Short Form

2949215209320MB No 9645-1150

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calend	ar year, or tax year beginning , 2018, and ending	, 20
B Check if applicable C Na			C Name of organization	mployer identification number
Address change Interfaith Volunteers of Hattiesburg, Inc.			Interfaith Volunteers of Hattiesburg, Inc.	64-0685359
	Name char	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E 1	elephone number
_	nitial retur	n n/terminated	115 N. 25th Avenue	601-584-7574
=	-inai returi Amended i		City or town, state or province, country, and ZIP or foreign postal code	Group Exemption
=	Application		Hattiesburg, MS 39401-5956	Number ►
G A	Account	ing Method	✓ Cash Accrual Other (specify) ► H Cher	ck 🕨 🗹 if the organization is not
1 4	Vebsite	:▶	requ	ired to attach Schedule B
J T	ax-exem	pt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fort	m 990, 990-EZ, or 990-PF).
		organization		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets
			S500,000 or more, file Form 990 instead of Form 990-EZ	\$ 27,202
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	
			the organization used Schedule O to respond to any question in this Part I.	<u> </u>
	1		ons, gifts, grants, and similar amounts received	. 1 27,202
	2	-	ervice revenue including government fees and contracts	. 2
	3	Membersh	ip dues and assessments	. 3
	4	Investment		. 4
	5a		ount from sale of assets other than inventory 5a	
	b		or other basis and sales expenses	Walter III
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c
	6	Gaming ar		
ne	a	\$15,000)	ome from gaming (attach Schedule G if greater than	Control of the contro
Revenue	b		me from fundraising events (not including \$ of contributions	
ď			aising events reported on line 1) (attach Schedule G if the chip gross income and contributions exceeds \$15,000) 6b	प्राप्त कर्मा प्राप्त कर्मा
			· · · · · · · · · · · · · · · · · · ·	
	d		et expenses from gaming and fundraising events <u>6c </u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrai	
	l u	line 6c)		· 6d
	7a		s of inventory, less returns and allowances	
	b		of goods sold	
	C	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	· 7c
	8		nue (describe in Schedule O)	. 8
_	9			9 27,202
	10		I similar amounts paid (list in Schedule O)	. 10 33,334
10	11 12	<u> </u>	aid to or for members	. 11
Expenses	13	Drofossion	al fees and other payments to independent contractors.	13
Ę)	14	Occupance	y, rent, utilities, and maintenance	. 14
X	15		ublications, postage, and shipping	. 15
7	∍15 ≥16		enses (describe in Schedule O)	. 16
کے در	216 217	•	enses. Add lines 10 through 16	17 33,334
- 8	<u></u> 118		(deficit) for the year (Subtract line 17 from line 9)	. 18 -6,132
Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	
SS	>		ar figure reported on prior year's return)	
	20	-	nges in net assets or fund balances (explain in Schedule O)	. 20
–	21		or fund balances at end of year. Combine lines 18 through 20	21 26,182
	-	. 101 033513	5. Idia dalahood at one of your combine made to anough 20	200 57

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)



Ра	Balance Sheets (see the instructions	,				_
	Check if the organization used Schedule	O to respond to a	ny question in this			
`				(A) Beginning of year	 	(B) End of year
22	Cash, savings, and investments			29,113		22,784
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<u>+</u>	3,201		3,398
25 26	Total assets			32,314	26	26,182
26 27	Net assets or fund balances (line 27 of column		F-	32,314		20.400
	t-III Statement of Program Service Accom	 			21	26,182
	Check if the organization used Schedule	•		•		Expenses
Wha	at is the organization's primary exempt purpose?				(Rec	quired for section
Dese	cribe the organization's program service accomplineasured by expenses. In a clear and concise months benefited, and other relevant information for each	ishments for each on nanner, describe the ach program title	of its three largest pee services provided	d, the number of		(c)(3) and 501(c)(4) anizations, optional for ers)
28	Food provided to 752 families (2790 individuals) Special Christmas baskets to 100 families					
	(Grants \$) If this amount	t includes foreign ar	ants check here	▶ □	28a	22 22/
29	(Grants 9) It this arround				200	33,334
30	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	▶ □	29a	1
	(Grants \$) If this amount				30a	
31	Other program services (describe in Schedule O)					
20	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ </u>	31a	† · · · · · · · · · · · · · · · · · · ·
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ker				32	
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	/ee (e)	
Debo	orah Compton					
Bool	kkeeper	11	(
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Form 99	90-EZ (2018)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
•			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ť
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	Littelan John J.	√
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? .	38a		✓
39 _.	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			1986
b 40a	Gross receipts, included on line 9, for public use of club facilities			
404	section 4911 ► . , section 4912 ► , section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a	<u> </u>	228-54		
h	Located at ► 1049 Bayview Avenue, Biloxi, MS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	39530	-1748	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	\ \ \
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		—
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1756	/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		/
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b		45b	, (4)	

	_ `	4 4						62 140			
46		ne organization engage, directly or ir ndidates for public office? If "Yes," o									
Part				, raiti	· · · <u> </u>	• • • •	. 46				
rart	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines										
		50 and 51.	s must answer que	3110115 47-43D and	JZ, and C	ompiete m	e tables for	III ICS			
		Check if the organization used Sci	nedule O to respond	to any guestion in	thic Part \/I						
		Officer if the organization used Sci	ledule O to respond	to any question in	uno i art vi	• • • •	· · · · · · · · · · · · · · · · · · ·	es No			
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the		63 140			
••		If "Yes," complete Schedule C, Par					. 47				
48	•	organization a school as described in					. 48	-			
49a		ne organization make any transfers to					. 49a	1			
		es," was the related organization a se	•	_			. 49b	- •			
50		olete this table for the organization's						and key			
		oyees) who each received more than									
		· · · · · · · · · · · · · · · · · · ·	(b) Average	(c) Reportable		h benefits,	-	•			
	(a)	Name and title of each employee	hours per week	compensation		s to employee s, and deferred	(e) Estimated a other compe				
			devoted to position	(Forms W-2/1099-MISC)		ensation	other compe	nsauon			
None	-	-									
		•									
.								-			
		·									
		•••••••••••••••••••••••••••••••••••••••									
			•				-				
•••••											
	•										
f	Total	number of other employees paid over	er \$100,000	. ▶							
51		olete this table for the organization'		ensated independent	t contractor	rs who each	n received m	ore than			
	\$100	,000 of compensation from the orga	nızatıon. İf there is no	one, enter "None."							
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	VICE	16) Compensation				
				(3) 1) po o o oo.		,,,	, compandation				
None											
				1							
							<u>-</u>				
d		number of other independent contra	•		.						
52		the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) orga	anizations	must attacl					
	comp	eleted Schedule A	· · · · · · ·			<u> </u>	► ✓ Yes	No			
		of perjury, I declare that I have examined this is discomplete. Declaration of preparer (other than					nowledge and be	elief, it is			
true, cor	rect, an	d complete Declaration of preparer (other than	onicer) is based on all inic	mation of which preparer	nas any knowi	r 1 - 1 - 3 - 1		_			
C:		rebow Corph				<u>5/3/20</u>	19				
Sign		V Signature of officer V			Da	ite					
Here		Deborah Compton, Bookkeeper						 -			
		Type or print name and title	Desagned				DTIM				
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check					
Prepa	arer					self-emplo	yed				
Use (Only	Firm's name ▶	-			m's EIN ▶					
Marrie	- IDC	Firm's address >	chough the control Or and	inatri inti ana	Pł	one no		7			
iviay th	ie IHS	discuss this return with the preparer	snown above? See I	nstructions			▶ ∐ Yes L	No			

SCHEDULE A (Form 990 or 990-EZ)

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.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Troasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Interfaith Volunteers of Hattiesburg, Inc. 64-0685359 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2018

Part	(Complete only if you checked the						
,	Part III. If the organization fails to				_	, .	ality under
Secti	on A. Public Support	5 quality unde	or the tests he	sted below, p	icase compi	7 (1.1.1.1.)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			### / DEST	10. 10.00 Ar 3		
	on B. Total Support	,	/ / / / / / / / / / / / / / / / / / / /		4 9 2247		(A) = 1 1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 201/5	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he					· · · · ·	<u> </u>
	on C. Computation of Public Suppo					T I	
14	Public support percentage for 2018 (line		-	, , ,		14	<u>%</u>
15	Public support percentage from 2017 Sci 33 ¹ /3% support test—2018. If the organ					15	shock this
16a	box and stop here. The organization qua						
h	331/3% support test—2017. If the organi	,	-	-			
Ь	this box and stop here. The organization	,					
17-	- 1	•	• •	_			
17a	10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets th	ie "facts-and- ts-and-circum	circumstances' stances" test.	" test, check The organızat	this box and so	stop here. a publicly
10	supported organization						_
18				, roa, rob, r/a			▶ □

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	64,638	36,730	34,802	38,673	27,202	202,045
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						
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						
3	furnished by a governmental unit to the	}					
	organization without charge						
6	Total. Add lines 1 through 5	64,638	36,730	34,802	38,673	27,202	202,045
	Amounts included on lines 1, 2, and 3	04,038	30,730	34,002	30,073	27,202	202,043
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						·
	received from other than disqualified						
	persons that exceed the greater of \$5,000	ì					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						,
8	Public support. (Subtract line 7c from				TO THE SE	ない意味が出来があ	
	line 6.)	Andrew A	a deficient them.	skilder de:	· 1000		202,045
	on B. Total Support		# \ 00.15		(, , , , , , , , , , , , , , , , , , ,		
	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a		64,638	36,730	34,802	38,673	27,202	202,045
IUa	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						·
11	Net income from unrelated business						
	activities not included in line 10b, whether	ľ					
	or not the business is regularly carried on	,					
12	Other income. Do' not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	64,638					202,045
17	organization, check this box and stop he	-					> 🗀
Secti	on C. Computation of Public Suppo						· · · · <u>- </u>
15	Public support percentage for 2018 (line			13, column (f))		15	100 %
16	Public support percentage from 2017 Sc					16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018	(line 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201	7 Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box		-			_	
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this		_		-		
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, c	neck this box	and see instruc	tions ► [

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	10b		

Part	Supporting Organizations (continued)	
		Yes No
11.	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
_	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c
Secu	bir B. Type i Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	inimina kamana manada
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	
_		1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization	2
Secti	on C. Type II Supporting Organizations	<u> </u>
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1
Secti	on D. All Type III Supporting Organizations	Vaa Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Yes No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Application or institution of community
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
а	The organization satisfied the Activities Test. Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (F: 1
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
•	reasons for the organization's position that its supported organization(s) would have engaged in these	Wer a Eriter Tari
•	activities but for the organization's involvement	2b
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the argenization have the payor to regularly appoint or elect a majority of the officers, directors, or	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
b	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u> </u>	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c	_			
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI)	48				
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C—Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6	Calling Gardy of the Control of the California of the Late Late Late Late Late Late Late Lat			
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see		
instructions)					

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Secti	Section D-Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes '				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted			
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			-		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
a	From 2013 .					
	From 2014					
C	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years	ACTION OF THE PROPERTY OF				
h_	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	THE THROUGH AND				
4	Distributions for 2018 from Section D, line 7. \$					
а	Applied to underdistributions of prior years		•			
b	Applied to 2018 distributable amount			many many many facilities of special following and special following the latest special following the special		
_ с	Remainder. Subtract lines 4a and 4b from 4.	TOTAL PROCESSION OF THE PROCESSION OF THE PROCESS AND THE PROC				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014	经验证的证据的证据的证据的证据		Dalli + Hill College		
b	Excess from 2015		and the second of the second o			
С	Excess from 2016	and the control of th	na sierolika zapinadopanana indicamining andronika			
d	Excess from 2017					
_	Excess from 2018					

Part VI.	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Interfaith Volunteers of Hattiesburg, Inc.	64-0685359						
990 EZ, Part I, Line 10:							
Food provided to 752 families (2,790 individuals)32,113	·						
Special Christmas Baskets provided to 100 families							
Total Grants and similar amounts paid							
A family is not helped more than once every 3 months unless there are extreme circumstances	A family is not helped more than once every 3 months unless there are extreme circumstances						
990 EZ, Part II, Line 24, Other Assets							
2,486Food on hand 12/31/2018							
328Shelves							
584Freezer							
3,398Total Other Assets							
							
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Schedule O (Form 990 of 990-EZ) (2018)		Page 🛮
Name of the organization	Employer identification number	
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