LINDLEY & ASSOCIATES LLC 1603 116TH AVE NE STE 100 BELLEVUE, WA 98004

INTERFAITH WORKS PO BOX 1221 OLYMPIA, WA 98507

HaladadadallaadaalaallI

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

425-455-4800

November 2, 2023

Interfaith Works Po Box 1221 Olympia, WA 98507

Interfaith Works:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Martha A Lindley CPA

425-455-4800

November 2, 2023

Interfaith Works Po Box 1221 Olympia, WA 98507

Interfaith Works:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Martha A Lindley CPA

# **Filing Instructions**

Prepared for:	Prepared by:										
Interfaith Works Po Box 1221 Olympia, WA 98507	LINDLEY & ASSOCIATES LLC 1603 116th Ave NE Ste 100 Bellevue, WA 98004										
2022 FORM 990											
Electronic Filing:											
This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.											

### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending
or calendar year 2022, or fiscal year beginning	, 2022, and ending

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer INTERFAITH WORKS 91-0947698 MEG MARTIN Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** \_\_\_\_\_\_ **3 , 840 ,** 757 **.** Form 990 check here ..... 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only \_\_ I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91607496149 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/02/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 91-0947698 INTERFAITH WORKS File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 1221 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 98507 OLYMPIA, WA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► PO BOX 1221 - OLYMPIA, WA 98501 Telephone No. ► (360)357-7224 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

# EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2022 calendar year, or tax year beginning and	ending			
<b>B</b> c	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addre chang	INTERFAITH WORKS				
	□Name □chang □Initial	-		91-09476	98	
	return Final return	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1221	E Telephone number (360)357-7224			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,840,757.		
	Amen			H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer: MEG MANTIN		for subordinates		
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i		
1 1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.) $= 4947(a)(1)$	or 52	<del>-</del> 1	list. See instructions	
JΛ	Nebsi	te: WWW.INTERFAITH-WORKS.ORG		H(c) Group exemption		
K F	orm of	organization: Corporation Trust X Association Other	L Yea	r of formation: 1974	M State of legal domicile: WA	
Pa	art I	Summary		·	-	
& Governance	1	Briefly describe the organization's mission or most significant activities: SOCI. INTERFAITH UNDERSTANDING AND COOPERATION		STICE AND PE	ACE THROUGH	
nar	,	Check this box if the organization discontinued its operations or dispo		ro than 25% of its not a	nooto	
Ver	l				10	
යි	1	Number of independent voting members of the governing body (Part VI, line 1a)			10	
م د		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			102	
iţie	I				1000	
Activities	1	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
	Ť			Prior Year	Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)		4,486,684.	3,290,921.	
Ž		Program service revenue (Part VIII, line 2g)		0.	548,539.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,297.	
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		198,554.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,685,238.	3,840,757.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,197,676.		
ŠUĆ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 47,9	<u>69.  </u>			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		712,698.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,910,374.		
. (0		Revenue less expenses. Subtract line 18 from line 12		1,774,864.		
nce nce			<u> </u>	eginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,843,935.	7,075,331.	
ing A	21	Total liabilities (Part X, line 26)		3,498,298. 3,345,637.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,343,037.	3,007,140.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etater	ments, and to the hest of m	v knowledge and helief it is	
	•	et, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	y knowledge and beller, it is	
u uo,	, 001100	is and complete. Declaration of property (other than officer) is based on an information of wi	non propare	Thus any knowledge.		
Sig	n	Signature of officer		Date		
Her		MEG MARTIN, EXECUTIVE DIRECTOR				
	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	i	MARTHA A LINDLEY CPA		11/02/23 if self-employ	P00961494	
Prep	parer	Firm's name LINDLEY & ASSOCIATES LLC		· · · · · · · · · · · · · · · · · · ·	1-2050235	
Use	Only	Firm's address 1603 116TH AVE NE STE 100			_	
		BELLEVUE, WA 98004		Phone no.42	5-455-4800	
May	/ the II	RS discuss this return with the preparer shown above? See instructions		·	X Yes No	
_						

Pai	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SOCIAL JUSTICE AND PEACE THROUGH INTERFAITH UNDERSTANDING AND
	COOPERATION.
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 X 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 X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,271,520 • including grants of \$) (Revenue \$)
	HOMELESS SERVICES - SHELTER
	THE IW SHELTER PROVIDES 58 VULNERABILITY-BASED, LOW BARRIER SHELTER
	BEDS (EQUALING OVER 21,000 BED-NIGHTS ANNUALLY). ALL GENDERS ARE
	WELCOME, COUPLES STAY TOGETHER WHENEVER POSSIBLE, SERVICE ANIMALS AND
	COMPANION PETS ARE ALLOWED, SOBRIETY IS NOT REQUIRED, NO ID REQUIRED
	FOR ENTRY, AND ONLY SERVES INDIVIDUALS OVER 18. WE PRIORITIZE SINGLE
	ADULTS, AND COUPLES WITHOUT DEPENDENT CHILDREN WHO ARE LIVING WITH
	SERIOUS, PERSISTENT CHALLENGES RELATED TO PHYSICAL, MENTAL AND SUBSTANCE USE RELATED HEALTH ISSUES.
	SUBSTANCE USE RELATED REALTH ISSUES.
4b	(Code: ) (Expenses \$ 629,004 • including grants of \$ ) (Revenue \$ )
40	THE NAVIGATION TEAM IS MADE UP OF CERTIFIED PEER SUPPORT WORKERS AND
	PROVIDES A CONTINUUM OF SERVICES FROM OUTREACH AND ADVOCACY TO
	DEDICATED RESPITE BEDS FOR PEOPLE WHO ARE HOMELESS AND EXITING THE
	HOSPITAL. THE NAVIGATION TEAM PROVIDES STRENGTH BASED SERVICE
	CONNECTION IN REGARDS TO SHORT TERM EMERGENT NEEDS LIKE SUPPLY
	DISTRIBUTION AND VITAL DOCUMENT REPLACEMENT, MEDICAL NEEDS, MENTAL
	HEALTH SUPPORT, SUBSTANCE USE TREATMENT CONNECTION, AND PLACEMENT INTO
	SHELTERS AND PERMANENT HOUSING. THE NAVIGATION TEAM PROGRAM MODEL IS
	PARTICIPATORY, GOAL-ORIENTED AND OPEN TO PEOPLE IN OUR SHELTER, OR WHO
	ARE LIVING OUT IN THE STREETS OR IN WOODED AREAS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,900,524.
	Form <b>990</b> (2022)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		22
9	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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α.
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• · · · · · · · · · · · · · · · · · · ·			

232003 12-13-22

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			. v
04 -	Schedule J	23		X
24 a	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	24a		X
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA	<u> </u>	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 0			
	Enter the manuscript of the W 2d included of the fat. Enter of the dephicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	٠. هـ		
	(gambling) winnings to prize winners?	1c	aan	(2022

232004 12-13-22

Form **990** (2022

# 022) INTERFAITH WORKS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
<b>2</b> a	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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	Х	X						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			. v						
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х						
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								
_	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 as charitable contributions?	6a		Х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
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		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
_	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	_								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
D	amounts due or received from them.)									
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
С	Enter the amount of reserves on hand									
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 on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			,,,						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

232005 12-13-22

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (360)357-7224			
	PO BOX 1221, OLYMPIA, WA 98501			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	Η.		<u> </u>		T	1	from	from related	other
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mpe		1099-NEC)	,	and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JANET CHERRY	2.50									
PAST PRESIDENT 22-23		Х		Х				0.	0.	0.
(2) LISA GOSIACO	2.50									
PRESIDENT 22-23		Х		Х				0.	0.	0.
(3) NANCY EASTHAM	2.50									
TREASURER 22-23		Х		Х				0.	0.	0.
(4) MARY WHARTON	2.50									
SECRETARY 22-23		Х		Х				0.	0.	0.
(5) CAROLYN COX	2.50									
VICE PRESIDENT 22-23		Х		Х				0.	0.	0.
(6) BRIANNE ADAMS	1.50									
DIRECTOR 22-23		Х						0.	0.	0.
(7) CHRISTA LENSSEN	1.50									
DIRECTOR 22-23		Х						0.	0.	0.
(8) CAROLYN POPP	1.50									
DIRECTOR 22-23		Х						0.	0.	0.
(9) MARCY LAVIOLLETTE	1.50									
DIRECTOR 22-23		Х						0.	0.	0.
(10) CHRIS RASMUSSEN-BARSANTI	1.50									
DIRECTOR 22-23		Х						0.	0.	0.
(11) ANDREW RAYMENT	2.50									
PAST PRESIDENT 21-22		Х		Х				0.	0.	0.
(12) JANET CHERRY	2.50									
PRESIDENT 21-22		Х		Х				0.	0.	0.
(13) NANCY EASTHAM	2.50									
TREASURER 21-22		Х		Х				0.	0.	0.
(14) MARY WHARTON	2.50									
SECRETARY 21-22		Х		Х				0.	0.	0.
(15) CAROLYN COX	1.50									
DIRECTOR 21-22		Х						0.	0.	0.
(16) MARY GENTRY	1.50									
DIRECTOR 21-22		Х						0.	0.	0.
(17) LISA GOSIACO	1.50									
DIRECTOR 21-22		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022) INTERFAIT									91-0	947	698	Р	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	Positheck iss per and a di	ition more rson i	l than is bot	one h an	(D) Reportable	(E) Reportable compensatio	on	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa rom the anizat d relat anizati	e ion ed
(18) CHRIS RASMUSSEN-BARSANTI	1.50												
DIRECTOR 21-22	1 50	Х					_	0.		0.			0.
(19) NAKI STEVENS	1.50	X						0.		0.			0.
DIRECTOR 21-22								0.		0.			
										_			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n compensation from the organization								received more than \$100	0,000 of reportab	le			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so											3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		X
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for		•							•	npens	ation 1	rom	
(A) Name and business	address	NC	INC	3				(B) Description of s	services	С	ompe	<b>)</b> nsatio	n
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lis	sted	d above) who received n	nore than				
\$100,000 of compensation from the organiz	zation				(	)							

Form 990 (2022) INTERFA
Part VIII | Statement of Revenue

		Check if Schedule O contains a response or	note to any lir	ne in this Part VIII			
		Grieck in Genedule O contains a response of	note to any in	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	d Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and	30,636. 43,622. 16,663.	3,290,921.			
		В	usiness Code				
Program Service Revenue		HOUSING OPERATING SUPP	900999	548,539.	548,539.		
Prc	Ì	All other program service revenue					
		Total. Add lines 2a-2f		548,539.			
	3	Investment income (including dividends, interest, other similar amounts)  Income from investment of tax-exempt bond produced in the content of tax-exempt bond produced in tax-exempt bond produ	, and ceeds	1,297.			1,297.
	5	Royalties(i) Real	(ii) Personal				
	6 i	_  _  _ <del>                              </del>	(ii) Personai				
		Rental income or (loss)					
		d Net rental income or (loss)	(ii) Other				
her Revenue		Less: cost or other basis and sales expenses 7b C Gain or (loss) 7c					
Re		d Net gain or (loss)					
Other		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19					
	ı	Less: direct expenses 9b					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
-			usiness Code				
Miscellaneous Revenue	11 :	a					
lane	ı						
Scel							
Σ		d All other revenue					
	12	Total. Add lines 11a-11d     Total revenue. See instructions		3,840,757.	548.539.	0.	1,297.
	14	i otal lovoliuo. Ooo ilibii dollollo			,	. •	, 4, 1

# 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	,	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	2,072,426.	1,927,568.	144,858.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	044 244	100 000	40.4-	
9	Other employee benefits	211,241.	192,087.	19,154.	
10	Payroll taxes	186,675.	175,594.	11,081.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch O.)	166,906.	86,565.	48,444.	31,897
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	400 00-	110 000	1 - 000	
16	Occupancy	139,337.	113,883.	17,898.	7,556
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		25 525	4 6 6 7	
22	Depreciation, depletion, and amortization	88,994.	87,707.	1,287.	
23	Insurance	29,717.		29,717.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIRECT PROGRAM EXPENSE	228,613.	217,153.	6,908.	4,552
h	OPERATIONS	156,206.	99,967.	52,275.	3,964
C		,	,	,	- ,
d				+	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,280,115.	2,900,524.	331,622.	47,969
<u>26</u>	Joint costs. Complete this line only if the organization	.,,	, ,		=: , = = =
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	sassanona vampaign and randraiding delicitation.				

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X							
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			748,182.	1	386,513.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			712,774.	3	607,206.	
	4	Accounts receivable, net			59,947.	4	284.	
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%				
		controlled entity or family member of any of the	se perso	ons		5		
	6	Loans and other receivables from other disquali						
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ř	9	B			5,506.	9	33,001.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,531,439.				
	b	Less: accumulated depreciation	10b	155,210.	5,254,955.	10c	5,376,229.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line	11		58,256.	12	670,574.	
	13	Investments - program-related. See Part IV, line	11			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		4,315.	15	1,524. 7,075,331.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	6,843,935.	16	7,075,331.	
	17	Accounts payable and accrued expenses	243.	17				
	18	Grants payable			000 101	18		
	19	Deferred revenue			299,131.	19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
ies	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, subs						
-ia		controlled entity or family member of any of the			2 000 000	22	2 200 000	
_	23	Secured mortgages and notes payable to unrela			3,000,869.	23	3,300,000.	
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines			100 055		168,183.	
		of Schedule D			198,055. 3,498,298.	25	3,468,183.	
	26			e X	3,490,290.	26	3,400,103.	
S O		Organizations that follow FASB ASC 958, che	eck ner	e 🔼				
ŭ	07	and complete lines 27, 28, 32, and 33.			3,345,637.	07	3,532,148.	
3ale	27	Net assets without donor restrictions			3,343,037.	27	75,000.	
βE	28	Net assets with donor restrictions				28	75,000.	
Ξ		Organizations that do not follow FASB ASC 9	56, CHE	eck nere				
ō	20	and complete lines 29 through 33.				20		
ets	29	Capital stock or trust principal, or current funds				29 30		
Ass	30	Paid-in or capital surplus, or land, building, or ed		_		31		
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in		<b>—</b>	3,345,637.	32	3,607,148.	
Z	33	Total net assets or fund balances  Total liabilities and net assets/fund balances			6,843,935.	33	7,075,331.	
	00	Total nabilities and her assets/fully balafices			0,020,000	- 55	Form <b>990</b> (2022)	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,84		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,28		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,34	5,6	37.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-29	9,1	31.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	:	3,60	7,1	48.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERFAITH WORKS

Employer identification number 91-0947698

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	X							
2		A school described in <b>sect</b>	•				·/· ·/·	
3		A hospital or a cooperative				<b>γ</b> Ь\/1\/Δ\/i	ii)	
4		A medical research organiz					-	the hospital's name
_		•	ation operated in co	rijuriction with a nospital	described	a iii <b>sectio</b>	ii iro(b)( i)(A)(iii). Litter	the nospital s hame,
-		city, and state:	ar the benefit of a co	llaga ar university evene	d or opera	tod by a a	avaramantal unit dagarik	and in
5		An organization operated for		niege of university owner	u or opera	ted by a g	overnmentar unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C				<b>70</b> (1)(4)(4)		
6	H	A federal, state, or local go	-					
7		An organization that norma		intial part of its support f	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C						
8	$\mathbb{H}$	A community trust describe						
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Ш	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а	ıL	☐ <b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	,	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	:	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	tions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
	Pro	vide the following information	n about the supporte	ed organization(s).				
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
<del></del>	_1							
Tota	al						I	I

# 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.)

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	` ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")		1,137,961.	3,348,301.	4,486,684.	3,290,921.	12,263,867.
2	Tax revenues levied for the organ-						
	ization'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		1,137,961.	3,348,301.	4,486,684.	3,290,921.	12,263,867.
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)						
	Public support. Subtract line 5 from line 4.						12,263,867.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4		1,137,961.	3,348,301.	4,486,684.	3,290,921.	12,263,867.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1,297.	1,297.
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.)		39,852.	3,871.	198,554.	548,539.	•
11	<b>Total support.</b> Add lines 7 through 10						13,055,980.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, fo	ourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (					14	93.93 %
	Public support percentage from 2021					15	97.37 %
16a	33 1/3% support test - 2022. If the	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					· ·
	and if the organization meets the fact			=	•	VI how the organiza	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-				
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	o, check this box a		Earm 000\ 2022

Schedule A (Form 990) 2022

### 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.)

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	1			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Par	t IV   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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	Na
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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 on line 2, above, 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		
<u>Sec</u>	tion 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 yea(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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to dapported organizations in Too, december in Edit Francisco played by the organization in this regard.	- Ju		

232025 12-09-22

Sche	dule A (Form 990) 2022 INTERFAITH WORKS			91-0947698 <sub>Page</sub> 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

6

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

T dit VI	Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an	2 and 3; Part IV, Section E, lin	, 11a, 11b, and 11c; Part IV es 1c, 2a, 2b, 3a, and 3b; I	/, Section B, lines 1 and 2; F Part V, line 1; Part V, Sectior	Part IV, Section C, n B, line 1e; Part V,
	(See instructions.)				

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

INTERFAITH WORKS 91-0947698 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# INTERFAITH WORKS

91-0947698

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION S PUGET SOUND  212 UNION AVE SE  OLYMPIA, WA 98501	\$ 28,326.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FREAS FOUNDATION  515 FLORA VISTA RD NE  OLYMPIA, DE 98506	\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MEDINA FOUNDATION 801 2ND AVE SEATTLE, WA 98104	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OLYMPIA FEDERAL SAVINGS  PO BOX 7519  OLYMPIA, WA 98504	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PREMERA BLUE CROSS  7001 220TH ST SW  MOUNTLAKE TERRACE, WA 98043	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SJ COMMUNITY PARTNERSHIP FUND  3345 MICHELSON DR  IRVINE, WA 92612	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page 2

Name of organization	Employer identification number
INTERFAITH WORKS	91-0947698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	TIDES FOUNDATION  PO BOX 29903  SAN FRANCISCO, CA 94129	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	PHILLIPS, KYLIE & DREW  336 SHERMAN ST NW  OLYMPIA, WA 98502	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	SWINKELS, MIKE  1926 MADRONA BEACH RD NW  OLYMPIA, WA 98502	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	FINLEL, BUFFIE  2432 BETHEL ST NE  OLYMPIA, WA 98506	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

# INTERFAITH WORKS

91-0947698

		Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** 91-0947698 INTERFAITH WORKS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

INTERFAITH WORKS

**Employer identification number** 91-0947698

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(4) 2 51161 4411054 141145	(5)			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	L	eed funds			
3	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
Ü	for charitable purposes and not for the benefit of the donor of					
Par						
1	Purpose(s) of conservation easements held by the organizat					
·	Preservation of land for public use (for example, recrea		a historically important land area			
	Protection of natural habitat		a certified historic structure			
	Preservation of open space		<u> </u>			
2	Complete lines 2a through 2d if the organization held a quali	fied 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			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year		-			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the			
_	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pul					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022			

232051 09-01-22

Pai	t III Organizations Maintaining C	Collections of Ar	t, His	torical Tı	easures, o	or Othe	r Similar As	sets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, chec	k any of the	following tha	at make si	gnificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how th	ney further t	the organizati	on's exem	npt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of tl	ne orga	nization's c	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran							IV, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for	contributio	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		•	_					Amour	nt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.									]
Pai										
	•	(a) Current year	(b) F	rior year	(c) Two year	rs back (	d) Three years b	ack (e) Fou	r years l	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses								-	
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1	a column (	a)) held as:			I		
	Board designated or quasi-endowment	•	% %	9, 00.0	ajj riola ao.					
	Permanent endowment	%								
	•	<u></u> /°								
·	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse		ition the	at are held a	and administe	ered for th	Δ			
ou	organization by:	obblion of the organize		at are riola t	and daminiote	5100 101 til	•		Yes	No
	(i) Unrelated organizations							3a(i)	$\vdash$	
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		WITICITE	iuius.						
	Complete if the organization answere		Part I\	/ line 11a s	See Form 990	) Part X I	ine 10			
	-	(a) Cost or ot						(d) Pag	ak voluc	
	Description of property	basis (investm			t or other		cumulated reciation	( <b>u</b> ) 600	ok value	9
	Land			5 3/	2,028.		69,273.	5,27	2 71	55
	Buildings			5,54	. 4,040.		07,413.	5,41	4,1,	٠.,
	Leasehold improvements			1 5	1,111.		68,548.	Ω	2,56	<u> </u>
	Equipment				88,300.		17,389.		[0, 9]	
	Other		V 001::-				±1,300•	5,37		
าบเล	n Aug mies la milough le. (Commin (a) Must e	guari Omi 330, Fäll	n, coidi	ıııı (ט), IIIIe	100.)			,.,	~, ~ 4	·

5,376,229. Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INTERFAITH	WORKS	91	-0947698 Page
Part VII Investments - Other Securities.			r ago
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT MONEY MARKET			
(B) FUNDS	670,574.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	670,574.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	•		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			167,495
(3) OTHER LIABILITIES			688
(4)			
(5)			
(6)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

(7) (8)

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

168,183.

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	-	
1	Total revenue, gains, and other support per audited financial statements		1	3,840,757.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	3,840,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	•		٥
c				3,840,757.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.  rt XII   Reconciliation of Expenses per Audited Financial St			
ıa	Complete if the organization answered "Yes" on Form 990, Part IV, lir	-	ises per metai	
1	Total expenses and losses per audited financial statements		1	3,280,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b				
c				
d				
е	Add lines 2a through 2d	' <u>-</u>	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,280,115.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	3,280,115.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

### SCHEDULE O (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

INTERFAITH WORKS

**Employer identification number** 91-0947698

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE IN DRAFT FORM. COMMITTEE MEMBERS ASK QUESTIONS AND REVIEW THE DOCUMENT BEFORE PRESENTATION TO THE FULL BOARD. AFTER DISCUSSION IN THE FINANCE COMMITTEE MEETING, TREASURER AND EXECUTIVE DIRECTOR DISTRIBUTE AND PRESENT THE FORM 990 TO THE FULL BOARD AND ADDRESS ANY QUESTIONS THE BOARD MAY HAVE IN REGARD TO DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS A "NO CONFLICT OF INTEREST" POLICY AND ENGAGES IN NO TRANSACTIONS WHICH PRESENT A CONFLICT OF INTEREST, EITHER IN FACT OR EACH BOARD MEMBER AND KEY EMPLOYEE COMPLETES A POLICY FORM APPEARANCE. EACH YEAR. PER THE CONFLICTS OF INTEREST POLICY, ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS IN WRITING BY THE INTERESTED PERSON (ANY DIRECTOR OR PRINCIPAL OFFICER WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN A GIVEN TRANSACTION OR ARRANGEMENT).

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY UTILIZING COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE SALARY RECOMMENDATION IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD, WITH NO MEMBERS WHO HAVE A CONFLICT OF INTEREST BEING INVOLVED IN THE PROCESS. SUBSTANTIATION OF THE DELIBERATION AND DECISION ARE RECORDED AT THAT TIME.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization INTERFAITH WORKS	Employer identification number 91-0947698
FORM 990, PART VI, SECTION C, LINE 19:	
ITEMS AVAILABLE UPON REQUEST.	