# EXTENSION GRANTED TO MAY 15, 2025 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

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	$\underline{2023}$ calendar year, or tax year beginning $\underline{JUL}$ 1, $\underline{2023}$ and er	nding J	<u>UN 30, 2024</u>						
	heck if oplicable	INTERFAITH SANCTUARY HOUSING SERVICES		D Employer identifie	cation number					
L	Addres change Name			26 05100	7.0					
	_change ⊤Initial		a a m /a uita	26-05100						
	_return _Final _return/	PO BOX 9334	oom/suite	E Telephone number 20834558	15					
	termin- ated Amend	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	10,281,690.					
	return Applica	BOISE, ID 63707		H(a) Is this a group return						
	tion pendin	F Name and address of principal officer: ANDREW 0 SCOGGIN		for subordinates? Yes X No						
	Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527   If "No," attach a list. See instructions									
	ax-exe Vebsit		527	H(c) Group exemptio						
		organization: X Corporation Trust Association Other	I Voor		N State of legal domicile: ID					
		Summary	L Teal (	or formation. 2007   N	n State of legal dofficile. 19					
		Briefly describe the organization's mission or most significant activities: INTERI	FAITH	SANCTUARY	IS A					
JCe		COLLABORATION OF PEOPLE OF FAITH AND PEOPL								
Governance	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.					
ve	3			3	10					
õ		Number of independent voting members of the governing body (Part VI, line 1b)			10					
8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			51					
/itie		Total number of volunteers (estimate if necessary)			200					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.					
				Prior Year	Current Year					
Ф	8	Contributions and grants (Part VIII, line 1h)		6,467,044.	9,945,776.					
eun		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		749.	3,248.					
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,986.	282,775.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,462,807.	10,231,799.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		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)		1,586,891.	1,671,135.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă		Total fundraising expenses (Part IX, column (D), line 25) 280, 45		2 150 260	2 402 627					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,159,368. 3,746,259.	2,492,627.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,716,548.	4,163,762.					
s		Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	6,068,037. End of Year					
Net Assets or Fund Balances		Fatal assate (Dart V. line 4.0)	Dei	6,061,543.	11,920,349.					
sse Bala	20	Total assets (Part X, line 16)		2,684,513.	2,475,282.					
let /	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		3,377,030.	9,445,067.					
Pa	rt II	Signature Block		3,311,030	J, 445,007 •					
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is					
		and complete. Declaration of preparer (other than officer) is based on all information of whic		· ·	,					
Sigr	, [	Signature of officer		Date						
Her		CODY PERDUE, TREASURER								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	ļ	BRYCE MORRISON BRYCE MORRISON	0	1/27/25 self-employ						
Prep	arer [	Firm's name HARRIS & CO., PLLC			6-4022510					
Use	Only	Firm's address 1120 S. RACKHAM WAY, STE 100								
		MERIDIAN, ID 83642		Phone no. (2	<u>08) 333-8965</u>					
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No					

INTERFAITH SANCTUARY HOUSING SERVICES 26-0510072 Page **2** INC Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: INTERFAITH SANCTUARY IS A COLLABORATION OF PEOPLE OF FAITH AND PEOPLE OF GOODWILL WHO PROVIDE SHELTER AND SERVICES TO THE HOMELESS. WE PROVIDE OVERNIGHT SHELTER FOR MEN, WOMEN, AND CHILDREN, AND SUPPORTIVE SERVICES TO PROMOTE GREATER SELF-SUFFICIENCY, WELL-BEING, AND Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 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. (Code: \_\_\_\_\_) (Expenses \$ 2,689,391. including grants of \$ ) (Revenue \$ SUPPORTIVE SERVICES - INTERFAITH SANCTUARY STAFF, VOLUNTEERS, AND COMMUNITY PARTNERS PROVIDE A VARIETY OF SOCIAL SERVICES. DISABILITY SUPPORT HELPS PERSONS WITH DISABILITIES TO APPLY FOR SSI, SSD, AND MEDICAL BENEFITS. FAMILY STRENGTHENING EMPHASIZES HEALTH FAMILIES THROUGH CASE MANAGEMENT, PARENTING CLASSES, AND STRUCTURED EDUCATIONAL ACTIVITIES FOR CHILDREN. 828,268. including grants of \$ ) (Expenses \$ ) (Revenue \$ EMERGENCY SHELTER - PROVIDES OVERNIGHT SHELTER FOR UP TO 165 PEOPLE FROM 6PM TO 7AM, WITH LIGHT DINNERS PROVIDED BY LIFE'S KITCHEN AND THE IDAHO FOOD BANK. SINGLE MEN AND WOMEN HAVE SEPARATE SLEEPING AND BATHING IN THE SHELTER WITH COMMON DINING AND SOCIAL AREA, WHICH IS LOCATED OUTSIDE WHEN POSSIBLE DUE TO COVID. FAMILIES WITH CHILDREN, MEDICALLY FRAGILE AND SENIORS ARE CURRENTLY LOCATED AT A HOTEL IN ORDER TO MAINTAIN SOCIAL DISTANCING AS PART OF THE COVID PROTOCOL. (Code: \_\_\_\_\_\_) (Expenses \$ \_\_\_\_\_\_ including grants of \$ \_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_

•			
Other program services	(Describe on Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)

3,517,659.

Total program service expenses

INC 26-0510072 Page 3 Form 990 (2023) Part IV | Checklist of Required Schedules

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 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 ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

			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	23		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-25
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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		X
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			v
00	Schedule L, Part I	25b		X
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,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
JZ		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	
Par		_ 55	-2	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	1 12-21-23	Form	990	(2023)

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023) INC 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	_	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<del>  ^</del>
	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	1.		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		$\vdash^{\Delta}$
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).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	150		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		<del> </del>
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	15 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	4		
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 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	٠,		
	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	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		х
	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		Х
	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.			

Form 990 (2023)

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INC 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 Section A. Governing Body and Management No Yes 10 **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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 Section C. Disclosure ID List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request \_\_ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 2083455815 S. AMERICANA BOULEVARD, BOISE, ID 83702 605

#### 26-0510072 Form 990 (2023) 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.

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- 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.

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

- 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.

(A)	(B)	(C)					out	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				than o		Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both an officer and a director/trustee)			s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	io nal 1		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CYNTHIA COBB	40.00									
DIRECTOR OF ADMIN				X				87,746.	0.	7,963.
(2) JODI D. PETERSON-STIGERS	40.00									
EXECUTIVE DIRECTOR				X				85,000.	0.	6,831.
(3) ANDREW J. SCOGGIN	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) JERRY STURGILL	8.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) CODY PERDUE	5.00								_	_
TREASURER		Х		Х				0.	0.	0.
(6) ELINOR CHEHEY	5.00									
SECRETARY		Х		Х				0.	0.	0.
(7) RICHARD W. STOVER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) RABBI DAN FINK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARY CRONIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANN O. HUBBERT	5.00								•	•
BOARD MEMBER	F 00	Х						0.	0.	0.
(11) BROOKE BATES	5.00								•	•
BOARD MEMBER	F 00	Х						0.	0.	0.
(12) JOEL GILMER	5.00	3,7							0	0
BOARD MEMBER		Х						0.	0.	0.
		ŀ								
-										
		ł								
		-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	-			
			$\vdash$		$\vdash$					
								I		000

Form 990 (2023) 332007 12-21-23

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		compensation compensat			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/	comp fro orga and	pensat om the anizati I relate nizatio	e on ed
1b Subtotal								172,746.		0.	14	1,79	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								172,746.		0.	14	1,79	0. 94.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<b>;</b>			0
	director twict	a		mml	01/0		hia	hoot componented amo	laves on			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					•	-		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
Section B. Independent Contractors	-												
Complete this table for your five highest co the organization. Report compensation for	=	-							-	ensa	tion fro	m	
<b>(A)</b> Name and business	address	NC	NE	3				<b>(B)</b> Description of s	services	С	(C omper		1
							$\dashv$						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organization	•				(			•					

Page 8

INC

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 105,730. 1c d Related organizations 1d 3,083,982. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 6,756,064. 1f 31,009. g Noncash contributions included in lines 1a-1f 9,945,776. h Total. Add lines 1a-1f **Business Code** 2 a \_\_\_\_\_ Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) 3,248. 3,248. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 105,730. of contributions reported on line 1c). See 332,666. Part IV, line 18 49,891. **b** Less: direct expenses 282,775 282,775. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a **d** All other revenue e Total. Add lines 11a-11d 10,231,799. 286,023. **12 Total revenue.** See instructions

# 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ірівів соійініі (А).	
Do :	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		ų	5	1,2,22
-	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,				
Ū	trustees, and key employees	188,657.	152,082.	13,337.	23,238.
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,249,803.	1,006,922.	85,494.	157,387.
8	Pension plan accruals and contributions (include	_,,	_, _ , , ,		= 2 . , 0 0 . (
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	110,759.	89,845.	10,582.	10.332.
10	Payroll taxes	121,916.	101,854.	7,402.	10,332. 12,660.
11	Fees for services (nonemployees):		202,0020	,,2021	
	Management				
b					
	Legal Accounting	29,100.		29,100.	
d		2372001		23 / 2001	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	130,884.	92,524.	3,795.	34,565.
12	Advertising and promotion	528.	22,321.	3,7331	34,565. 528.
13	Office expenses	125,390.	53,626.	44,653.	27,111.
14	Information technology	45,896.	31,048.	7,201.	7,647.
15	Royalties		,0200	.,	., 0 2 . 4
16	Occupancy	1,632,353.	1,590,293.	42,060.	
17	Travel	29,386.	29,386.	,	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	66,842.		66,842.	
21	Payments to affiliates	20,0220		22,022	
22	Depreciation, depletion, and amortization	58,134.	58,134.		
23	Insurance	53,338.	,	53,338.	
24	Other expenses. Itemize expenses not covered	22,000		,	
	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	CLIENT SPECIFIC EXPENSE	280,810.	280,718.	92.	
b	TRAINING & SUPPORT	20,467.	20,467.		
c	OTHER	19,499.	10,760.	1,750.	6,989.
d		- ,	,	,	,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,163,762.	3,517,659.	365,646.	280,457.
26	<b>Joint costs.</b> Complete this line only if the organization	-	-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

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Part	^	balance Sneet					
		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			2,412,432.	1	7,262
	2	Savings and temporary cash investments			35,274.	2	4,068,204
	3	Pledges and grants receivable, net			614,116.	3	3,421,818
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges		11,745.	9	25,993	
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,654,296. 345,081.			
	b	Less: accumulated depreciation	2,987,976.	10c	4,309,215		
1	1	Investments - publicly traded securities			11		
1	2	Investments - other securities. See Part IV, line 1		12			
1	3	Investments - program-related. See Part IV, line 1		13			
1.	4	Intangible assets	0.	14	87,857		
1	5	Other assets. See Part IV, line 11				15	11 000 010
1	6	Total assets. Add lines 1 through 15 (must equa			6,061,543.	16	11,920,349
1	7	Accounts payable and accrued expenses			308,485.	17	1,000,282
1	8	Grants payable				18	
	9	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
န္မ   2	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
<u>a</u>		controlled entity or family member of any of these			2 276 020	22	1 475 000
_   2	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·	2,376,028.	23	1,475,000
	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X		.	
		of Schedule D			2,684,513.	25	2,475,282
2	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec			2,004,313.	26	2,413,202
န္		and complete lines 27, 28, 32, and 33.	K Here				
ຊັ ຸ	27				1,171,769.	27	1,930,160
2   3	., 28	Net assets with donor restrictions  Net assets with donor restrictions		2,205,261.	28	7,514,907	
<u> </u>	.0	Organizations that do not follow FASB ASC 95			2,203,201.	20	7,314,307
ᆵᅵ		and complete lines 29 through 33.	o, che	CK Here			
ธ   ว	9	Capital stock or trust principal, or current funds				29	
دا و <del>ا</del> ع	.9 80	Paid-in or capital surplus, or land, building, or equ				30	
488   0	1 1	Retained earnings, endowment, accumulated inc				31	
<b>-</b>	2	Total net assets or fund balances			3,377,030.	32	9,445,067
_	3	Total liabilities and net assets/fund balances			6,061,543.	33	11,920,349
					0,001,010.	00	Form <b>990</b> (202

### INTERFAITH SANCTUARY HOUSING SERVICES

Form 990 (2023) INC 26-0510072 Page 12

Pa	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	10	, 23	1,7	99.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,16	3,7	62.	
3							
4							
5	the about of the control of the cont						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
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	9	, 44	5.0	67.	
Pa	rt XII Financial Statements and Reporting			•			
	Check if Schedule O contains a response or note to any line in this Part XII						
	ones in constant of sometime and soperior of note to any into in the constant				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х	
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:	ona					
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	Х		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20			
	consolidated basis, or both:	basis,					
	X Separate basis Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit					
review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			2c	X		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	saule C	ر.				
Jä				За	Х		
<b>L</b>	, , , , , , , , , , , , , , , , , , , ,			Ja	21		
ŭ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, surplain why an School to Condidensities any steps to undergo such audits.	eu auc	الد   ا	26	v		

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

INTERFAITH SANCTUARY HOUSING SERVICES **Employer identification number** Name of the organization 26-0510072 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

INC

26-0510072 Page 2

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1716636.	2561829.	3398875.	6469543.	9945776.	24092659.
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	1716636.	2561829.	3398875.	6469543.	9945776.	24092659.
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)						820,080.
6	Public support. Subtract line 5 from line 4.						23272579.
	• • • • • • • • • • • • • • • • • • • •						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 3398875.	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1716636.	2561829.	33900/3.	6469543.	9945//6.	24092659.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 007	806.	447.	740	2 240	6 227
_	and income from similar sources	1,087.	000.	44/•	749.	3,248.	6,337.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						24098996.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			
.0	organization, check this box and <b>stor</b>			•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	96.57 %
	Public support percentage from 2022					15	92.44 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s

Schedule A (Form 990) 2023

# 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		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	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							
(	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support	,	,	T	_			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6							
10a	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							
	Add lines 10a and 10b							
11	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.)							
14	First 5 years. If the Form 990 is for the	-			•			
C-	check this box and stop here							
	ction C. Computation of Publi			. (5)		T .= T		
	Public support percentage for 2023 (I	, (,,		(//		15	<u>%</u>	
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>	
				10 l (f)		47		
	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))  Investment income percentage from 2022 Schedule A, Part III, line 17  18  %							
						18	%	
198	a 33 1/3% support tests - 2023. If the							
	more than 33 1/3%, check this box ar						L	
k	33 1/3% support tests - 2022. If the							
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	structions		

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.
- 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")? |f "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).
- 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?
- 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).
- 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.
- 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	G		
	6		
	7		
	8		
	9a		
	Ωh		
	9b		
	9с		
	10a		
	10b		
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	th N/ Over a strict Over a str	<u>, TOO /</u>	<b>∠</b> Pa	age <b>5</b>
Pa	rt 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	44-		
<b>L</b>	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If IV all the first 11a or 11b above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI.  tion B. Type I Supporting Organizations	1 110		<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
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		
D	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	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a				
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	94		
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

### INTERFAITH SANCTUARY HOUSING SERVICES

Schedule A (Form 990) 2023 INC

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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):			
a	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

hedule A (Form 990) 2023 $$	E
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

26-0510072 Page 7

#### INTERFAITH SANCTUARY HOUSING SERVICES

26-051<u>0072 Page 8</u> INC Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INTERFAITH SANCTUARY HOUSING SERVICES
INC

Employer identification number
26-0510072

Organization type (check one):					
Filers of:	:	Section:			
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special I	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.			
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year\$			
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2023)

Name of organization
INTERFAITH SANCTUARY HOUSING SERVICES
INC
26-0510072

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 DEVELOPMENT INC.  4481 N DRESDEN PL  GARDEN CITY, ID 83714	\$500,000.	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
2	M.J. MURDOCK CHARITABLE TRUST  655 W COLUMBIA WAY, SUITE 700  VANCOUVER, WA 98660	\$500,000.	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
3	COMMUNITY HOUSE INC.  PO BOX 6206  BOISE, ID 83707	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RIVER SHORE DEV  1555 SHORELINE, SUITE 210  BOISE, ID 83702	\$\$	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.)

Name of organization
INTERFAITH SANCTUARY HOUSING SERVICES
INC

Employer identification number
26-0510072

Part II	Part II Noncash Property (see instructions). Use duplicate copies of 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			
		- - - - \$				

**Employer identification number** 

Name of organization

INTERFAITH SANCTUARY HOUSING SERVICES INC 26-0510072 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 (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 (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 SANCTUARY HOUSING SERVICES INC

**Employer identification number** 26-0510072

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
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 w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
<b>D</b> -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e 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 trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply).  a Public exhibition	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar A	ssets	(contin	ued)	
a   Public achibition   d   Loan or exchange program   b   Scholarly research   e   Other   c   Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If 'Yes, 'explain the arrangement in Part XIII and complete the following table:  Amount  1c   Amount   1c   Amount   1d   Distributions during the year   1e   Distributions during the year   1f   Ending balance   2n   Distributions during the year   1e   Distributions   1g   Beginning of year balance   1g   Current year   1g   Cur	3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t make sig	nificant use	of its	-		
b Scholarly research e Other Preservation for future generations  4 Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization scollection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If 'Yes', explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization a collection?  Teported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  Distributions during the year  1 to 1 t	а	Public exhibition		ı 🔲 ı	Loan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's oblict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part VI   Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   1a   Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:    Complete   Part XIII   Part XIII	b	Scholarly research	6	• 🔲	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or life yes, "explain the arrangement in Part XIII and complete the following table:	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpose i	n Part >	CIII.		
Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	gements Comple	ete if the	organizatior	n answered "	Yes" on Fo	orm 990, Pa	rt IV, lir	e 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning belance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  Permanent endowment  ———————————————————————————————————												
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Amount   Ic   Amount   I	1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributior	ns or other as	sets not ir	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Amount   Ic   Amount   I		on Form 990, Part X?							$\square$	Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  bit 't'es', evaplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the	b											
d Additions during the year   16   16   17   15   15   15   15   15   15   15										Amount	:	
d Additions during the year   16   16   17   15   15   15   15   15   15   15	С	Beginning balance						1c				
e Distributions during the year f feding balance	d							1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization has been provided in Part XIII.  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back be Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  720,000. 5 Buildings C Leasehold improvements	е							1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f							1f				
Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a							/?		Yes		No
Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided in F	art XIII					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment (h) Permanent endowment (h) Permanent endowment (h) Permanent endowment (h) Permanent endowment (h) Unrelated organizations) (li) Related organizations? (li) Related organizations? (li) Related organizations? (li) Related organizations? (li) Related organizations (listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value												
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									s back	(e) Four	years b	ack
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment												
g End of year balance	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	q											
a Board designated or quasi-endowment			ent vear end balanc	e (line 1a	ı. column (a	)) held as:						
b Permanent endowment					,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Term endowment												
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  7 20,000.  7 20,000.  Description of property  Land  7 20,000.  Table 3858.  Table 4,563.  C Leasehold improvements	С											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  720,000.  720,000.  Buildings  1,691,421.  126,858.  1,564,563.  C Leasehold improvements			uld equal 100%.									
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  720,000.  720,000.  b Buildings  1,691,421. 126,858. 1,564,563.	За		•	ation that	t are held ar	nd administer	red for the					
(i) Unrelated organizations? (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  720,000.  The property buildings  1,691,421.  126,858.  1,564,563.  c Leasehold improvements		•								ſ	Yes	No
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  720,000.  The property basis (investment)  1b Buildings  1c Leasehold improvements  3a(ii)  3b  4 Describe in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  720,000.  720,000.  720,000.  720,000.		-										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  720,000.  720,000.  b Buildings  1,691,421.  126,858.  1,564,563.  c Leasehold improvements		(m)										
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  720,000.  The property Part X, line 10.  The property (a) Cost or other basis (other)  The property basis (investment)  The property basis (other)	b											
Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  720,000.  720,000.  720,000.  1,691,421.  126,858.  1,564,563.  c Leasehold improvements												
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  720,000.  720,000.  720,000.  720,000.  720,000.  720,000.  720,000.  720,000.  720,000.	Par											
basis (investment)         basis (other)         depreciation           1a Land         720,000.         720,000.           b Buildings         1,691,421.         126,858.         1,564,563.           c Leasehold improvements         1,691,421.         1,564,563.		Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X, liı	ne 10.				
basis (investment)         basis (other)         depreciation           1a Land         720,000.         720,000.           b Buildings         1,691,421.         126,858.         1,564,563.           c Leasehold improvements         1,691,421.         1,564,563.										(d) Bool	k value	
b Buildings		2000pt.o.r o. proporty	1 ' '		` '		` ,			(,		
b Buildings		Land	,	•		, ,				720	00,0	0.
c Leasehold improvements							1	26,858				
					,	,		.,		,	,	
d Equipment 232,817. 218,223. 14,594.	_				23	2,817.	2	18,223		14	1,59	4.
e Other 2,010,058. 2,010,058.							_	.,===				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 4,309,215.				X line 10								

Schedule D (Form 990) 2023 INC		26-051	0072 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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-of-year	market value
(1)		•	
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
	F 000 D+ N/ P 4	Ad. One France 2000 Book V. Kenn 45	
Complete if the organization answered "Yes"			ND I I
(a)	Description	(0)	) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
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.	
1. (a) Description of liability			) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)		+	
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co.			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to t	the organization's financial statements that repo	rts the n Part XIII X
organization's liability for uncertain tax positions under		-	

26-0510072 Page 4

Pai	t XI	Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	·
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total	revenue, gains, and other support per audited financial statements			1	10,293,869.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		ted services and use of facilities	l I	62,500.		
С	Reco	veries of prior year grants	2c			
d		(Describe in Part XIII.)	1 1	-430.		
е	Add li	nes 2a through 2d			2e	62,070.
3	Subtr	act line 2e from line 1			3	10,231,799.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,231,799.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	letur	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total	expenses and losses per audited financial statements			1	4,225,832.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities		62,500.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d		(Describe in Part XIII.)		-430.		44 4-4
е		nes 2a through 2d			2e	62,070.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	4,163,762.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,163,762.
		Supplemental Information				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part	X, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	ation.		
ד א כד	от 🕶	TIME 2.				
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LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING

FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization INTERFAITH SANCTUARY HOUSING SERVICES Employer identification number 26-0510072 INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023

26-0510072 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events XTREME (add col. (a) through 3 EXTRAVAGANZA|ANNUAL GALA col. (c)) (event type) (event type) (total number) 170,455. 134,702. 133,239. 438,396. 1 Gross receipts 13,600. 92,130. 105,730. 2 Less: Contributions 170,455. 41,109. 332,666. 3 Gross income (line 1 minus line 2) 121,102. 4 Cash prizes 5 Noncash prizes Direct Expenses 792. 993. 55. 1,840. 6 Rent/facility costs 3,662. 4,592. 255. 8,509. **7** Food and beverages 6,539. 5,215. 12,117. 363. 8 Entertainment 11,804. 14,801. 820. 27,425. 9 Other direct expenses 49,891. 10 Direct expense summary. Add lines 4 through 9 in column (d) 282,775. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

# INTERFAITH SANCTUARY HOUSING SERVICES

Sch	ledule G (Form 990) 2023 INC 26 -	0510072	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
40		103	140
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
<b>L</b>	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
L			
D۵	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P		OF 401
Га	•• · · · · · · · · · · · · · · · · · ·	art III, lines 9, 9	9D, 1UD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23 Schedule G (Form 990) 2023

#### INTERFAITH SANCTUARY HOUSING SERVICES

Schedule G	(Form 990) INC Supplemental Information (continued)	26-0510072 Page 4
Part IV	Supplemental Information (continued)	

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

INTERFAITH SANCTUARY HOUSING SERVICES INC

Employer identification number 26-0510072

Par	τι	ıy	oes of Property								
				(a)	(b)	(c)		(d)			
				Check if	Number of contributions or	Noncash contrib		Method of de		_	_
				applicable		Form 990, Part VIII		noncash contribu	ition ar	nounts	3
1	Art - V	Vorks	of art								
2			ical treasures								
3			onal interests								
4			publications								
5			nd household goods	Х		24,	094.	FMV			
6		-	ther vehicles			•					
7			planes								
8			property								
9			Publicly traded								
10			Closely held stock								
11			Partnership, LLC, or								
	trust i	intere	sts								
12	Secur	rities -	Miscellaneous								
13	Qualif	fied c	onservation contribution -								
	Histor	ric str	uctures								
14	Qualif	fied c	onservation contribution - Other								
15			e - Residential								
16			e - Commercial								
17			e - Other								
18			S		10		<b>C F F</b>				
19			tory	X	18	3,	655.	F.W.A			
20			medical supplies								
21											
22			urtifacts								
23			pecimens								
24		_	cal artifacts	X	5	1	850.	EM77			
25 26	Other Other	,	EQUIPMENT )	X	5		110.				
26 27	Other	,	GIFT CARDS	X	1		300.				
28	Other	•	GIII CARDS				300.	1111			
<u>20</u> 29			Forms 8283 received by the organization	zation during	the tay year for co	ontributions	Т				
25			he organization completed Form 82	-	•		29				
	101 111		no organization completed i omi ez	50, r a, r v, D	onee hermoug					Yes	No
30a	Durine	a the	year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines	1 throug	ıh 28. that it			
			for at least 3 years from the date of								
			rposes for the entire holding period?						30a		Х
b	If "Ye	s," de	escribe the arrangement in Part II.								
31			rganization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard	contribut	tions?	31		Х
32a	Does	the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell r	noncash				
	contri	ibutio	ns?						32a		X
b			escribe in Part II.								
33	If the	orgar	nization didn't report an amount in c	olumn (c) for	a type of property	for which column (	a) is ched	cked,			
	descr	ibe in	Part II.								

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

Schedule M (Form 990) 2023

#### INTERFAITH SANCTUARY HOUSING SERVICES

Schedule M	1 (Form 990) 2023 INC 26-05100 / 2 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### **SCHEDULE 0** (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.

**Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

INTERFAITH SANCTUARY HOUSING SERVICES

**Employer identification number** 26-0510072

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SHELTER AND SERVICES TO HOMELESS. WE PROVIDE OVERNIGHT SHELTER FOR MEN,
WOMEN, AND CHILDREN, AND SUPPORTIVE SERVICES TO PROMOTE GREATER
SELF-SUFFICIENCY, WELL-BEING, AND PERMANENT HOUSING ACQUISITION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PERMANENT HOUSING ACQUISITION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY BOARD MEMBERS FOR COMMENTS AND QUESTIONS PRIOR TO
SUBMITTING TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER SIGNS AN ANNUAL PLEDGE TO NOT ENGAGE IN CONFLICTS OF
INTERESTS.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR PRESENTS A SALARY BUDGET WITH LINES ITEMS FOR EACH
POSITION DURING THE ANNUAL BUDGET PROCESS. THE DEPARTMENT OF LABOR IS USED
IN ADDITION TO NON-PROFIT SURVEYS TO DETERMINE REASONABLE SALARIES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ANNUAL AUDIT REPORT AND FORM 990 ARE POSTED TO THE ORGANIZATIONS
WEBSITE. OTHER INFORMATION CAN BE MADE AVAILABLE UPON REASONABLE REQUEST.