, ELKINS PARK, PA 19027		13,563.00		
RAYZEL RAPHAEL 1211 ANSLEY AVE, MELROSE PARK, PA 19027	RABBINIC DIRECTOR	15,040.00		
LEONARD WASSERMAN 191 PRESIDENTIAL BLD # 831, BALA CYNWYD, PA 19004	CHAIRMAN/PRESIDENT	0.00		
WILLIAM SCHWARTZ 471 COPPER BEECH CIRCLE, ELKINS PARK, PA 19027	VICE PRESIDENT	0.00		
RABBI MAYER SELEKMAN 37 BALA AVE., BALA CYNWYD, PA 19004	VICE PRESIDENT	0.00		
MARTIN BRAIT 50 BELMONT AVE #204, BALA CYNWYD, PA 19004	TREASURER	0.00		
MICHAEL SCHWARTZ PARK PLAZA, 3900 FORD RD., APT. #19-O, PHILADELPHIA, PA 19131	SECRETARY	0.00		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
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, explain in Schedule O why the organization did not report the income on Form 990-T.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of WENDY ARMON Telephone no. (215) 207-0990 Located at 8339 OLD YORK ROAD ELKINS PARK, PA 19027 ZIP + 4
42b 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)?
42c If "Yes," enter the name of the foreign county: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
43 At any time during the calendar year, did the organization maintain an office outside of the U.S.?
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
 - 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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 a section 527 organization?
- 50 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."

	Yes	No
47		X
48		X
49a		X
49b		

(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 & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

- 51 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 receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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: *Leonard Wasserman* Date: _____

Type or print name and title: LEONARD WASSERMAN, PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: Charles D. Lyons, CPA 173-26-5933 Preparer's signature: *Charles D Lyons* Date: 8/3/11

Check if self-employed PTIN: P00031282

Firm's name: CHARLES D. LYONS - LYONS & CO LLC Firm's EIN: 23-1993993

Firm's address: P. O. BOX 1329 FORT WASHINGTON, PA 19034 Phone no: 215-542-2110

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
INTERFAITHWAYS

Employer identification number
14-2011421

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0.00

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			118,042.00	55,848.00	127,825.00	301,715.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.00
4 Total. Add lines 1 through 3.	0.00	0.00	118,042.00	55,848.00	127,825.00	301,715.00
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).						255,898.00
6 Public support. Subtract line 5 from line 4.						45,817.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0.00	0.00	118,042.00	55,848.00	127,825.00	301,715.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			44.00	273.00	47.00	364.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.00
11 Total support. Add lines 7 through 10						302,079.00
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2010. 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 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. 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 10%-facts-and-circumstances test - 2009. 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"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

INTERFAITHWAYS		EIN # 14-2011421	
990 EZ			
2010			
Other Expenses			
Line 16			
	<u>Total By Category</u>	<u>Amount</u>	
	Payroll Processing Fees	1,142	
	Bank Charges	332	
	Insurance	1,112	
	Advertising	2,847	
	Internet Expense	412	
	Programs	10,344	
	Travel	436	
	Telephone	1,404	
	Office	1,369	
	Total	19,398	

INTERFAITH DONATIONS		EIN # 14-2011421
DONATIONS-DETAIL SUPPORTING SCHEDULE		
2010-990 EZ (SCHEDULE B)		
	DONATION	DONATIONS >
	AMOUNT	2% OF TOTAL
INDIVIDUALS/FOUNDATIONS:		
Wasserman Family Foundation	27,500 00	27,500 00
	30,000 00	30,000.00
	1,100.00	
	500.00	
	1,000.00	
	500 00	
	250.00	
	100 00	
	100 00	
	1,000 00	
	25 00	
	100 00	
	500.00	
	2,500 00	
	5,050.00	5,050 00
	200 00	
	36 00	
	2,000 00	
	2,500.00	
	1,000 00	
	1,000 00	
	36 00	
	10.00	
	500.00	
	900 00	
	1,375.00	
	36.00	
	100.00	
	1,000 00	
	25 00	
	600 00	
	50.00	
	36.00	
	18.00	
	50 00	
	1,600 00	
	1,000.00	
	200.00	
SUBTOTAL - TIES TO 990ez-SCHEDULE A-PART II LINE 5		62,550.00
PUBLIC SUOPRTED CHARITABLE ORGANIZATIONS:		
JEWISH FEDERATION OF GREATER PHILAD	43,328 00	43,328 00
	127,825 00	105,878 00
		B
DONATIONS LESS THAN 2% OF TOTAL SCHEDULE A-PART I		21,947 00
Notes:		
1) Total individual donations > than 2% of total annual donation		
\$127,825 x 2% = \$2,557		