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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

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>INTERFAITH SOCIAL SERVICES, INC.</b>			D Employer identification number <b>04-2104853</b>	
	Doing Business As			E Telephone number <b>617-773-6607</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>105 ADAMS STREET</b>			Room/suite	
	City or town, state or country, and ZIP + 4 <b>QUINCY MA 02169-2004</b>			G Gross receipts \$ <b>1,141,646</b>	
	F Name and address of principal officer <b>JOHN MARTLAND 540 BRUSH HILL ROAD MILTON MA 02186</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list (see instructions)					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► <b>INTERFAITHSOCIALSERVICES.ORG</b>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation		M State of legal domicile

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

**TO PROVIDE FOOD, CLOTHING, COUNSELING AND ASSISTANCE FOR  
IMPOVERISHED INDIVIDUALS AND FAMILIES**2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

**3 17**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 17**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

**5 7**

6 Total number of volunteers (estimate if necessary)

**6 500**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a**

b Net unrelated business taxable income from Form 990-T, line 34

**7b**

8 Contributions and grants (Part VIII, line 1h)

**Prior Year****Current Year****1,045,325****1,048,865**

9 Program service revenue (Part VIII, line 2g)

**47,598****55,990**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**5,847****4,943**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**1,727****13,288**

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**1,100,497****1,123,086**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**715,458****699,203**

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

**229,381****235,807**

16a Professional fundraising fees (Part IX, column (A), line 11e)

**7,591****8,040**

b Total fundraising expenses (Part IX, column (D), line 25) ►

**55,458**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)

**192,183****195,579**

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

**1,144,613****1,138,629**

19 Revenue less expenses Subtract line 18 from line 12

**-44,116****-15,543**

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

**969,730****980,908**

21 Total liabilities (Part X, line 26)

**30,133****38,618**

22 Net assets or fund balances Subtract line 21 from line 20

**939,597****942,290**

Form 990 (2010) **INTERFAITH SOCIAL SERVICES, INC.** 04-2104853

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

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 \$ 130,106 including grants of \$ 2 ) (Revenue \$ 52,850 )

**THE ORGANIZATION PROVIDED APPROXIMATELY 2209 COUNSELING HOURS OF THERAPY  
& SUPPORT TO 284 INDIVIDUALS AND FAMILIES BY LICENSED  
CLINICAL SOCIAL WORKERS**

4b (Code ) (Expenses \$ 85,160 including grants of \$ 50,653 ) (Revenue \$ 3,140 )

**THE ORGANIZATION PROVIDED 247 GRANTS OF FINANCIAL  
ASSISTANCE TO PREVENT HOMELESSNESS AND PROVIDE EMERGENCY  
SUPPORT TO IMPOVERISHED FAMILIES AND INDIVIDUALS.**

4c (Code ) (Expenses \$ 745,651 including grants of \$ 648,548 ) (Revenue \$ )

**THE ORGANIZATION DISTRIBUTED APPROXIMATELY 387,056  
POUNDS OF FOOD OVER 17,000 INDIVIDUALS AS WELL AS  
PROVIDING FREE PROFESSIONAL CLOTHING TO LOW INCOME JOB  
SEEKERS.**

4d Other program services (Describe in Schedule O)

(Expenses \$ 18,260 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 979,177

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or 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
- 7 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 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
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- 15 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, Parts II and IV
- 16 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, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

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

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <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	25a	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	<input checked="" type="checkbox"/>
26 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	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	<input checked="" type="checkbox"/>
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity 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," complete Schedule R, Part V, line 2	36	<input checked="" type="checkbox"/>
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	<input checked="" type="checkbox"/>
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	38	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V 

- 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 11  
 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0
- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7
- Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X  
 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b
- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X  
 b If "Yes," enter the name of the foreign country ►  
 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X  
 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
- 7 **Organizations that may receive deductible contributions under section 170(c).** 7d
- a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X  
 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X  
 d If "Yes," indicate the number of Forms 8282 filed during the year 7e X  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g X  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h X
- 8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8
- 9 **Sponsoring organizations maintaining donor advised funds.** 9a  
 a Did the organization make any taxable distributions under section 4966? 9b
- 10 **Section 501(c)(7) organizations.** Enter 10a  
 a Initiation fees and capital contributions included on Part VIII, line 12 10b
- 11 **Section 501(c)(12) organizations.** Enter 11a  
 a Gross income from members or shareholders 11b
- 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a  
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b
- 13 **Section 501(c)(29) qualified nonprofit health insurance issuers.** 13a  
 a Is the organization licensed to issue qualified health plans in more than one state?  
**Note.** See the instructions for additional information the organization must report on Schedule O 13b  
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c
- 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year **17**  
 b Enter the number of voting members included in line 1a, above, who are independent **17**
- 2 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? **2 X**
- 3 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? **3 X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**
- 6 Does the organization have members or stockholders? **6 X**
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body? **8a X**  
 b Each committee with authority to act on behalf of the governing body? **8b X**
- 9 Is there any officer, director, 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 **9 X**

	Yes	No
1a	17	
1b	17	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Does the organization have local chapters, branches, or affiliates? **10a X**  
 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? **10b**
- 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a X**  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a X**
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b X**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c X**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **13 X**
- 13 Does the organization have a written whistleblower policy? **14 X**
- 14 Does the organization have a written document retention and destruction policy? **15 X**
- 15 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? **15a X**  
 a The organization's CEO, Executive Director, or top management official  
 b Other officers or key employees of the organization  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) **15b X**
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a X**  
 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? **16b X**

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

### 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 Forms 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**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PEG SANDAHL DIRECTOR	1.50	X					0	0	0
(2) CHICKIE ABDALLAH DIRECTOR	1.50	X					0	0	0
(3) ADRIENNE ALLEN DIRECTOR	1.50	X					0	0	0
(4) DONNA CHAPMAN DIRECTOR	1.50	X					0	0	0
(5) GRACE REINELT DIRECTOR	1.50	X					0	0	0
(6) SHIRLEY DUNLAP DIRECTOR	1.50	X					0	0	0
(7) MAGGIE TRUDEL DIRECTOR	1.50	X					0	0	0
(8) KAREN VAN ALFEN DIRECTOR	1.50	X					0	0	0
(9) JUDY MANNING DIRECTOR	1.50	X					0	0	0
(10) JOHN MARTLAND PRESIDENT	1.50		X				0	0	0
(11) DIANE RANN 1ST V PRES	1.50		X				0	0	0
(12) CYNTHIA LEE SECRETARY	1.50		X				0	0	0
(13) ROBERT COHEN TREASURER	1.50		X				0	0	0
(14) DONNA ELIASSON 1ST ASSIST TREAS	1.50		X				0	0	0
(15) JOHN STUART 2ND ASSIST TREAS	1.50		X				0	0	0
(16) BRIAN MANNING 2ND V. PRES	1.50		X				0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Former Officer	Key Employee	Highest compensated Employee	Former			
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
<b>1b Sub-total</b>								
<b>c Total from continuation sheets to Part VII, Section A</b>								
<b>d Total (add lines 1b and 1c)</b>								

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f	1a 1b 1c 112,145 1d 1e 1f 936,720 \$ 684,277			
	h Total. Add lines 1a-1f	► 1,048,865			
Program Service Revenue		Busn. Code			
2a Client Counseling Fees Co b Chaplaincy Income c Ada Bacon Administration Fees d e f All other program service revenue g Total. Add lines 2a-2f		47,147 5,703 3,140 ► 55,990	47,147 5,703 3,140		
3 Investment income (including dividends, interest, and other similar amounts)		► 4,943	4,943		
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents b Less rental exps c Rental inc or (loss)	(i) Real (ii) Personal				
d Net rental income or (loss)	►				
7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss)	(i) Securities (ii) Other				
d Net gain or (loss)	►				
8a Gross income from fundraising events (not including \$ 51,011 of contributions reported on line 1c) See Part IV, line 18	a 24,156 b 18,560				
b Less direct expenses	► 5,596				
c Net income or (loss) from fundraising events	►				
9a Gross income from gaming activities See Part IV, line 19	a b				
b Less direct expenses	►				
c Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	Busn. Code				
11a Miscellaneous Income b Annual Meeting Income c Cookbook sales d All other revenue e Total. Add lines 11a-11d		6,228 1,180 278 6 ► 7,692	6,228 1,180 278 6 ► 68,625		
12 Total revenue. See instructions	►	1,123,086	68,625	0	0

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
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	<b>699,203</b>	<b>699,203</b>		
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	<b>70,969</b>	<b>21,289</b>	<b>35,485</b>	<b>14,195</b>
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	<b>131,354</b>	<b>104,691</b>	<b>17,731</b>	<b>8,932</b>
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<b>6,343</b>	<b>4,935</b>	<b>1,117</b>	<b>291</b>
9 Other employee benefits	<b>12,575</b>	<b>7,084</b>	<b>4,741</b>	<b>750</b>
10 Payroll taxes	<b>14,566</b>	<b>9,207</b>	<b>3,719</b>	<b>1,640</b>
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	<b>12,397</b>		<b>12,397</b>	
d Lobbying				
e Professional fundraising services See Part IV, line 17	<b>8,040</b>			<b>8,040</b>
f Investment management fees				
g Other	<b>59,222</b>	<b>58,669</b>	<b>553</b>	
12 Advertising and promotion	<b>2,108</b>	<b>1,803</b>	<b>275</b>	<b>30</b>
13 Office expenses	<b>26,391</b>	<b>10,095</b>	<b>14,013</b>	<b>2,283</b>
14 Information technology	<b>1,336</b>	<b>656</b>	<b>680</b>	
15 Royalties				
16 Occupancy	<b>32,563</b>	<b>28,742</b>	<b>3,776</b>	<b>45</b>
17 Travel	<b>147</b>	<b>24</b>	<b>60</b>	<b>63</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>419</b>	<b>72</b>	<b>322</b>	<b>25</b>
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>23,643</b>	<b>21,220</b>	<b>2,423</b>	
23 Insurance	<b>3,855</b>	<b>3,431</b>	<b>424</b>	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Walkathon Expenses	<b>5,276</b>			<b>5,276</b>
b Pantry Shelf Van	<b>3,878</b>	<b>3,878</b>		
c Quincy Prayer Breakfast	<b>3,424</b>			<b>3,424</b>
d ISS Cookbook Expense	<b>3,165</b>			<b>3,165</b>
e Walkathon T'Shirts	<b>2,369</b>			<b>2,369</b>
f All other expenses	<b>15,386</b>	<b>4,178</b>	<b>6,278</b>	<b>4,930</b>
25 Total functional expenses. Add lines 1 through 24f	<b>1,138,629</b>	<b>979,177</b>	<b>103,994</b>	<b>55,458</b>
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	5,169	1	6,854
2	Savings and temporary cash investments	189,795	2	213,521
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,994	4	5,748
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,418	9	3,579
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	779,618		
b	Less accumulated depreciation	154,976	10c	624,642
11	Investments—publicly traded securities	77,841	11	98,549
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	41,291	15	28,015
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	969,730	16	980,908
<b>Liabilities</b>		9,947	17	9,877
17	Accounts payable and accrued expenses		18	
18	Grants payable		19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability Complete Part IV of Schedule D		22	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		23	
23	Secured mortgages and notes payable to unrelated third parties		24	
24	Unsecured notes and loans payable to unrelated third parties		25	
25	Other liabilities Complete Part X of Schedule D	20,186	25	28,741
26	<b>Total liabilities.</b> Add lines 17 through 25	30,133	26	38,618
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	906,168	27	874,059
28	Temporarily restricted net assets	33,429	28	68,231
29	Permanently restricted net assets		29	
30	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		30	
31	Capital stock or trust principal, or current funds		31	
32	Paid-in or capital surplus, or land, building, or equipment fund		32	
33	Retained earnings, endowment, accumulated income, or other funds	939,597	33	942,290
34	<b>Total net assets or fund balances</b>	969,730	34	980,908

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,123,086
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,138,629
3 Revenue less expenses Subtract line 2 from line 1	3	-15,543
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	939,597
5 Other changes in net assets or fund balances (explain in Schedule O)	5	18,236
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	942,290

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**Employer identification number  
**04-2104853**
**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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

**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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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 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"/>	

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**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")	672,805	810,217	1,043,685	1,045,325	1,048,865	4,620,897
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	57,523	64,581	57,739	47,598	55,990	283,431
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	730,328	874,798	1,101,424	1,092,923	1,104,855	4,904,328
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	21,460	12,500	224,020	116,071	258,957	633,008
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	21,460	12,500	224,020	116,071	258,957	633,008
8 Public support (Subtract line 7c from line 6 )						4,271,320

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	730,328	874,798	1,101,424	1,092,923	1,104,855	4,904,328
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,208	10,294	11,230	5,847	4,943	45,522
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,208	10,294	11,230	5,847	4,943	45,522
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )				1,727	13,288	15,015
13 Total support. (Add lines 9, 10c, 11, and 12 )	743,536	885,092	1,112,654	1,100,497	1,123,086	4,964,865
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 checked="" type="checkbox"/>

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	86.03 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	89.91 %

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 %
19a 33 1/3% support tests—2010. 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 checked="" type="checkbox"/>
b 33 1/3% support tests—2009. 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		<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 checked="" type="checkbox"/>

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part III, Line 12 - Other Income Detail**

Cookbook sales	\$	278
Annual Meeting Income	\$	2,324
Miscellaneous Income	\$	8,240
Fundraising Events	\$	4,167
<b>Rounding</b>	<b>\$</b>	<b>6</b>

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**

Employer identification number

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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)

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

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

Schedule D (Form 990) 2010 **INTERFAITH SOCIAL SERVICES, INC.** 04-2104853 Page 2**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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

- |  |  |
|--|--|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other                     |
| c <input type="checkbox"/> Preservation for future generations |  |

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 Escrow and Custodial Arrangements.** Complete if the 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

	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 Net investment earnings, gains, and 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

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

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

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

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings		667,127	128,195	538,932
c Leasehold improvements				
d Equipment		62,491	26,781	35,710
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 624,642

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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
(1) Federal income taxes	
(2) <b>Accrued Vacation</b>	<b>21,554</b>
(3) <b>Accrued Payroll &amp; Taxes</b>	<b>3,500</b>
(4) <b>Fed Inc Tax Withheld</b>	<b>1,277</b>
(5) <b>Employer's Fica Liability</b>	<b>1,265</b>
(6) <b>Fica Withheld</b>	<b>806</b>
(7) <b>Accrued Suta</b>	<b>339</b>
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► **28,741**

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

Schedule D (Form 990) 2010 **INTERFAITH SOCIAL SERVICES, INC.** 04-2104853 Page 4**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,123,086
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,138,629
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,543
4 Net unrealized gains (losses) on investments	4	18,237
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-1
9 Total adjustments (net) Add lines 4 through 8	9	18,236
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,693

**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	1,141,323
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	18,237
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	18,237
3 Subtract line 2e from line 1	3	1,123,086
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 must equal Form 990, Part I, line 12)	5	1,123,086

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

1 Total expenses and losses per audited financial statements	1	1,138,630
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	1
e Add lines 2a through 2d	2e	1
3 Subtract line 2e from line 1	3	1,138,629
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 must equal Form 990, Part I, line 18)	5	1,138,629

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**Part XI, Line 8 - Reconciliation of Changes - Other**

Book / Tax Depreciation Difference \$ -1

**Part XIII, Line 2d - Expense Amounts Included in Financials - Other**

Book / Tax Depreciation Difference \$ 1



**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**Open To Public  
Inspection

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**Employer identification number  
**04-2104853****Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
	<b>CONCERT/DANCE/R</b> (event type)	<b>CRUISE</b> (event type)	<b>1</b> (total number)	
1 Gross receipts	65,996	9,171	61,134	136,301
2 Less Charitable contributions	50,996	15	61,134	112,145
3 Gross income (line 1 minus line 2)	15,000	9,156		24,156
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	13,272	5,288		18,560
10 Direct expense summary Add lines 4 through 9 in column (d)			► (	18,560)
11 Net income summary Combine line 3, column (d), and line 10			► (	5,596

**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.

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

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

9a  Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

- b If "Yes," explain

10a  Yes  No

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 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
- 13 Indicate the percentage of gaming activity operated in
- |     |   |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b 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 of the third party

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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**Schedule I (Form 990) (2010) INTERFAITH SOCIAL SERVICES, INC. 04-2104853****Page 2****Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated 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
1 HOUSING & UTILITY ASSISTA	247	35,600			
2 MEDICAL ASSISTANCE	16	15,053			
3 COUNSELING	284	2			
4 FOOD PANTRY	17000		600,848	\$1.49 / LB	FOOD
5 HOLIDAY GIFTS	500		47,700	ESTIMATE	TOYS
6					
7					

**Part IV 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)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

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► Complete if the organizations 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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		93,873	<b>RESALE VALUE</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	X	387054	576,710	\$1.49 / 1b
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <b>AUCTION ITEMS</b> )	X	3	13,694	<b>SERVICES &amp; GOODS : EVENTS</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?

Yes No

30a X

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a X

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2010)

Schedule M (Form 990) (2010) **INTERFAITH SOCIAL SERVICES, INC.** **04-2104853** Page 2

**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.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**Employer identification number  
**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 - 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.

**Form 990, Part VI, Line 2 - Related Party Information Among Officers****Brian Manning****Judy Manning****Vice Pres****Director****Husband and wife****John Stuart****Diane Rann****Asst Treas****1st VicePres****Husband and Wife**

Name of the organization

INTERFAITH SOCIAL SERVICES, INC.

Employer identification number

04-2104853

**Form 990, Part VI, Line 11b - Organization's Process 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 12c - Enforcement of Conflicts Policy**

The organization currently has a Conflicts of Interest policy which has been ratified by the Board of Directors. Monitoring, compliance and if applicable enforcement are evaluated once a year preceding our annual meeting.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**  
The executive committee sets up a subcommittee to review resumes and coordinates 1st interviews when hiring the Executive Director. Second interviews are done by the Board of Directors and include all employees and volunteers who are interested in participating in the process. The salary is based on market conditions and what the organization can afford to pay. An annual review is conducted each year to determine whether a moderate merit based pay increase is warranted.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
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 Street, Quincy, MA 02169. They are available for public inspection upon appointment. Also, all forms are on file with the State's Attorney General.

## Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization

**INTERFAITH SOCIAL SERVICES, INC.**

Employer identification number

**04-2104853****Form 990, Part XI - Additional Information****Part XI. Financial Statements and Reporting****Line 2c Audit committee.**

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