



**Cambaliza McGee LLP**  
CERTIFIED PUBLIC ACCOUNTANTS | BUSINESS ADVISORS

June 30, 2022

Interfaith Community Services, Inc.  
550 W. Washington Ave. No. B  
Escondido, CA 92025

Dear Board of Directors:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990

2020 California Form 199

2020 California Form RRF-1

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

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Sincerely,

Lino Cambaliza, CPA  
Cambaliza McGee LLP

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

## Filing Instructions

<b>Prepared for:</b>  Interfaith Community Services, Inc. 550 W. Washington Ave. No. B Escondido, CA 92025	<b>Prepared by:</b>  Cambaliza McGee LLP 1601 Dove St. Suite 294 Newport Beach, CA 92660
<p>2020 FORM 990</p> <p><b>Electronic Filing:</b></p> <p>This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible</p>	
<p>2020 CALIFORNIA FORM 199</p> <p>No payment is required.</p> <p>The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.</p>	

## Filing Instructions

**Prepared for:**

Interfaith Community Services, Inc.  
550 W. Washington Ave. No. B  
Escondido, CA 92025

**Prepared by:**

Cambaliza McGee LLP  
1601 Dove St. Suite 294  
Newport Beach, CA 92660

2020 CALIFORNIA FORM RRF-1

You have a balance due of .....\$ 225.00

Enclose a check or money order for \$225.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Please mail as soon as possible.

Mail to - Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

Interfaith Community Services, Inc.

95-3837714

Name and title of officer or person subject to tax

Greg Anglea

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 31,967,500.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize Cambaliza McGee LLP to enter my PIN 01234 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30716201234

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Cambaliza McGee LLP Date 06/30/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>Interfaith Community Services, Inc.</b>	Taxpayer identification number (TIN)  <b>95-3837714</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>550 W. Washington Ave., No. B</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Escondido, CA 92025</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Greg Anglea**

- The books are in the care of ▶ **550 W. Washington Ave., Ste. B - Escondido, CA 92025**  
Telephone No. ▶ **(760) 489-6380** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Extended to May 16, 2022

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable; C Name of organization: Interfaith Community Services, Inc.; D Employer identification number: 95-3837714; E Telephone number: (760) 294-6356; G Gross receipts \$: 31,967,500; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: 501(c)(3); J Website: WWW.INTERFAITHSERVICES.ORG; K Form of organization: Corporation; L Year of formation: 1979; M State of legal domicile: CA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: Interfaith Community Services empowers people in need to stabilize and improve their lives through; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block details: Sign Here: Greg Anglea, CEO, Date: July 27, 2022; Paid Preparer: Lino Cambaliza, Date: 06/30/22, PTIN: P01257264; Firm: Cambaliza McGee LLP, Firm's EIN: 81-5185250, Phone no.: (949) 484-8288

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: Interfaith Community Services empowers people in need to stabilize and improve their lives through comprehensive programs in partnership with diverse faith communities and people of compassion.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,594,109. including grants of \$ ) (Revenue \$ 6,669,466.) Housing and Shelter - Interfaith Community Services(ICS) provides emergency shelter and permanent supportive housing to homeless, senior, and mentally ill women and men. ICS provides transitional and low-income housing to families and veterans. These programs include case management, screening and referrals for other programs and services. ICS provides rapid rehousing and homeless prevention assistance to families and veterans.

4b (Code: ) (Expenses \$ 4,730,733. including grants of \$ ) (Revenue \$ 5,640,123.) Self Sufficiency and Supportive Services - ICS provides low income and unemployed individuals and families emergency food, basic employment services, legal assistance, free tax preparation, financial literacy training, rental assistance, utilities assistance, transportation assistance and referrals for other services. ICS supplies daily breakfast and lunch, showering, laundry facilities, and mail receipt for the homeless. ICS also provides seniors with hot lunches, friendly visits and minor home repairs.

4c (Code: ) (Expenses \$ 4,997,645. including grants of \$ ) (Revenue \$ 5,958,344.) Recovery and Wellness - ICS provides residential, outpatient, and interim housing for homeless or low-income individuals suffering from substance use disorders. ICS also provides recuperative care services for recently released hospitalized veterans and homeless individuals.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,494,885. including grants of \$ ) (Revenue \$ 2,974,477.)

4e Total program service expenses 17,817,372.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with questions 2a through 16 and Yes/No columns. Includes sub-questions like 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16.

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

Check if Schedule O contains a response or note to any line in this Part VI  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	22		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **Greg Anglea - (760) 489-6380**  
**550 W. Washington Ave., Ste. B, Escondido, CA 92025**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Greg Anglea Executive Dir.	40.00			X			196,891.	0.	0.	
(2) Robert Adams Director	40.00	X					133,710.	0.	0.	
(3) Filipa Rios Director	40.00				X		129,498.	0.	0.	
(4) Megan Hawker Director	40.00	X					104,092.	0.	0.	
(5) Joseph Stemmler CFO	40.00			X			102,714.	0.	0.	
(6) Erin Murphy Director	40.00	X					102,641.	0.	0.	
(7) Christine Marie Carrick Director	1.00	X					0.	0.	0.	
(8) Silas Harrington Im. PastChair	1.00	X	X				0.	0.	0.	
(9) Stephen L. Smith Director	1.00	X					0.	0.	0.	
(10) Gary Luoto Vice Chair	1.00	X	X				0.	0.	0.	
(11) Lisa Brinig Director	1.00	X					0.	0.	0.	
(12) Varinda Missett Director	1.00	X					0.	0.	0.	
(13) Carol Brooks Director	1.00	X					0.	0.	0.	
(14) Meg Decker Chairman	1.00	X	X				0.	0.	0.	
(15) Harnold B. Dokmo, Jr. Director	1.00	X					0.	0.	0.	
(16) Michael Friedrichs Director	1.00	X					0.	0.	0.	
(17) Zeynep Ilgaz Director	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kate McKone-Sweet Director	1.00	X						0.	0.	0.
(19) Kadri Webb Director	1.00	X						0.	0.	0.
(20) Gloria Baker Director	1.00	X						0.	0.	0.
(21) Paul M Polito Director	1.00	X						0.	0.	0.
(22) John Byers Director	1.00	X						0.	0.	0.
(23) Michael Dubick Secretary	1.00	X						0.	0.	0.
(24) Gene Evenskaas Treasurer	1.00	X						0.	0.	0.
(25) Manuel Martinez Director	1.00	X						0.	0.	0.
(26) Andy Ballester Director	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								769,546.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								769,546.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,230,080.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 609,510.				
	h	<b>Total.</b> Add lines 1a-1f		8,230,080.				
Program Service Revenue				<b>Business Code</b>				
	2 a	Contract Revenue		900099	20,485,620.	20,485,620.		
	b	Rental Income		531110	738,320.	738,320.		
	c	Other Program		900099	18,470.	18,470.		
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f			21,242,410.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,495,010.		2,495,010.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	b	Less: cost or other basis and sales expenses	7b					
c	Gain or (loss)	7c						
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
		8a						
		8b						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				<b>Business Code</b>				
	11 a							
	b							
	c							
	d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions			31,967,500.	21,242,410.	0.	2,495,010.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	769,545.	229,819.	472,229.	67,497.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	10,015,040.	9,003,272.	528,603.	483,165.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	130,065.	107,442.	14,984.	7,639.
9 Other employee benefits .....	1,950,982.	1,696,870.	164,663.	89,449.
10 Payroll taxes .....	910,458.	770,312.	92,107.	48,039.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....				
13 Office expenses .....	1,300,823.	694,442.	380,605.	225,776.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	190,219.	129,532.	60,687.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	591,016.	536,431.	43,462.	11,123.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Operations and Support</b> .....	2,496,992.	2,468,730.	19,185.	9,077.
b <b>Living Assistance</b> .....	1,792,089.	1,792,089.		
c <b>Other</b> .....	494,485.	255,895.	229,065.	9,525.
d <b>Training and Employment</b> .....	132,538.	132,538.		
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>20,774,252.</b>	<b>17,817,372.</b>	<b>2,005,590.</b>	<b>951,290.</b>
26 Joint costs. 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	5,681,243.	1	6,025,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,008,399.	3	4,399,620.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	287,716.	9	322,570.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,567,569.		
	b	Less: accumulated depreciation	10b 7,735,659.	10c	24,831,910.
	11	Investments - publicly traded securities	10,038,663.	11	12,128,460.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	34,118,334.	16	47,707,560.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,858,978.	17	1,841,920.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,340,162.	23	7,753,200.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,199,140.	26	9,595,120.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	20,886,669.	27	30,286,456.
	28	Net assets with donor restrictions	6,032,525.	28	7,825,984.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	26,919,194.	32	38,112,440.
33	<b>Total liabilities and net assets/fund balances</b>	34,118,334.	33	47,707,560.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,967,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,774,252.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,193,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,919,194.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	38,112,442.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8379363.	6717926.	6521600.	7188385.	8230080.	37037354.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8379363.	6717926.	6521600.	7188385.	8230080.	37037354.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						37037354.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	8379363.	6717926.	6521600.	7188385.	8230080.	37037354.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	173,736.	312,539.	445,531.	211,093.	2495010.	3637909.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						40675263.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	91.06	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	82.47	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	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	
4	Amounts paid to acquire exempt-use assets	4
	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

Interfaith Community Services, Inc.

95-3837714

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization <b>Interfaith Community Services, Inc.</b>	Employer identification number <b>95-3837714</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>California Community Foundation</u> <u>221 S Figueroa St Ste 400</u> <u>Los Angeles, CA 90012</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>May and Stanley Smith Charitable Trust</u> <u>770 Tamalpais Dr. Ste 309</u> <u>Corte Madera, CA 94925</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>Robert S Wilson Estate</u> <u>PO Box 8964</u> <u>Rancho Santa Fe, CA 92067</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>Schwab Charitable Fund Foundation</u> <u>211 Main St Fl 10</u> <u>San Francisco, CA 94105</u>	\$ <u>258,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>The San Diego Foundation</u> <u>2508 Historic Decatur Rd Ste 200</u> <u>San Diego, CA 92106</u>	\$ <u>507,452.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>Martha Blane &amp; Leonard Wittwer</u> <u>19828 Fortuna Del Este</u> <u>Escondido, CA 92029</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Interfaith Community Services, Inc.</b>	Employer identification number <b>95-3837714</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Melvin Cohn 18405 Saint Etienne Ln San Diego, CA 92128	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Margie Handly 28357 Cavalier Ct Escondido, CA 92026	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Small Business Administration 4019 Third Street, SW Washington, DC 20416	\$ 1,905,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Interfaith Community Services, Inc.**

**95-3837714**

**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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>Interfaith Community Services, Inc.</b>	Employer identification number <b>95-3837714</b>
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**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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

2020 Open to Public Inspection

Name of the organization

Interfaith Community Services, Inc.

Employer identification number 95-3837714

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

032051 12-01-20

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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's collection?  Yes  No

**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 X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	10,038,663.	9,192,272.	7,528,392.	7,272,429.	6,833,718.
b Contributions		959,065.	1,412,000.	119,140.	
c Net investment earnings, gains, and losses	2,534,880.	286,555.	639,925.	523,722.	714,124.
d Grants or scholarships					
e Other expenditures for facilities and programs	-406,135.	-365,669.	-357,511.	-352,997.	-251,960.
f Administrative expenses	-38,947.	-33,560.	-30,534.	-33,902.	-23,453.
g End of year balance	12,128,460.	10,038,663.	9,968,362.	8,302,190.	7,823,255.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |

**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	(d) Book value
1a Land		10,401,000.		10,401,000.
b Buildings		19,700,950.	6,482,614.	13,218,336.
c Leasehold improvements		642,310.	435,137.	207,173.
d Equipment		797,420.	583,915.	213,505.
e Other		1,025,889.	233,993.	791,896.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				24,831,910.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	31,967,500.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	<b>2a</b>		
	b Donated services and use of facilities	<b>2b</b>		
	c Recoveries of prior year grants	<b>2c</b>		
	d Other (Describe in Part XIII.)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	31,967,500.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIII.)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	31,967,500.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	20,774,252.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	<b>2a</b>		
	b Prior year adjustments	<b>2b</b>		
	c Other losses	<b>2c</b>		
	d Other (Describe in Part XIII.)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	20,774,252.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIII.)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	20,774,252.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The earnings from the endowment funds are used to fund programs on an annual basis.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**Interfaith Community Services, Inc.**

Employer identification number

**95-3837714**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization?	<b>5b</b>	<b>X</b>								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization?	<b>6b</b>	<b>X</b>								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Greg Anglea Executive Dir.	(i)	196,891.	0.	0.	0.	0.	196,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Robert Adams Director	(i)	133,710.	0.	0.	0.	0.	133,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Filipa Rios Director	(i)	129,498.	0.	0.	0.	0.	129,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Megan Hawker Director	(i)	104,092.	0.	0.	0.	0.	104,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Joseph Stemmler CFO	(i)	102,714.	0.	0.	0.	0.	102,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Erin Murphy Director	(i)	102,641.	0.	0.	0.	0.	102,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Christine Marie Carrick Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Silas Harrington Im. PastChair	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Stephen L. Smith Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Gary Luoto Vice Chair	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Lisa Brinig Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Varinda Missett Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Carol Brooks Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Meg Decker Chairman	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Harnold B. Dokmo, Jr. Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Michael Friedrichs Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Zeynep Ilgaz	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Kate McKone-Sweet	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Kadri Webb	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Gloria Baker	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) Paul M Polito	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) John Byers	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Michael Dubick	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) Gene Evenskaas	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) Manuel Martinez	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) Andy Ballester	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) Sue Carter	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) Yusef Miller	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) Janette Pritchard	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) Monica Thornton	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **Interfaith Community Services, Inc.** Employer identification number **95-3837714**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	11,794.	Resale Value
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	100	675,886.	Resale Value
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**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 M, Line 32b:

The vehicle donation program is operated by a third party who accepts vehicle donations on behalf of Interfaith Community Services, Inc.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Interfaith Community Services, Inc.

Employer identification number

95-3837714

Form 990, Part I, Line 1, Description of Organization Mission:

comprehensive programs in partnership with diverse faith communities  
and people of compassion.

Form 990, Part III, Line 4d, Other Program Services:

Other Program Services - ICS provides employment training, job  
preparedness, job search, and case management to unemployed or  
underemployed veterans and other individuals. ICS administers programs  
connecting employers with laborers for short-term and permanent  
employment. ICS also provides high-risk youth with mentorship,  
tutoring, and on the job training opportunities. ICS also provides  
homeless outreach services with local law enforcement agencies.

Expenses \$ 2,494,885. including grants of \$ 0. Revenue \$ 2,974,477.

Form 990, Part VI, Section A, line 6:

Line 6 explanation - Per the organization bylaws, there shall be a general  
membership class composed of individual congregations and ministerial  
associations. General members shall each have one vote on all matters  
presented to the membership for action. To be admitted as a general  
member, candidates must submit an application and be admitted by election  
by a majority of the members of the board of directors. In addition, to  
maintain such membership, general members must have current information on  
file with Interfaith pursuant to the general membership guidelines  
established by the board of directors. General members are eligible to  
attend all membership meetings, including but not limited to the annual  
meeting and special meetings.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization Interfaith Community Services, Inc.	Employer identification number 95-3837714
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Form 990, Part VI, Section A, line 7a:

Line 7a explanation - Per the organization bylaws, general members shall have the right to vote, as set forth in the bylaws, on the election of directors, on the disposition of all or substantially all of the corporation's assets, on any merger and its principal terms and any amendment of those terms, and on any election to dissolve the corporation. In addition, the general members shall have the rights afforded members under the California nonprofit public benefit corporation law. Except at otherwise specifically provided in the bylaws or the articles of incorporation and except as otherwise required by law, each vote taken or made by a majority of the general members present at a duly held membership meeting at which a quorum is present shall constitute the act of the membership.

Form 990, Part VI, Section B, line 11b:

Line 11b Explanation - Each board member is provided a copy of Form 990 prior to its filing. The 990 is discussed at the board meeting and questions are answered.

Form 990, Part VI, Section B, Line 12c:

Annually, the board of directors is required to disclose and document any conflicts of interest they may have. The organization utilizes strong internal controls within the procurement policies and procedures to ensure that all proposed or ongoing transactions are monitored for conflicts of interest. Any discovered potential or actual conflicts of interest are dealt with according to the conflict of interest policy.

Name of the organization <b>Interfaith Community Services, Inc.</b>	Employer identification number <b>95-3837714</b>
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Form 990, Part VI, Section B, Line 15:

Yearly reviews determine compensation. The executive director and CFO's salaries are determined by our board of directors. Comparable salary data from other organization's 990 and compensation studies are used to determine what is appropriate compensation.

Form 990, Part VI, Section C, Line 19:

The organizational documents and audited financial statements of the organization will be available (for inspection or copying) at the organization's main office during normal business hours.

When responding to a public inspection request for any organizational document, audit or form 990 by anyone, the organization shall fulfill such request in a timely fashion without inquiring as to the reason for the public inspection request.

TAXABLE YEAR  
**2020**

# California Exempt Organization Annual Information Return

028941 12-22-20  
FORM  
**199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

Corporation/Organization name  
**INTERFAITH COMMUNITY SERVICES, INC.**  
California corporation number  
**1120020**  
FEIN  
**95-3837714**

Street address (suite or room)  
**550 W. WASHINGTON AVE., NO. B**  
City  
**ESCONDIDO**  
State  
**CA**  
ZIP code  
**92025**

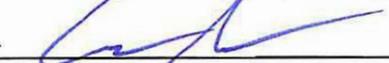
Foreign country name Foreign province/state/county Foreign postal code

- A First return  Yes  No
- B Amended return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final information return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$
- L Is the organization a limited liability company?  Yes  No
- M Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS

### Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	23,737,420	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	8,230,080	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	31,967,500	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	31,967,500	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	20,774,253	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	11,193,247	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  
Signature of officer  Title **CEO** Date **July 22, 2021** Telephone

Preparer's signature  Date **06/30/22** Check if self-employed  PTIN **P01257264**

Paid Preparer's Use Only  
Firm's name (or yours, if self-employed) and address **CAMBALIZA MCGEE LLP  
1601 DOVE ST. SUITE 294  
NEWPORT BEACH, CA 92660** Telephone **81-5185250  
(949) 484-8288**

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



CA 199 Cash Contributions Statement 1  
Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Allison & Robert Price Family Foundation	7777 Fay ave Ste 300 La Jolla, CA 92037		125,000.
Ameriprise Financial Services	70400 Ameriprise Financial Ctr Minneapolis, MN 55474		15,000.
Bank of America Charitable Foundation	100 N Tryon St Charlotte, NC 28202		10,000.
Barnabas Foundation	3801 Eagle Nest Dr. Ste B Crete, IL 60417		20,000.
Betty Reich Requadt Estate	930 Monticello Dr Escondido, CA 92029		27,562.
California Community Foundation	221 S Figueroa St Ste 400 Los Angeles, CA 90012		1,000,000.
Charles Schwab Company	211 Main St Fl 17 San Francisco, CA 94105		25,000.
Coastal Community Foundation	162 S Rancho Santa Fe Rd Ste F50 Encinitas, CA 92024		25,000.
David T. & Dorris E. Staples Foundation	PO Box 572 Fallbrook, CA 92088		90,967.
Dr. Bronner's Magic Soaps	1335 Park Center Dr Ste D Vista, CA 92081		5,000.
Eileen Baker Hale Estate	11302 Calle Oro Verde Valley Center, CA 92082		17,215.
Escondido Seniors Housing Corporation	3143 Quiet Hills Dr Escondido, CA 92029		8,000.
Escondido United Methodist Foundation	341 S Kalmia St Escondido, CA 92025		29,415.
Fidelity Charitable	PO Box 770001 Cincinnati, OH 45277		125,000.

Interfaith Community Services, Inc.95-3837714

Funders Together to End Homelessness San Diego Gary & Mary West Foundations	5060 Shoreham Pl Ste 350 San Diego, CA 92122 10350 N Torrey Pines Rd La Jolla, CA 92037	69,050. 100,000.
Graybill Medical Group - Escondido	332 S Juniper St Ste 100 Escondido, CA 92025	23,500.
Issa Family Foundation	PO Box 1388 Vista, CA 92085	70,000.
James J. Kuden Estate	300 W Grand Ave Ste 204 Escondido, CA 92025	30,000.
Jewish Community Foundation of San Diego	4950 Murphy Canyon Rd Ste 100 San Diego, CA 92123	157,717.
Johnston O'Boyle Family Trust	738 Idaho Ave Escondido, CA 92025	10,000.
Las Patronas	PO Box 1888 La Jolla, CA 92038	38,883.
Leichtag Foundation	441 Saxony Rd Encinitas, CA 92024	125,000.
Linden Root Dickinson Foundation	3245 Indian Mills Ln Jamul, CA 91935	20,000.
Lucky Duck Foundation	2683 Via De La Valle # G-259 Del Mar, CA 92014	100,000.
Marianne K. Adams Estate	PO Box 1089 Bonsall , CA 92003	6,125.
May and Stanley Smith Charitable Trust	770 Tamalpais Dr. Ste 309 Corte Madera, CA 94925	200,000.
MUFG Union Bank	PO Box 85602 San Diego, CA 92186	40,000.
Nordson Corporation Foundation	2747 Loker Ave W Carlsbad, CA 92010	10,000.
North Coast Calvary Chapel	1330 Poinsettia Ln Carlsbad, CA 92011	25,000.
North Coast Church - Vista	2405 N Santa Fe Ave Vista, CA 92084	15,775.
Parker & Crossland Family Foundation	PO Box 22970 San Diego, CA 92192	5,000.
Pilgrim United Church of Christ	2020 Chestnut Ave Carlsbad, CA 92008	8,038.
Price Philanthropies Foundation	4305 University Ave Ste 600 San Diego, CA 92105	100,000.
Rancho Santa Fe Foundation	PO Box 811 Rancho Santa Fe, CA 92067	34,121.
Robert S Wilson Estate	PO Box 8964 Rancho Santa Fe, CA 92067	200,000.
San Diego County Bar Foundation	401 W A St Ste 1100 San Diego, CA 92101	7,500.
San Diego Food Bank	9850 Distribution Ave San Diego, CA 92121	35,000.
San Diego Gas and Electric Company	488 8th Ave # HQ-08-S2 San Diego, CA 92101	10,000.
Schwab Charitable Fund Foundation	211 Main St Fl 10 San Francisco, CA 94105	258,500.
St. Bartholomew's Episocpal Church	16274 Pomerado Rd Poway, CA 92064	5,000.

Interfaith Community Services, Inc.

95-3837714

TD Ameritrade Clearing	PO Box 2226 Omaha, NE 68103	31,347.
The Bravo Foundation	1042 N El Camino Real # B409 Encinitas, CA 92024	15,000.
The Danna Foundation	2825 Jolley Cir St George, UT 84790	125,000.
The San Diego Foundation	2508 Historic Decatur Rd Ste 200 San Diego, CA 92106	507,452.
The Signatry	7171 W 95th St Ste 501 Overland Park, KS 66212	5,000.
The Village Church	PO Box 704 Rancho Santa Fe, CA 92067	162,722.
Tsuha Foundation	PO Box 4687 Honolulu , HI 96812	50,000.
UBS Donor - Advised Fund	165 Township Line Rd Ste 1200 Jenkintown, PA 19046	20,000.
United Methodist Church of Vista	490 S Melrose Dr Vista, CA 92081	60,000.
United Way of Greater Lorain County, Ohio, Inc.	642 Broadway Lorain, OH 44052	59,689.
USS Midway Foundation	910 N Harbor Dr San Diego, CA 92101	15,000.
Vanguard Charitable Endowment Foundations	PO Box 9509 Warwick , RI 02889	20,000.
Watkins Manufacturing Corp	1280 Park Center Dr Vista, CA 92081	5,000.
Wells Fargo Foundation	550 S 4th Street MAC N9310 Minneapolis, MN 55415	45,000.
Witman Family Foundation	PO Box 1959 Escondido, CA 92033	25,000.
World Vision Inc	34834 Weyerhaeuser Way S Federal Way, WA 98001	20,000.
David L. & Jean L. Bender	PO Box 500050 San Diego, CA 92150	5,000.
Joyce S. & Dr. William J. Biffar	3192 Sage Gln Escondido, CA 92029	5,000.
Martha Blane & Leonard Wittwer	19828 Fortuna Del Este Escondido, CA 92029	500,000.
Tamara S. & David A. Borecky	2024 Amparo Ct Escondido, CA 92025	10,000.
David C. & Karl D Breitweister	15654 Riparian Rd Poway, CA 92064	5,000.
Lisa & Brian Brinig	11131 Gatemoore Way San Diego, CA 92131	10,000.
Brad & Melinda M. Chisick	751 S Weir Canyon Rd # 157-281 Anaheim, CA 92808	10,500.
Melvin Cohn	18405 Saint Etienne Ln San Diego, CA 92128	200,000.
Robert W. Costantino & Judy R. Balsavich	1926 Bernardo Ave Escondido, CA 92025	5,000.
Judy & Charles E. Crabtree, Jr.	602 Schafer Pl Escondido, CA 92025	100,000.
Lisa T. Davis	1418 Arbor Ct Encinitas, CA 92024	5,000.
Todd J. Dokmo	16879 Saint Andrews Dr Poway, CA 92064	5,000.

Interfaith Community Services, Inc.95-3837714

Rev. James G. & Virginia Estes	18655 W Bernardo Dr Apt 401 San Diego, CA 92127	5,000.
David G. & Maren L. Fitzgibbons	6664 Sweetclover Ln Carlsbad, CA 92011	10,000.
Michael D. & Rocane E. Fredericks	2103 Acker Way Escondido, CA 92029	25,000.
Marjorie C. Frye	8515 Costa Verde Blvd Unit 610 San Diego, CA 92122	100,000.
Wilma L. George	18755 W Bernardo Dr Apt 1341 San Diego, CA 92127	45,000.
Donald M. & Charlotte Gragg	18755 W Bernardo Dr Apt 1239 San Diego, CA 92127	101,827.
Margie Handly	28357 Cavalier Ct Escondido, CA 92026	200,000.
Kevin J. & Andrea Harkenrider	11215 Monticook Ct San Diego, CA 92127	10,000.
Steven R. & Susan O. Hart	244 3rd St Encinitas, CA 92024	10,000.
Mary Beth Hayman	2668 S Ocean Shore Blvd Flagler Beach, FL 32136	78,686.
Jill F. Henderson	118 Double Eagle Gln Escondido, CA 92026	12,000.
Timothy H. Karen Jobe	2457 Summit Dr Escondido, CA 92025	5,000.
John N. & Janet S. Kister	3636 Luneta Ln Fallbrook, CA 92028	6,000.
Dr. Edgar Koshmann	3417 Streamside Cir Apt 324 Pleasanton, CA 94588	25,000.
Vicki L. Krivoski & Bill J. Smith	PO Box 894 Oceanside, CA 92049	6,000.
Carol Lazier & James Merrit	13491 Summit Cir Poway, CA 92064	5,000.
Dr. Tomothy M. & Jennifer F. Lenahan	26063 Kaywood Ter Escondido, CA 92026	10,000.
Deborah L. Loftus	3890 Vista Campana S Unit 32 Oceanside, CA 92057	5,000.
Parker & MargaretM. Mahnke	4854 San Jacinto Cir W Fallbrook, CA 92028	5,000.
Gertrude A. Mangrum	PO Box 1066 Rancho Santa Fe, CA 92067	60,000.
Manny & Lise Martinez	325 W 3rd Ave Ste 203 Escondido, CA 92025	30,000.
Marjorie McManus	1928 Glenaire Dr Escondido, CA 92025	10,000.
Tamara & Jay M. Moulton	1750 Victoria Way San Marcos, CA 92069	5,000.
Barbara J. Nolan & Henry A. Eimstad III	1823 Sheridan Ave San Diego, CA 92103	5,000.
John E Opelt	1303 Santa Luisa Dr Solana Beach, CA 92075	10,000.
Vrett & William J. Pease, Jr.	18655 W Bernardo Dr Apt 301 San Diego, CA 92127	5,392.
Suzanne S. & John B. Pohlman	276 N El Camino Real Spc 79 Oceanside, CA 92058	14,000.
Stacey E. & Donald S. Roberts	3337 Avenida Hacienda Escondido, CA 92029	5,000.

<u>Interfaith Community Services, Inc.</u>		<u>95-3837714</u>
Jack M. & Sherron C. Schuster	1001 Genter St Unit 4G La Jolla, CA 92037	10,000.
William & Mirriam E. Sherrard	18755 W Bernardo Dr Apt 1313 San Diego, CA 92127	5,000.
Caroline W. Shogren	18755 W Bernardo Dr Apt 1115 San Diego, CA 92127	5,000.
Sandi Slonim	9232 Calle De Vista Oeste San Diego, CA 92129	15,000.
Stephen R. & Julie B. Stock	12448 Pomerado Pl San Diego, CA 92128	5,000.
Robert S. & Paula W. Traber	2156 Rock Gln Escondido, CA 92026	10,000.
Diana H. & Roger E. Van Duzer	PO Box 1849 Rancho Santa Fe, CA 92067	5,000.
Paul & Neeltje Van Elderen	2001 La Honda Dr Escondido, CA 92027	25,000.
Jonathan C. & Lael Montgomery Vick	13678 McNally Rd Valley Center, CA 92082	5,041.
Steven P. & Laura F. Wagner	14375 Harvest Cres Poway, CA 92064	5,000.
Ruth Whitaker	318 Sundance Cir Palm Desert, CA 92211	35,000.
Keith R. & Maureen D. Wieland	300 Carlsbad Village Dr Ste 108A-300 Carlsbad, CA 92008	7,000.
Small Business Administration	4019 Third Street, SW Washington, DC 20416	1,905,903.
Total included on line 3		<u><u>8,100,927.</u></u>

<u>CA 199</u>	<u>Other Income</u>	<u>Statement 2</u>
<u>Description</u>		<u>Amount</u>
Contract Revenue		20,485,620.
Rental Income		738,320.
Other Program		18,470.
Total to Form 199, Part II, line 7		<u><u>21,242,410.</u></u>

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CA 199                      Compensation of Officers, Directors and Trustees                      Statement 3

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<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Greg Anglea 550 W. Washington Ave., Ste. B Escondido, CA 92025	Executive Dir. 40.00	196,891.
Robert Adams 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 40.00	133,710.
Filipa Rios 32460 Shadow Canyon Trail Wildomar, CA 92592	Director 40.00	129,498.
Megan Hawker 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 40.00	104,092.
Joseph Stemmler 550 W. Washington Ave., Ste. B Escondido, CA 92025	CFO 40.00	102,714.
Erin Murphy 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 40.00	102,641.
Christine Marie Carrick 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Silas Harrington 550 W. Washington Ave., Ste. B Escondido, CA 92025	Im. PastChair 1.00	0.

Interfaith Community Services, Inc.

95-3837714

Stephen L. Smith 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Gary Luoto 550 W. Washington Ave., Ste. B Escondido, CA 92025	Vice Chair 1.00	0.
Lisa Brinig 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Varinda Missett 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Carol Brooks 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Meg Decker 550 W. Washington Ave., Ste. B Escondido, CA 92025	Chairman 1.00	0.
Harnold B. Dokmo, Jr. 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Michael Friedrichs 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Zeynep Ilgaz 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Kate McKone-Sweet 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Kadri Webb 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Gloria Baker 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.

Interfaith Community Services, Inc.

95-3837714

Paul M Polito 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
John Byers 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Michael Dubick 550 W. Washington Ave., Ste. B Escondido, CA 92025	Secretary 1.00	0.
Gene Evenskaas 550 W. Washington Ave., Ste. B Escondido, CA 92025	Treasurer 1.00	0.
Manuel Martinez 550 W. Washington Ave., Ste. B Escondido, CA 92025	Director 1.00	0.
Andy Ballester 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 1.00	0.
Sue Carter 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 1.00	0.
Yusef Miller 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 1.00	0.
Janette Pritchard 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 1.00	0.
Monica Thornton 550 W. Washington Ave. , No. B Escondido, CA 92025	Director 1.00	0.

Total to Form 199, Part II, line 11

769,546.

CA 199	Other Expenses	Statement 4
<u>Description</u>		<u>Amount</u>
Operations and Support		2,496,992.
Living Assistance		1,792,089.
Other		494,485.
Training and Employment		132,538.
Pension plan contributions		130,065.
Other employee benefits		1,950,982.
Office expenses		1,300,823.
Total to Form 199, Part II, line 17		8,297,974.

CA 199	Other Investments	Statement 5
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Other publicly traded securities	10,038,663.	12,128,460.
Total to Form 199, Schedule L, line 9	10,038,663.	12,128,460.

CA 199	Other Assets	Statement 6
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Pledges and Grants Receivable	2,008,399.	4,399,620.
Prepaid Expenses and Deferred Charges	287,716.	322,570.
Total to Form 199, Schedule L, line 12	2,296,115.	4,722,190.

CA 199	Fund Balances	Statement 7
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Net assets without donor restrictions	20,886,669.	30,286,456.
Net assets with donor restrictions	6,032,525.	7,825,984.
Total to Form 199, Schedule L, line 21	26,919,194.	38,112,440.

TAXABLE YEAR  
2020

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name	Identifying number
<b>INTERFAITH COMMUNITY SERVICES, INC.</b>	<b>95-3837714</b>

**Part I Electronic Return Information (whole dollars only)**

1 Total gross receipts (Form 199, line 4)	1	<u>31,967,500</u>
2 Total gross income (Form 199, line 8)	2	<u>31,967,500</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>20,774,253</u>

**Part II Settle Your Account Electronically for Taxable Year 2020**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

**Part III Banking Information (Have you verified the exempt organization's banking information?)**

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or Intermediate service provider the reason(s) for the delay.

Sign Here  Date July 27, 2022 Title CEO

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	<u>CAMBALIZA MCGEE LLP</u>			<u>P01257264</u>
Firm's name (or yours if self-employed) and address	<u>CAMBALIZA MCGEE LLP</u>			Firm's FEIN <u>81-5185250</u>
	<u>1601 DOVE ST. SUITE 294</u>			ZIP code <u>92660</u>
	<u>NEWPORT BEACH, CA</u>			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>			
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

STATE OF CALIFORNIA  
 RRF-1  
 (Rev. 09/2017)  
 MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 STREET ADDRESS:  
 1300 I Street  
 Sacramento, CA 95814  
 (916)210-6400  
 WEBSITE ADDRESS:  
 www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>INTERFAITH COMMUNITY SERVICES, INC.</u>          Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>550 W. WASHINGTON AVE. , NO. B</u>          Address (Number and Street)</p> <p><u>ESCONDIDO, CA 92025</u>          City or Town, State, and ZIP Code</p> <p><u>(760) 294-6356</u>      <u>JSTEMMLER@INTERFAITHSERVICES.ORG</u>          Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT133207</u></p> <p>Corporation or Organization No. <u>1120020</u></p> <p>Federal Employer ID No. <u>95-3837714</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Gross Annual Revenue \$ 31,967,500 Noncash Contributions \$ 609,510 Total Assets \$ 47,707,560  
 Program Expenses \$ 17,817,372 Total Expenses \$ 20,774,252

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?	X	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

 GREG ANGLEA      CEO      July 27, 2022  
 Signature of Authorized Agent      Printed Name      Title      Date