

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning , and ending
B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization: INTERFAITH NEIGHBORS, INC
Doing business as: []
Number and street (or P.O. box if mail is not delivered to street address): 810 FOURTH AVE Room/suite: []
City or town, state or province, country, and ZIP or foreign postal code: ASBURY PARK NJ 07712
D Employer identification number: 22-2896129
E Telephone number: 732-775-0525
F Name and address of principal officer: PAUL L MCEVILY, 810 FOURTH AVENUE, ASBURY PARK NJ 07712
G Gross receipts \$: 12,984,707
H(a) Is this a group return for subordinates? [] Yes [X] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions
I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527
J Website: N/A
H(c) Group exemption number: []
K Form of organization: [X] Corporation [] Trust [] Association [] Other
L Year of formation: 1988
M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	86		
	6 Total number of volunteers (estimate if necessary)	6	375		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	5,484,513	Current Year	5,089,265
	9 Program service revenue (Part VIII, line 2g)		201,335		463,233
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,968		852,909
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		485,126		228,419
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,244,942		6,633,826
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,749,593		3,066,833
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25)		167,476		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,019,155		3,729,667
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,768,748		6,796,500	
19 Revenue less expenses. Subtract line 18 from line 12		-523,806		-162,674	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	24,781,097	End of Year	24,480,428
	21 Total liabilities (Part X, line 26)		906,348		768,353
	22 Net assets or fund balances. Subtract line 21 from line 20		23,874,749		23,712,075

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.

Sign Here	Signature of officer: PAUL L MCEVILY Type or print name and title: EXECUTIVE DIRECTOR	Date: []
Paid Preparer Use Only	Preparer's name: JEANNE REICHARDT Preparer's signature: [] Date: 09/16/25 Check [] if self-employed PTIN: P00444289	Firm's name: DONATO, HAYES & COMPANY, CPA, LLC Firm's EIN: 22-2899290 Firm's address: 201 MAIN STREET, ALLENHURST, NJ 07711 Phone no.: 732-531-3388

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:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 774,147 including grants of \$) (Revenue \$)

IN 2024, INTERFAITH NEIGHBORS PROVIDED RENTAL, UTILITY AND MORTGAGE ASSISTANCE TO APPROXIMATELY 230 FAMILIES, WHICH INCLUDED OVER 552 INDIVIDUALS FACING EVICTION OR HOMELESSNESS, ENABLING THEM TO REMAIN IN THEIR PLACE OF RESIDENCE FOLLOWING A SUDDEN ECONOMIC CHALLENGE.

4b (Code:) (Expenses \$ 3,144,622 including grants of \$) (Revenue \$)

INTERFAITH NEIGHBORS ADDRESSED ISSUES OF FOOD INSECURITY EFFECTING RESIDENTS OF MONMOUTH COUNTY, NEW JERSEY, BY PREPARING, SERVING AND DELIVERING APPROXIMATELY 373,000 MEALS TO THE MOST NEEDY, TO HOMEBOUND SENIOR RESIDENTS AND DISABLED PERSONS. THIS PROGRAM IS ASSISTED BY OVER 330 INDIVIDUAL VOLUNTEERS WHO PROVIDE CLOSE TO 19,350 HOURS OF VOLUNTEER SERVICE TO THIS PROGRAM.

4c (Code:) (Expenses \$ 1,767,513 including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 597,551 including grants of \$) (Revenue \$)

4e Total program service expenses 6,283,833

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash 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	Section 501(c)(3) organizations. 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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		
1b	Enter the number of Forms W-2G included on 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?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

		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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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
7b	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:		
8a	a The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NJ
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. DONATO, HAYES & CO., CPA'S 201 MAIN STREET ALLENHURST NJ 07711 732-531-3388	

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) PAUL L MCEVILY EXECUTIVE DIRECTOR	40.00 0.00	X		X			114,400	0	0	
(2) WALTER CRAIG CO - EXEC DIRECTOR	40.00 0.00	X		X			113,320	0	0	
(3) JOSEPH J. MARMORA TRUSTEE	10.00 0.00	X					19,520	0	0	
(4) NICHOLAS BROPHY TRUSTEE	1.00 0.00	X					0	0	0	
(5) GABRIELLE J. CLISSOLD TRUSTEE	1.00 0.00	X					0	0	0	
(6) KATHLEEN ELLIS TRUSTEE	1.00 0.00	X					0	0	0	
(7) EDWARD JOHNSON TRUSTEE	1.00 0.00	X					0	0	0	
(8) GWENDOLYN O. LOVE TRUSTEE	1.00 0.00	X					0	0	0	
(9) CAROL ANN MCLAUGHLIN TRUSTEE	1.00 0.00	X					0	0	0	
(10) DAVID S. KOUNTZ, MD, MDA, MACP TRUSTEE	1.00 0.00	X					0	0	0	
(11) VINCENT PETRUZZIELLO VICE PRESIDENT	1.00 0.00	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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							247,240			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							247,240			

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 2

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,228,096				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,861,169				
	g Noncash contributions included in lines 1a-1f	1g	\$ 392,489				
	h Total. Add lines 1a-1f		5,089,265				
Program Service Revenue			Business Code				
	2a TUITION		287,246	287,246			
	b 1201 SPRINGWOOD URBAN RENEW		112,293	112,293			
	c 147 BORDEN AVENUE		23,200	23,200			
	d PROGRAM FEES		16,494	16,494			
	e 520 PROSPECT AVENUE		12,000	12,000			
	f All other program service revenue		12,000	12,000			
	g Total. Add lines 2a-2f		463,233				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		353,134			353,134	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		6,768,176	11,889		
		(ii) Other					
		7a					
		b Less: cost or other basis and sales exps.	7b	6,280,290			
	c Gain or (loss)	7c	487,886	11,889			
d Net gain or (loss)		499,775	499,775				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	299,010					
	b Less: direct expenses	8b	70,591				
	c Net income or (loss) from fundraising events		228,419			228,419	
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,633,826	963,008	0	581,553	

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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,554,186	2,257,132	187,790	109,264
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	290,337	263,489	16,973	9,875
10 Payroll taxes	222,310	186,045	15,796	20,469
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,893	4,893		
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 Schedule O.)				
12 Advertising and promotion	29,237	22,758		6,479
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	32,109	32,109		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,335	15,335		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	211,542	203,627	1,319	6,596
23 Insurance	195,789	181,448	10,756	3,585
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 FOOD COSTS	1,384,285	1,384,285		
b PROGRAM COSTS-NUT	436,093	436,093		
c CLIENT ASSISTANCE	419,083	419,083		
d MAINTENANCE	273,929	259,787	8,635	5,507
e All other expenses	727,372	617,749	103,922	5,701
25 Total functional expenses. Add lines 1 through 24e	6,796,500	6,283,833	345,191	167,476
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 <input type="checkbox"/> 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
Assets	1 Cash—non-interest-bearing	3,793,071	1	2,344,786
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,022,992	3	2,425,636
	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	28,374	9	34,210
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,520,020		
	b Less: accumulated depreciation	10b 1,729,662	7,882,672	10c 7,790,358
	11 Investments—publicly traded securities	9,845,217	11	11,303,982
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	25,062	14	23,391
	15 Other assets. See Part IV, line 11	183,709	15	558,065
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,781,097	16	24,480,428	
Liabilities	17 Accounts payable and accrued expenses	246,996	17	385,164
	18 Grants payable		18	
	19 Deferred revenue	636,320	19	361,808
	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		23	
	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	23,032	25	21,381
	26 Total liabilities. Add lines 17 through 25	906,348	26	768,353
Net Assets or Fund Balances	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	18,537,815	27	18,918,526
	28 Net assets with donor restrictions	5,336,934	28	4,793,549
	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 Total net assets or fund balances	23,874,749	32	23,712,075
33 Total liabilities and net assets/fund balances	24,781,097	33	24,480,428	

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	6,633,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,796,500
3	Revenue less expenses. Subtract line 2 from line 1	3	-162,674
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,874,749
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,712,075

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 on 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 type="checkbox"/> Separate basis <input checked="" 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,507,882	6,387,063	13,777,000	5,484,513	5,089,265	37,245,723
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,507,882	6,387,063	13,777,000	5,484,513	5,089,265	37,245,723
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,702,506
6 Public support. Subtract line 5 from line 4						35,543,217

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,507,882	6,387,063	13,777,000	5,484,513	5,089,265	37,245,723
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,403	102,705	206,176	282,624	353,134	997,042
9 Net income from unrelated business activities, whether or not the business is regularly carried on		97,530	110,531	484,126	227,419	919,606
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						39,162,371
12 Gross receipts from related activities, etc. (see instructions)					12	1,492,565

13 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	90.76%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	93.26%

16a 33 1/3% support test — 2024. 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

b 33 1/3% support test — 2023. 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

17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2023. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests — 2024. 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 — 2023. 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 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-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
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 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), 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).

Name of organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

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	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 449,943	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 440,000	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.)

Name of organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

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
3	DONATED SECURITIES	\$ 449,943	07/12/24

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" 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.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$

(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

\$

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 in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,888,540	1,710,815	760,285	661,761	635,797
b Contributions			1,000,000		
c Net investment earnings, gains, and losses	204,125	177,725	-49,470	98,524	25,964
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,092,665	1,888,540	1,710,815	760,285	622,381

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 88.00%
 - b Permanent endowment 12.00%
 - 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?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,578,228		1,578,228
b Buildings		7,003,639	1,237,272	5,766,367
c Leasehold improvements		349,637	53,469	296,168
d Equipment		431,993	302,474	129,519
e Other		156,523	136,447	20,076
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,790,358

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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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) TENNANT SECURITY	20,231
(3) PREPAID RENT	1,150
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	21,381

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.

1	Total revenue, gains, and other support per audited financial statements		1	6,633,826
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,633,826
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,633,826

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.

1	Total expenses and losses per audited financial statements		1	6,796,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,796,500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,796,500

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 - INTENDED USES FOR ENDOWMENT FUNDS
 DONOR-IMPOSED RESTRICTIONS FOR RENTAL AND MORTGAGE ASSISTANCE
 BOARD-IMPOSED RESTRICTIONS FOR GENERAL EXPENDITURES AND LIABILITIES SHOULD
 IT BE DEEMED NECESSARY.

SCHEDULE G

(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	299,010			299,010
	2				
	3	299,010			299,010
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	70,591			70,591
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				228,419

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

2024

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

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				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	392,489	
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 3 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.		

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INTERFAITH NEIGHBORS, INC

Employer identification number

22-2896129

FORM 990 - ORGANIZATION'S MISSION

TO PROVIDE MEALS, RENTAL ASSISTANCE, UTILITY ASSISTANCE AND AFFORDABLE HOUSING TO UNDERPRIVILEGED FAMILIES, THE ELDERLY, FRAIL AND THE HOMEBOUND, ALONG WITH OVERALL COMMUNITY DEVELOPMENT IN UNDERPRIVILEGED NEIGHBORHOODS.

FORM 990, PART I, LINE 6

THE RESPONSIBILITIES OF THE VOLUNTEER AT INTERFAITH INCLUDE DELIVERY OF MEALS WITHIN OUR NUTRITION PROGRAM, ADMINISTRATIVE ASSISTANCE WITHIN OUR RENTAL ASSISTANCE PROGRAM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

INTERFAITH NEIGHBORS HAS AN ONGOING, STATE APPROVED, NEIGHBORHOOD REVITALIZATION PROGRAM THAT IT HAS UNDERTAKEN ACROSS THE WEST SIDE OF ASBURY PARK, NEW JERSEY. THIS PROGRAM IS AN ACTIVE EFFORT TO ADDRESS A NUMBER OF CONDITIONS WHICH EXIST ACROSS UNDERSERVED COMMUNITIES AND, TAKEN TOGETHER, ADVERSELY EFFECT THE OVERALL HEALTH OF THE COMMUNITY. INTERFAITH'S PROGRAM ENTAILS, AMONG OTHER INITIATIVES, THE BUILDING OF SAFE, CLEAN, AFFORDABLE HOUSING, DEVELOPING WORKFORCE PROGRAMS GEARED TO JOBS IN HIGH DEMAND INDUSTRIES WITH LIVING WAGE SALARIES, INSPIRING COLLABORATION ACROSS COMMUNITY GROUPS FOR FOCUSED NEIGHBORHOOD INITIATIVES, AND PROGRAMS TO BRING AN AWARENESS TO HEALTHY LIFESTYLES AND PROPER NUTRITION, WHICH IS COMBINED WITH INTERFAITH'S DEVELOPMENT OF URBAN FARMS AND A HYDROPONIC FARM IN THEIR UNDERSERVED NEIGHBORHOOD THAT HAS ALSO BEEN DEEMED A FOOD DESERT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PROVIDING AFFORDABLE, QUALITY EARLY CHILDHOOD CARE AND EDUCATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY TWO MEMBERS OF THE BOARD OF DIRECTORS. THE FORM IS AVAILABLE AT THE BOARD OF DIRECTORS MEETING. NO INDIVIDUAL COPIES ARE MADE. A COPY AND REVIEW WILL ALSO BE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE POLICY IS REAFFIRMED AT BOARD MEETINGS AND IS COMMUNICATED TO THE OFFICERS, DIRECTORS OR TRUSTEES AND EMPLOYEES THRU THE EMPLOYEE HANDBOOK.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR BOTH REQUIRE THEIR SALARIES BE APPROVED AT THE BOARD OF TRUSTEES' MEETINGS. APPROVAL OF THEIR SALARIES ARE BASED ON A REVIEW OF DIRECTOR WAGES OF SIMILIAR ORGANIZATIONS WITHIN MONMOUTH COUNTY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

OTHER OFFICERS AND KEY EMPLOYEES HAVE THEIR SALARIES REVIEWED ONLY BY THE EXECUTIVE AND ASSOCIATE EXECUTIVE DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization INTERFAITH NEIGHBORS, INC	Employer identification number 22-2896129
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FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
PROGRAM COST - CD	\$ 236,667	\$ 0	\$ 0
PROFESSIONAL	\$ 73,285	\$ 98,892	\$ 0
OFFICE	\$ 100,984	\$ 3,020	\$ 3,020
REPAIRS	\$ 83,228	\$ 0	\$ 0
PHONE/UTILITIES	\$ 62,337	\$ 2,010	\$ 2,681
MANAGEMENT FEES	\$ 37,404	\$ 0	\$ 0
PILOT PAYMENTS	\$ 8,530	\$ 0	\$ 0
PROGRAM COSTS - HOMELESS	\$ 7,286	\$ 0	\$ 0
REPAIRS	\$ 4,238	\$ 0	\$ 0
PROGRAM COSTS - RENT	\$ 1,428	\$ 0	\$ 0
REPAIRS	\$ 863	\$ 0	\$ 0
FEES	\$ 773	\$ 0	\$ 0
REPAIRS	\$ 626	\$ 0	\$ 0
FEE	\$ 100	\$ 0	\$ 0
TOTAL	\$ 617,749	\$ 103,922	\$ 5,701

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERFAITH NEIGHBORS, INC

Identifying number

22-2896129

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	130,255

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	130,255
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2024 tax year (see instructions): 43 Amortization of costs that began before your 2024 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERFAITH NEIGHBORS, INC

Identifying number

22-2896129

Business or activity to which this form relates

1201 SPRINGWOOD URBAN RENEW

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	55,813

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	55,813
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERFAITH NEIGHBORS, INC

Identifying number

22-2896129

Business or activity to which this form relates

520 PROSPECT AVENUE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,885

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,885
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERFAITH NEIGHBORS, INC

Identifying number

22-2896129

Business or activity to which this form relates

522 PROSPECT AVENUE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,626

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,626
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERFAITH NEIGHBORS, INC

Identifying number

22-2896129

Business or activity to which this form relates

147 BORDEN AVENUE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 1,220,000; Line 3: 3,050,000; Line 16: 8,300.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 16: 8,300.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B.

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns (a-g) and 4 rows (20a-d) for Section C.

Part IV Summary (See instructions.)

Table with 2 main rows for Part IV. Line 22: 8,300.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
2	BUILDING	9/29/99	135,984			135,984	40 MO S/L	82,300	3,399
3	IMPROVEMENTS	6/30/00	243,314			243,314	40 MO S/L	142,947	6,083
4	IMPROVEMENTS	6/30/01	15,827			15,827	40 MO S/L	8,903	396
5	IMPROVEMENTS	6/30/01	20,050			20,050	40 MO S/L	11,279	501
6	IMPROVEMENTS	6/30/02	30,175			30,175	40 MO S/L	16,219	755
7	FURNITURE & FIXTURES	6/30/92	1,067			1,067	7 MO S/L	1,067	0
8	EQUIPMENT	6/30/92	8,246			8,246	10 MO S/L	8,246	0
9	EQUIPMENT	6/30/96	220			220	10 MO S/L	220	0
10	FURNITURE & FIXTURES	6/30/01	1,674			1,674	10 MO S/L	1,674	0
11	FURNITURE & FIXTURES	6/30/02	6,138			6,138	10 MO S/L	6,138	0
12	EQUIPMENT	6/30/02	12,437			12,437	10 MO S/L	12,437	0
18	EQUIPMENT	12/31/03	898			898	7 MO S/L	898	0
21	FURNITURE & FIXTURES	2/05/04	4,443			4,443	5 MO S/L	4,443	0
24	EQUIPMENT	7/01/05	15,548			15,548	5 MO S/L	15,548	0
27	IMPROVEMENTS	10/15/06	10,370			10,370	40 MO S/L	4,472	259
28	SAFETY EQUIPMENT	3/01/07	10,651			10,651	5 MO S/L	10,651	0
29	FREEZER	8/01/08	12,450			12,450	5 MO S/L	12,450	0
30	SHREDDER 1 of 4	7/01/08	195			195	5 MO S/L	195	0
31	SHREDDER 2 of 4	7/01/08	195			195	5 MO S/L	195	0
32	SHREDDER 3 of 4	7/01/08	195			195	5 MO S/L	195	0
33	SHREDDER 4 of 4	7/01/08	195			195	5 MO S/L	195	0
40	DISHWASHER-OFFICE 1 of 4	6/01/93	80			80	5 MO S/L	80	0
41	DISHWASHER-OFFICE 2 of 4	6/01/93	80			80	5 MO S/L	80	0
42	DISHWASHER-OFFICE 3 of 4	6/01/93	80			80	5 MO S/L	80	0
43	DISHWASHER-OFFICE 4 of 4	6/01/93	80			80	5 MO S/L	80	0
44	IMPROVEMENTS	11/01/09	21,467			21,467	40 MO S/L	7,603	537
45	IMPROVEMENTS	11/01/09	43,585			43,585	40 MO S/L	15,436	1,090
46	FURNITURE	11/01/09	5,316			5,316	10 MO S/L	5,316	0
47	FURNITURE	11/01/09	10,648			10,648	10 MO S/L	10,648	0
48	PHONE SYSTEM	10/01/09	5,552			5,552	10 MO S/L	5,552	0
49	PHONE SYSTEM	10/01/09	5,552			5,552	10 MO S/L	5,552	0
50	PHONE SYSTEM	10/01/09	5,552			5,552	10 MO S/L	5,552	0
51	PHONE SYSTEM	10/01/09	5,553			5,553	10 MO S/L	5,553	0
52	EQUIPMENT	4/06/09	3,644			3,644	5 MO S/L	3,644	0
53	EQUIPMENT	4/06/09	3,644			3,644	5 MO S/L	3,644	0
54	EQUIPMENT	11/01/09	6,280			6,280	5 MO S/L	6,280	0
55	IMPROVEMENTS	7/01/10	1,327			1,327	40 MO S/L	448	33
56	HVAC	8/16/10	6,292			6,292	40 MO S/L	2,097	157
57	HVAC	8/16/10	3,146			3,146	40 MO S/L	1,049	78
58	HVAC	8/16/10	2,076			2,076	40 MO S/L	692	52
59	HVAC	8/16/10	1,070			1,070	40 MO S/L	357	26
60	COMPUTER EQUIPMENT	6/01/10	8,495			8,495	5 MO S/L	8,495	0
63	FLOOR SCRUBBER	6/28/11	4,438			4,438	5 MO S/L	4,438	0
64	COMPUTERS	4/04/11	7,687			7,687	5 MO S/L	7,687	0
65	FILING CABINET	5/01/12	658			658	10 MO S/L	658	0
66	COPIER	3/07/12	2,695			2,695	10 MO S/L	2,695	0
67	ICE MACHINE	7/15/12	3,432			3,432	10 MO S/L	3,432	0
68	STOVE	7/31/12	8,608			8,608	10 MO S/L	8,608	0
69	EQUIPMENT	8/13/12	2,128			2,128	5 MO S/L	2,128	0
70	FIRE ALARMS	8/20/12	4,926			4,926	7 MO S/L	4,926	0
71	FURNITURE	7/30/12	81,968			81,968	10 MO S/L	81,968	0
72	IMPROVEMENTS	8/22/12	534			534	40 MO S/L	151	14
73	WINDOW TREATMENTS	10/17/12	1,411			1,411	10 MO S/L	1,411	0
81	OVEN	6/17/13	8,450			8,450	5 MO S/L	8,450	0
83	2013 IMPROVEMENTS	4/08/13	26,942			26,942	15 MO S/L	19,308	1,797
84	RADIO 1 OF 4	1/30/13	69			69	3 MO S/L	69	0
85	RADIO 2 OF 4	1/30/13	69			69	3 MO S/L	69	0
86	RADIO 3 OF 4	1/30/13	69			69	3 MO S/L	69	0
87	RADIO 4 OF 4	1/30/13	70			70	3 MO S/L	70	0
88	PROJECTOR 1 OF 4	9/10/13	190			190	5 MO S/L	190	0
89	PROJECTOR 2 OF 4	9/10/13	190			190	5 MO S/L	190	0
90	PROJECTOR 3 OF 4	9/10/13	189			189	5 MO S/L	189	0
91	PROJECTOR 4 OF 4	9/10/13	189			189	5 MO S/L	189	0
92	2012 IMPROVEMENTS	4/08/13	66,452			66,452	15 MO S/L	47,624	4,430
93	POS SYSTEM	4/08/13	3,889			3,889	5 MO S/L	3,889	0
94	SOFTWARE	4/08/13	2,221			2,221	3 MO S/L	2,221	0
95	RESTAURANT EQUIPMENT	4/08/13	36,883			36,883	7 MO S/L	36,883	0
97	CEMENT MIXER	7/09/14	700			700	10 MO S/L	665	35
98	ROUTER 1 OF 4	8/12/15	200			200	10 MO S/L	168	20
99	ROUTER 2 OF 4	8/12/15	200			200	10 MO S/L	168	20

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	ROUTER 3 OF 4	8/12/15	400			400	10 MO S/L	337	40
101	ROUTER 4 OF 4	8/12/15	199			199	10 MO S/L	167	20
102	HOT PORTABLE TABLE	6/22/15	1,900			1,900	10 MO S/L	1,615	190
103	FREEZER	6/22/15	800			800	10 MO S/L	680	80
104	BROILER	6/29/15	2,735			2,735	10 MO S/L	2,325	273
105	IMPROVEMENTS - FARM	7/01/15	196,003			196,003	40 MO S/L	41,651	4,900
106	COMPUTERS	2/28/15	712			712	10 MO S/L	629	71
107	FLOORING	10/13/15	3,758			3,758	40 MO S/L	775	94
108	OFFICE FURNITURE	8/31/16	1,381			1,381	10 MO S/L	1,013	138
109	SECURITY EQUIPMENT	3/22/16	2,038			2,038	10 MO S/L	1,580	204
110	SEEDING TABLE	4/20/16	4,023			4,023	10 MO S/L	3,085	402
111	WALL A/C	6/07/16	494			494	10 MO S/L	375	49
112	HYDROPHONIC SHELVES GREENHOU	9/13/16	1,251			1,251	10 MO S/L	917	126
113	2015 FORD VAN	2/19/16	18,200			18,200	7 MO S/L	18,200	0
114	GREENHOUSE - FARM	2/22/17	2,700			2,700	10 MO S/L	1,845	270
115	NUTRITION EQUIPMENT	2/07/17	5,830			5,830	10 MO S/L	4,032	583
116	ICE MACHINE	11/19/17	3,385			3,385	10 MO S/L	2,059	339
117	COMPUTER	8/11/17	1,185			1,185	10 MO S/L	760	119
118	COPIER	9/06/17	1,995			1,995	10 MO S/L	1,264	199
120	COPY MACHINE	4/30/18	2,795			2,795	10 MO S/L	1,584	279
121	KITCHEN HEATER	11/15/18	3,900			3,900	10 MO S/L	2,015	390
122	30th ANNIV VIDEO	6/01/18	19,700			19,700	5 MO S/L	19,700	0
124	VEHICLE - VIN#8229	4/10/18	12,500			12,500	7 MO S/L	10,268	1,786
125	Cafe Equipment	2/01/19	4,575			4,575	10 MO S/L	2,249	458
126	EQUIPMENT - LAUNCH CENTER	12/16/20	6,901			6,901	10 MO S/L	2,070	690
127	CHEVY COLORADO VIN#1126477	12/14/20	45,690			45,690	10 MO S/L	14,088	4,569
128	COMPUTERS	8/01/20	3,844			3,844	10 MO S/L	1,313	385
129	COMPUTERS	8/01/20	3,845			3,845	10 MO S/L	1,314	384
130	IMPROVEMENTS - LAUNCH CENTER	10/01/21	16,905			16,905	10 MO S/L	3,804	1,690
132	COMPUTERS	12/01/22	10,378			10,378	10 MO S/L	1,124	1,038
133	IMPROVEMENTS - LAUNCH	7/01/23	477,854			477,854	40 MO S/L	5,829	11,946
134	FURNITURE - LAUNCH	7/01/23	17,420			17,420	10 MO S/L	871	1,742
135	BUILDING - ECLC	9/01/23	2,755,488			2,755,488	40 MO S/L	8,219	68,887
136	BLINDS - ECLC	9/01/23	6,080			6,080	10 MO S/L	203	608
137	PLAYGROUND EQ	9/01/23	53,398			53,398	10 MO S/L	1,780	5,340
138	INTERACTIVE PANELS	7/01/23	8,597			8,597	10 MO S/L	430	860
140	EQUIPMENT	7/01/23	16,570			16,570	10 MO S/L	0	0
141	ECLC CLASSROOM IMPROVEMENT	8/01/24	136,729			136,729	40 MO S/L	0	1,424
Total Other Depreciation			<u>4,787,406</u>			<u>4,787,406</u>		<u>827,593</u>	<u>130,255</u>
Total ACRS and Other Depreciation			<u>4,787,406</u>			<u>4,787,406</u>		<u>827,593</u>	<u>130,255</u>
Amortization:									
139	CLOSING COSTS	12/31/23	25,062			25,062	15 MO Amort	0	1,671
			<u>25,062</u>			<u>25,062</u>		<u>0</u>	<u>1,671</u>
Grand Totals			4,812,468			4,812,468		827,593	131,926
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>4,812,468</u>			<u>4,812,468</u>		<u>827,593</u>	<u>131,926</u>

Federal Asset Report

1201 SPRINGWOOD URBAN RENEW

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	COMMERCIAL BLDG	1/01/13	1,083,144			1,083,144	40 MO S/L	287,552	27,079
2	CONDOMINIUMS	1/01/13	1,083,144			1,083,144	40 MO S/L	287,552	27,079
3	LAND	1/01/13	136,125			136,125	0 -- Land	0	0
4	APPLIANCES	7/01/17	579			579	10 MO S/L	376	58
5	APPLIANCES	10/01/17	812			812	10 MO S/L	508	81
6	IMPROVEMENTS - KULA	7/01/18	18,694			18,694	40 MO S/L	2,570	468
7	HVAC - #301	10/01/18	10,480			10,480	10 MO S/L	5,502	1,048
	Total Other Depreciation		<u>2,332,978</u>			<u>2,332,978</u>		<u>584,060</u>	<u>55,813</u>
	Total ACRS and Other Depreciation		<u>2,332,978</u>			<u>2,332,978</u>		<u>584,060</u>	<u>55,813</u>
	Grand Totals		2,332,978			2,332,978		584,060	55,813
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,332,978</u>			<u>2,332,978</u>		<u>584,060</u>	<u>55,813</u>

Federal Asset Report

520 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Land	1/01/18	17,858			17,858	0 -- Land	0	0
2	Building	1/01/18	297,032			297,032	40 MO S/L	44,555	7,426
3	APPLIANCES	1/01/18	4,587			4,587	10 MO S/L	2,752	459
	Total Other Depreciation		<u>319,477</u>			<u>319,477</u>		<u>47,307</u>	<u>7,885</u>
	Total ACRS and Other Depreciation		<u>319,477</u>			<u>319,477</u>		<u>47,307</u>	<u>7,885</u>
	Grand Totals		319,477			319,477		47,307	7,885
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>319,477</u>			<u>319,477</u>		<u>47,307</u>	<u>7,885</u>

Federal Asset Report

522 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	11/01/19	10,894			10,894	0 -- Land	0	0
2	BUILDING	11/01/19	305,047			305,047	40 MO S/L	31,776	7,626
Total Other Depreciation			<u>315,941</u>			<u>315,941</u>		<u>31,776</u>	<u>7,626</u>
Total ACRS and Other Depreciation			<u>315,941</u>			<u>315,941</u>		<u>31,776</u>	<u>7,626</u>
Grand Totals			315,941			315,941		31,776	7,626
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>315,941</u>			<u>315,941</u>		<u>31,776</u>	<u>7,626</u>

Federal Asset Report

147 BORDEN AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	7/01/20	46,526			46,526	0 -- Land	0	0
2	BUILDING	7/01/20	331,971			331,971	40 MO S/L	29,047	8,300
Total Other Depreciation			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>
Total ACRS and Other Depreciation			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>
Grand Totals			378,497			378,497		29,047	8,300
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>

NJ Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
2	BUILDING	9/29/99	135,984	135,984	82,299	3,399	3,399	0
3	IMPROVEMENTS	6/30/00	243,314	243,314	142,947	6,083	6,083	0
4	IMPROVEMENTS	6/30/01	15,827	15,827	8,903	395	396	1
5	IMPROVEMENTS	6/30/01	20,050	20,050	11,278	501	501	0
6	IMPROVEMENTS	6/30/02	30,175	30,175	16,219	755	755	0
7	FURNITURE & FIXTURES	6/30/92	1,067	1,067	0	0	0	0
8	EQUIPMENT	6/30/92	8,246	8,246	8,246	0	0	0
9	EQUIPMENT	6/30/96	220	220	220	0	0	0
10	FURNITURE & FIXTURES	6/30/01	1,674	1,674	1,674	0	0	0
11	FURNITURE & FIXTURES	6/30/02	6,138	6,138	6,138	0	0	0
12	EQUIPMENT	6/30/02	12,437	12,437	12,437	0	0	0
18	EQUIPMENT	12/31/03	898	898	898	0	0	0
21	FURNITURE & FIXTURES	2/05/04	4,443	4,443	4,443	0	0	0
24	EQUIPMENT	7/01/05	15,548	15,548	15,548	0	0	0
27	IMPROVEMENTS	10/15/06	10,370	10,370	4,472	259	259	0
28	SAFETY EQUIPMENT	3/01/07	10,651	10,651	10,651	0	0	0
29	FREEZER	8/01/08	12,450	12,450	12,450	0	0	0
30	SHREDDER 1 of 4	7/01/08	195	195	195	0	0	0
31	SHREDDER 2 of 4	7/01/08	195	195	195	0	0	0
32	SHREDDER 3 of 4	7/01/08	195	195	195	0	0	0
33	SHREDDER 4 of 4	7/01/08	195	195	195	0	0	0
40	DISHWASHER-OFFICE 1 of 4	6/01/93	80	80	80	0	0	0
41	DISHWASHER-OFFICE 2 of 4	6/01/93	80	80	80	0	0	0
42	DISHWASHER-OFFICE 3 of 4	6/01/93	80	80	80	0	0	0
43	DISHWASHER-OFFICE 4 of 4	6/01/93	80	80	80	0	0	0
44	IMPROVEMENTS	11/01/09	21,467	21,467	7,603	537	537	0
45	IMPROVEMENTS	11/01/09	43,585	43,585	15,436	1,090	1,090	0
46	FURNITURE	11/01/09	5,316	5,316	5,316	0	0	0
47	FURNITURE	11/01/09	10,648	10,648	10,648	0	0	0
48	PHONE SYSTEM	10/01/09	5,552	5,552	5,552	0	0	0
49	PHONE SYSTEM	10/01/09	5,552	5,552	5,552	0	0	0
50	PHONE SYSTEM	10/01/09	5,552	5,552	5,552	0	0	0
51	PHONE SYSTEM	10/01/09	5,553	5,553	5,553	0	0	0
52	EQUIPMENT	4/06/09	3,644	3,644	3,644	0	0	0
53	EQUIPMENT	4/06/09	3,644	3,644	3,644	0	0	0
54	EQUIPMENT	11/01/09	6,280	6,280	6,280	0	0	0
55	IMPROVEMENTS	7/01/10	1,327	1,327	448	33	33	0
56	HVAC	8/16/10	6,292	6,292	2,097	157	157	0
57	HVAC	8/16/10	3,146	3,146	1,049	78	78	0
58	HVAC	8/16/10	2,076	2,076	692	52	52	0
59	HVAC	8/16/10	1,070	1,070	357	26	26	0
60	COMPUTER EQUIPMENT	6/01/10	8,495	8,495	8,495	0	0	0
63	FLOOR SCRUBBER	6/28/11	4,438	4,438	4,438	0	0	0
64	COMPUTERS	4/04/11	7,687	7,687	7,687	0	0	0
65	FILING CABINET	5/01/12	658	658	658	0	0	0
66	COPIER	3/07/12	2,695	2,695	2,695	0	0	0
67	ICE MACHINE	7/15/12	3,432	3,432	3,432	0	0	0
68	STOVE	7/31/12	8,608	8,608	8,608	0	0	0
69	EQUIPMENT	8/13/12	2,128	2,128	2,128	0	0	0
70	FIRE ALARMS	8/20/12	4,926	4,926	4,926	0	0	0
71	FURNITURE	7/30/12	81,974,005	81,974,005	81,974,005	0	0	0
72	IMPROVEMENTS	8/22/12	534	534	151	14	14	0
73	WINDOW TREATMENTS	10/17/12	1,411	1,411	1,411	0	0	0
81	OVEN	6/17/13	8,450	8,450	8,450	0	0	0
83	2013 IMPROVEMENTS	4/08/13	26,942	26,942	19,308	1,797	1,797	0
84	RADIO 1 OF 4	1/30/13	69	69	69	0	0	0
85	RADIO 2 OF 4	1/30/13	69	69	69	0	0	0
86	RADIO 3 OF 4	1/30/13	69	69	69	0	0	0
87	RADIO 4 OF 4	1/30/13	70	70	70	0	0	0
88	PROJECTOR 1 OF 4	9/10/13	190	190	190	0	0	0
89	PROJECTOR 2 OF 4	9/10/13	190	190	190	0	0	0
90	PROJECTOR 3 OF 4	9/10/13	189	189	189	0	0	0
91	PROJECTOR 4 OF 4	9/10/13	189	189	189	0	0	0
92	2012 IMPROVEMENTS	4/08/13	66,452	66,452	47,624	4,430	4,430	0
93	POS SYSTEM	4/08/13	3,889	3,889	3,889	0	0	0
94	SOFTWARE	4/08/13	2,221	2,221	2,221	0	0	0
95	RESTAURANT EQUIPMENT	4/08/13	36,883	36,883	36,883	0	0	0
97	CEMENT MIXER	7/09/14	700	700	665	35	35	0
98	ROUTER 1 OF 4	8/12/15	200	200	168	20	20	0
99	ROUTER 2 OF 4	8/12/15	200	200	168	20	20	0

NJ Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
100	ROUTER 3 OF 4	8/12/15	400	400	337	40	40	0
101	ROUTER 4 OF 4	8/12/15	199	199	167	20	20	0
102	HOT PORTABLE TABLE	6/22/15	1,900	1,900	1,615	190	190	0
103	FREEZER	6/22/15	800	800	680	80	80	0
104	BROILER	6/29/15	2,735	2,735	2,325	273	273	0
105	IMPROVEMENTS - FARM	7/01/15	196,003	196,003	41,651	4,900	4,900	0
106	COMPUTERS	2/28/15	712	712	629	71	71	0
107	FLOORING	10/13/15	3,758	3,758	775	94	94	0
108	OFFICE FURNITURE	8/31/16	1,381	1,381	1,013	138	138	0
109	SECURITY EQUIPMENT	3/22/16	2,038	2,038	1,580	204	204	0
110	SEEDING TABLE	4/20/16	4,023	4,023	3,085	402	402	0
111	WALL A/C	6/07/16	494	494	375	49	49	0
112	HYDROPHONIC SHELVES GREENHOU	9/13/16	1,251	1,251	917	126	126	0
113	2015 FORD VAN	2/19/16	18,200	18,200	18,200	0	0	0
114	GREENHOUSE - FARM	2/22/17	2,700	2,700	1,845	270	270	0
115	NUTRITION EQUIPMENT	2/07/17	5,830	5,830	4,032	583	583	0
116	ICE MACHINE	11/19/17	3,385	3,385	2,059	339	339	0
117	COMPUTER	8/11/17	1,185	1,185	760	119	119	0
118	COPIER	9/06/17	1,995	1,995	1,264	199	199	0
120	COPY MACHINE	4/30/18	2,795	2,795	1,584	279	279	0
121	KITCHEN HEATER	11/15/18	3,900	3,900	2,015	390	390	0
122	30th ANNIV VIDEO	6/01/18	19,700	19,700	19,700	0	0	0
124	VEHICLE - VIN#8229	4/10/18	12,500	12,500	10,268	1,786	1,786	0
125	Cafe Equipment	2/01/19	4,575	4,575	2,249	458	458	0
126	EQUIPMENT - LAUNCH CENTER	12/16/20	6,901	6,901	2,070	690	690	0
127	CHEVY COLORADO VIN#1126477	12/14/20	45,690	45,690	14,088	4,569	4,569	0
128	COMPUTERS	8/01/20	3,844	3,844	1,313	385	385	0
129	COMPUTERS	8/01/20	3,845	3,845	1,314	384	384	0
130	IMPROVEMENTS - LAUNCH CENTER	10/01/21	16,905	16,905	3,804	1,690	1,690	0
132	COMPUTERS	12/01/22	10,378	10,378	1,124	1,038	1,038	0
133	IMPROVEMENTS - LAUNCH	7/01/23	477,854	477,854	5,829	11,946	11,946	0
134	FURNITURE - LAUNCH	7/01/23	17,420	17,420	871	1,742	1,742	0
135	BUILDING - ECLC	9/01/23	2,755,488	2,755,488	8,219	68,887	68,887	0
136	BLINDS - ECLC	9/01/23	6,080	6,080	203	608	608	0
137	PLAYGROUND EQ	9/01/23	53,398	53,398	1,780	5,340	5,340	0
138	INTERACTIVE PANELS	7/01/23	8,597	8,597	430	860	860	0
140	EQUIPMENT	7/01/23	16,570	16,570	0	0	0	0
141	ECLC CLASSROOM IMPROVEMENT	8/01/24	136,729	136,729	0	1,424	1,424	0
Total Other Depreciation			86,679,443	86,679,443	82,719,628	130,254	130,255	1
Total ACRS and Other Depreciation			86,679,443	86,679,443	82,719,628	130,254	130,255	1
Amortization:								
139	CLOSING COSTS	12/31/23	25,062	25,062	0	1,671	1,671	0
			<u>25,062</u>	<u>25,062</u>	<u>0</u>	<u>1,671</u>	<u>1,671</u>	<u>0</u>
Grand Totals			86,704,505	86,704,505	82,719,628	131,925	131,926	1
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			86,704,505	86,704,505	82,719,628	131,925	131,926	1

NJ Asset Report

1201 SPRINGWOOD URBAN RENEW

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
1	COMMERCIAL BLDG	1/01/13	1,083,144	1,083,144	287,552	27,079	27,079	0
2	CONDOMINIUMS	1/01/13	1,083,144	1,083,144	287,552	27,079	27,079	0
3	LAND	1/01/13	136,125	136,125	0	0	0	0
4	APPLIANCES	7/01/17	579	579	376	58	58	0
5	APPLIANCES	10/01/17	812	812	508	81	81	0
6	IMPROVEMENTS - KULA	7/01/18	18,694	18,694	2,570	468	468	0
7	HVAC - #301	10/01/18	10,480	10,480	5,502	1,048	1,048	0
Total Other Depreciation			<u>2,332,978</u>	<u>2,332,978</u>	<u>584,060</u>	<u>55,813</u>	<u>55,813</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,332,978</u>	<u>2,332,978</u>	<u>584,060</u>	<u>55,813</u>	<u>55,813</u>	<u>0</u>
Grand Totals			2,332,978	2,332,978	584,060	55,813	55,813	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,332,978</u>	<u>2,332,978</u>	<u>584,060</u>	<u>55,813</u>	<u>55,813</u>	<u>0</u>

NJ Asset Report

520 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
1	Land	1/01/18	17,858	17,858	0	0	0	0
2	Building	1/01/18	297,032	297,032	44,555	7,426	7,426	0
3	APPLIANCES	1/01/18	4,587	4,587	2,752	459	459	0
Total Other Depreciation			<u>319,477</u>	<u>319,477</u>	<u>47,307</u>	<u>7,885</u>	<u>7,885</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>319,477</u>	<u>319,477</u>	<u>47,307</u>	<u>7,885</u>	<u>7,885</u>	<u>0</u>
Grand Totals			319,477	319,477	47,307	7,885	7,885	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>319,477</u>	<u>319,477</u>	<u>47,307</u>	<u>7,885</u>	<u>7,885</u>	<u>0</u>

NJ Asset Report

522 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
1	LAND	11/01/19	10,894	10,894	0	0	0	0
2	BUILDING	11/01/19	305,047	305,047	31,776	7,626	7,626	0
Total Other Depreciation			<u>315,941</u>	<u>315,941</u>	<u>31,776</u>	<u>7,626</u>	<u>7,626</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>315,941</u>	<u>315,941</u>	<u>31,776</u>	<u>7,626</u>	<u>7,626</u>	<u>0</u>
Grand Totals			315,941	315,941	31,776	7,626	7,626	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>315,941</u>	<u>315,941</u>	<u>31,776</u>	<u>7,626</u>	<u>7,626</u>	<u>0</u>

NJ Asset Report

147 BORDEN AVENUE

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
1	LAND	7/01/20	46,526	46,526	0	0	0	0
2	BUILDING	7/01/20	331,971	331,971	29,047	8,300	8,300	0
Total Other Depreciation			<u>378,497</u>	<u>378,497</u>	<u>29,047</u>	<u>8,300</u>	<u>8,300</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>378,497</u>	<u>378,497</u>	<u>29,047</u>	<u>8,300</u>	<u>8,300</u>	<u>0</u>
Grand Totals			378,497	378,497	29,047	8,300	8,300	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>378,497</u>	<u>378,497</u>	<u>29,047</u>	<u>8,300</u>	<u>8,300</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
3	IMPROVEMENTS	6/30/00	243,314			243,314	39 MMS/L	146,872	6,239
4	IMPROVEMENTS	6/30/01	15,827			15,827	39 MMS/L	9,148	406
5	IMPROVEMENTS	6/30/01	20,050			20,050	39 MMS/L	11,589	514
			<u>279,191</u>			<u>279,191</u>		<u>167,609</u>	<u>7,159</u>
Other Depreciation:									
2	BUILDING	9/29/99	135,984			135,984	40 MO S/L	83,337	3,400
6	IMPROVEMENTS	6/30/02	0			0	0 HY	0	0
7	FURNITURE & FIXTURES	6/30/92	0			0	0 HY	0	0
8	EQUIPMENT	6/30/92	0			0	0 HY	0	0
9	EQUIPMENT	6/30/96	0			0	0 HY	0	0
10	FURNITURE & FIXTURES	6/30/01	0			0	0 HY	0	0
11	FURNITURE & FIXTURES	6/30/02	0			0	0 HY	0	0
12	EQUIPMENT	6/30/02	0			0	0 HY	0	0
18	EQUIPMENT	12/31/03	0			0	0 HY	0	0
21	FURNITURE & FIXTURES	2/05/04	4,443			4,443	5 MO S/L	4,443	0
24	EQUIPMENT	7/01/05	0			0	0 HY	0	0
27	IMPROVEMENTS	10/15/06	0			0	0 HY	0	0
28	SAFETY EQUIPMENT	3/01/07	0			0	0 HY	0	0
29	FREEZER	8/01/08	0			0	0 HY	0	0
30	SHREDDER 1 of 4	7/01/08	0			0	0 HY	0	0
31	SHREDDER 2 of 4	7/01/08	0			0	0 HY	0	0
32	SHREDDER 3 of 4	7/01/08	0			0	0 HY	0	0
33	SHREDDER 4 of 4	7/01/08	0			0	0 HY	0	0
40	DISHWASHER-OFFICE 1 of 4	6/01/93	0			0	0 HY	0	0
41	DISHWASHER-OFFICE 2 of 4	6/01/93	0			0	0 HY	0	0
42	DISHWASHER-OFFICE 3 of 4	6/01/93	0			0	0 HY	0	0
43	DISHWASHER-OFFICE 4 of 4	6/01/93	0			0	0 HY	0	0
44	IMPROVEMENTS	11/01/09	0			0	0 HY	0	0
45	IMPROVEMENTS	11/01/09	0			0	0 HY	0	0
46	FURNITURE	11/01/09	0			0	0 HY	0	0
47	FURNITURE	11/01/09	0			0	0 HY	0	0
48	PHONE SYSTEM	10/01/09	0			0	0 HY	0	0
49	PHONE SYSTEM	10/01/09	0			0	0 HY	0	0
50	PHONE SYSTEM	10/01/09	0			0	0 HY	0	0
51	PHONE SYSTEM	10/01/09	0			0	0 HY	0	0
52	EQUIPMENT	4/06/09	0			0	0 HY	0	0
53	EQUIPMENT	4/06/09	0			0	0 HY	0	0
54	EQUIPMENT	11/01/09	0			0	0 HY	0	0
55	IMPROVEMENTS	7/01/10	0			0	0 HY	0	0
56	HVAC	8/16/10	0			0	0 HY	0	0
57	HVAC	8/16/10	0			0	0 HY	0	0
58	HVAC	8/16/10	0			0	0 HY	0	0
59	HVAC	8/16/10	0			0	0 HY	0	0
60	COMPUTER EQUIPMENT	6/01/10	8,495			8,495	5 MO S/L	8,495	0
63	FLOOR SCRUBBER	6/28/11	0			0	0 HY	0	0
64	COMPUTERS	4/04/11	0			0	0 HY	0	0
65	FILING CABINET	5/01/12	0			0	0 HY	0	0
66	COPIER	3/07/12	0			0	0 HY	0	0
67	ICE MACHINE	7/15/12	0			0	0 HY	0	0
68	STOVE	7/31/12	0			0	0 HY	0	0
69	EQUIPMENT	8/13/12	0			0	0 HY	0	0
70	FIRE ALARMS	8/20/12	0			0	0 HY	0	0
71	FURNITURE	7/30/12	0			0	0 HY	0	0
72	IMPROVEMENTS	8/22/12	0			0	0 HY	0	0
73	WINDOW TREATMENTS	10/17/12	0			0	0 HY	0	0
81	OVEN	6/17/13	8,450			8,450	5 MO S/L	8,450	0
83	2013 IMPROVEMENTS	4/08/13	26,942			26,942	15 MO S/L	19,308	1,797
84	RADIO 1 OF 4	1/30/13	69			69	3 MO S/L	69	0
85	RADIO 2 OF 4	1/30/13	69			69	3 MO S/L	69	0
86	RADIO 3 OF 4	1/30/13	69			69	3 MO S/L	69	0
87	RADIO 4 OF 4	1/30/13	70			70	3 MO S/L	70	0
88	PROJECTOR 1 OF 4	9/10/13	190			190	5 MO S/L	190	0
89	PROJECTOR 2 OF 4	9/10/13	190			190	5 MO S/L	190	0
90	PROJECTOR 3 OF 4	9/10/13	189			189	5 MO S/L	189	0
91	PROJECTOR 4 OF 4	9/10/13	189			189	5 MO S/L	189	0
92	2012 IMPROVEMENTS	4/08/13	66,452			66,452	15 MO S/L	47,624	4,430
93	POS SYSTEM	4/08/13	3,889			3,889	5 MO S/L	3,889	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
94	SOFTWARE	4/08/13	2,221			2,221	3 MO S/L	2,221	0
95	RESTAURANT EQUIPMENT	4/08/13	36,883			36,883	7 MO S/L	36,883	0
97	CEMENT MIXER	7/09/14	700			700	10 MO S/L	665	35
98	ROUTER 1 OF 4	8/12/15	0			0	0 HY	0	0
99	ROUTER 2 OF 4	8/12/15	0			0	0 HY	0	0
100	ROUTER 3 OF 4	8/12/15	0			0	0 HY	0	0
101	ROUTER 4 OF 4	8/12/15	0			0	0 HY	0	0
102	HOT PORTABLE TABLE	6/22/15	0			0	0 HY	0	0
103	FREEZER	6/22/15	0			0	0 HY	0	0
104	BROILER	6/29/15	0			0	0 HY	0	0
105	IMPROVEMENTS - FARM	7/01/15	0			0	0 HY	0	0
106	COMPUTERS	2/28/15	0			0	0 HY	0	0
107	FLOORING	10/13/15	0			0	0 HY	0	0
108	OFFICE FURNITURE	8/31/16	0			0	0 HY	0	0
109	SECURITY EQUIPMENT	3/22/16	0			0	0 HY	0	0
110	SEEDING TABLE	4/20/16	0			0	0 HY	0	0
111	WALL A/C	6/07/16	0			0	0 HY	0	0
112	HYDROPHONIC SHELVES GREENHOU	9/13/16	0			0	0 HY	0	0
113	2015 FORD VAN	2/19/16	0			0	0 HY	0	0
114	GREENHOUSE - FARM	2/22/17	0			0	0 HY	0	0
115	NUTRITION EQUIPMENT	2/07/17	0			0	0 HY	0	0
116	ICE MACHINE	11/19/17	0			0	0 HY	0	0
117	COMPUTER	8/11/17	0			0	0 HY	0	0
118	COPIER	9/06/17	0			0	0 HY	0	0
120	COPY MACHINE	4/30/18	0			0	0 HY	0	0
121	KITCHEN HEATER	11/15/18	0			0	0 HY	0	0
122	30th ANNIV VIDEO	6/01/18	0			0	0 HY	0	0
124	VEHICLE - VIN#8229	4/10/18	0			0	0 HY	0	0
125	Cafe Equipment	2/01/19	0			0	0 HY	0	0
126	EQUIPMENT - LAUNCH CENTER	12/16/20	0			0	0 HY	0	0
127	CHEVY COLORADO VIN#1126477	12/14/20	0			0	0 HY	0	0
128	COMPUTERS	8/01/20	0			0	0 HY	0	0
129	COMPUTERS	8/01/20	0			0	0 HY	0	0
130	IMPROVEMENTS - LAUNCH CENTER	10/01/21	0			0	0 HY	0	0
132	COMPUTERS	12/01/22	10,378			10,378	10 MO S/L	1,124	1,038
133	IMPROVEMENTS - LAUNCH	7/01/23	0			0	0 HY	0	0
134	FURNITURE - LAUNCH	7/01/23	0			0	0 HY	0	0
135	BUILDING - ECLC	9/01/23	0			0	0 HY	0	0
136	BLINDS - ECLC	9/01/23	0			0	0 HY	0	0
137	PLAYGROUND EQ	9/01/23	0			0	0 HY	0	0
138	INTERACTIVE PANELS	7/01/23	0			0	0 HY	0	0
140	EQUIPMENT	7/01/23	0			0	0 HY	0	0
141	ECLC CLASSROOM IMPROVEMENT	8/01/24	0			0	0 HY	0	0
Total Other Depreciation			<u>305,872</u>			<u>305,872</u>		<u>217,474</u>	<u>10,700</u>
Total ACRS and Other Depreciation			<u>305,872</u>			<u>305,872</u>		<u>217,474</u>	<u>10,700</u>
Grand Totals			585,063			585,063		385,083	17,859
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>585,063</u>			<u>585,063</u>		<u>385,083</u>	<u>17,859</u>

AMT Asset Report

1201 SPRINGWOOD URBAN RENEW

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	COMMERCIAL BLDG	1/01/13	0			0	0 HY	0	0
2	CONDOMINIUMS	1/01/13	0			0	0 HY	0	0
3	LAND	1/01/13	0			0	0 HY	0	0
4	APPLIANCES	7/01/17	0			0	0 HY	0	0
5	APPLIANCES	10/01/17	0			0	0 HY	0	0
6	IMPROVEMENTS - KULA	7/01/18	0			0	0 HY	0	0
7	HVAC - #301	10/01/18	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

AMT Asset Report

520 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Land	1/01/18	0				0	0	HY	0	0
2	Building	1/01/18	0				0	0	HY	0	0
3	APPLIANCES	1/01/18	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

AMT Asset Report

522 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	11/01/19	0			0	0 HY	0	0
2	BUILDING	11/01/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

AMT Asset Report

147 BORDEN AVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	7/01/20	46,526			46,526	0 -- Land	0	0
2	BUILDING	7/01/20	331,971			331,971	40 MO S/L	29,047	8,300
Total Other Depreciation			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>
Total ACRS and Other Depreciation			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>
Grand Totals			378,497			378,497		29,047	8,300
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>378,497</u>			<u>378,497</u>		<u>29,047</u>	<u>8,300</u>

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	BUILDING	9/29/99	135,984	3,400	3,400
3	IMPROVEMENTS	6/30/00	243,314	6,082	6,239
4	IMPROVEMENTS	6/30/01	15,827	395	406
5	IMPROVEMENTS	6/30/01	20,050	501	514
6	IMPROVEMENTS	6/30/02	30,175	754	0
7	FURNITURE & FIXTURES	6/30/92	1,067	0	0
8	EQUIPMENT	6/30/92	8,246	0	0
9	EQUIPMENT	6/30/96	220	0	0
10	FURNITURE & FIXTURES	6/30/01	1,674	0	0
11	FURNITURE & FIXTURES	6/30/02	6,138	0	0
12	EQUIPMENT	6/30/02	12,437	0	0
18	EQUIPMENT	12/31/03	898	0	0
21	FURNITURE & FIXTURES	2/05/04	4,443	0	0
24	EQUIPMENT	7/01/05	15,548	0	0
27	IMPROVEMENTS	10/15/06	10,370	260	0
28	SAFETY EQUIPMENT	3/01/07	10,651	0	0
29	FREEZER	8/01/08	12,450	0	0
30	SHREDDER 1 of 4	7/01/08	195	0	0
31	SHREDDER 2 of 4	7/01/08	195	0	0
32	SHREDDER 3 of 4	7/01/08	195	0	0
33	SHREDDER 4 of 4	7/01/08	195	0	0
40	DISHWASHER-OFFICE 1 of 4	6/01/93	80	0	0
41	DISHWASHER-OFFICE 2 of 4	6/01/93	80	0	0
42	DISHWASHER-OFFICE 3 of 4	6/01/93	80	0	0
43	DISHWASHER-OFFICE 4 of 4	6/01/93	80	0	0
44	IMPROVEMENTS	11/01/09	21,467	536	0
45	IMPROVEMENTS	11/01/09	43,585	1,090	0
46	FURNITURE	11/01/09	5,316	0	0
47	FURNITURE	11/01/09	10,648	0	0
48	PHONE SYSTEM	10/01/09	5,552	0	0
49	PHONE SYSTEM	10/01/09	5,552	0	0
50	PHONE SYSTEM	10/01/09	5,552	0	0
51	PHONE SYSTEM	10/01/09	5,553	0	0
52	EQUIPMENT	4/06/09	3,644	0	0
53	EQUIPMENT	4/06/09	3,644	0	0
54	EQUIPMENT	11/01/09	6,280	0	0
55	IMPROVEMENTS	7/01/10	1,327	33	0
56	HVAC	8/16/10	6,292	158	0
57	HVAC	8/16/10	3,146	79	0
58	HVAC	8/16/10	2,076	52	0
59	HVAC	8/16/10	1,070	27	0
60	COMPUTER EQUIPMENT	6/01/10	8,495	0	0
63	FLOOR SCRUBBER	6/28/11	4,438	0	0
64	COMPUTERS	4/04/11	7,687	0	0
65	FILING CABINET	5/01/12	658	0	0
66	COPIER	3/07/12	2,695	0	0
67	ICE MACHINE	7/15/12	3,432	0	0
68	STOVE	7/31/12	8,608	0	0
69	EQUIPMENT	8/13/12	2,128	0	0
70	FIRE ALARMS	8/20/12	4,926	0	0
71	FURNITURE	7/30/12	81,968	0	0
72	IMPROVEMENTS	8/22/12	534	13	0
73	WINDOW TREATMENTS	10/17/12	1,411	0	0
81	OVEN	6/17/13	8,450	0	0
83	2013 IMPROVEMENTS	4/08/13	26,942	1,796	1,796
84	RADIO 1 OF 4	1/30/13	69	0	0
85	RADIO 2 OF 4	1/30/13	69	0	0
86	RADIO 3 OF 4	1/30/13	69	0	0
87	RADIO 4 OF 4	1/30/13	70	0	0
88	PROJECTOR 1 OF 4	9/10/13	190	0	0
89	PROJECTOR 2 OF 4	9/10/13	190	0	0
90	PROJECTOR 3 OF 4	9/10/13	189	0	0
91	PROJECTOR 4 OF 4	9/10/13	189	0	0
92	2012 IMPROVEMENTS	4/08/13	66,452	4,430	4,430
93	POS SYSTEM	4/08/13	3,889	0	0
94	SOFTWARE	4/08/13	2,221	0	0
95	RESTAURANT EQUIPMENT	4/08/13	36,883	0	0
97	CEMENT MIXER	7/09/14	700	0	0

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
98	ROUTER 1 OF 4	8/12/15	200	12	0
99	ROUTER 2 OF 4	8/12/15	200	12	0
100	ROUTER 3 OF 4	8/12/15	400	23	0
101	ROUTER 4 OF 4	8/12/15	199	12	0
102	HOT PORTABLE TABLE	6/22/15	1,900	95	0
103	FREEZER	6/22/15	800	40	0
104	BROILER	6/29/15	2,735	137	0
105	IMPROVEMENTS - FARM	7/01/15	196,003	4,900	0
106	COMPUTERS	2/28/15	712	12	0
107	FLOORING	10/13/15	3,758	94	0
108	OFFICE FURNITURE	8/31/16	1,381	138	0
109	SECURITY EQUIPMENT	3/22/16	2,038	203	0
110	SEEDING TABLE	4/20/16	4,023	402	0
111	WALL A/C	6/07/16	494	49	0
112	HYDROPHONIC SHELVES GREENHOUSE	9/13/16	1,251	125	0
113	2015 FORD VAN	2/19/16	18,200	0	0
114	GREENHOUSE - FARM	2/22/17	2,700	270	0
115	NUTRITION EQUIPMENT	2/07/17	5,830	583	0
116	ICE MACHINE	11/19/17	3,385	338	0
117	COMPUTER	8/11/17	1,185	118	0
118	COPIER	9/06/17	1,995	200	0
120	COPY MACHINE	4/30/18	2,795	280	0
121	KITCHEN HEATER	11/15/18	3,900	390	0
122	30th ANNIV VIDEO	6/01/18	19,700	0	0
124	VEHICLE - VIN#8229	4/10/18	12,500	446	0
125	Cafe Equipment	2/01/19	4,575	457	0
126	EQUIPMENT - LAUNCH CENTER	12/16/20	6,901	690	0
127	CHEVY COLORADO VIN#1126477	12/14/20	45,690	4,569	0
128	COMPUTERS	8/01/20	3,844	384	0
129	COMPUTERS	8/01/20	3,845	385	0
130	IMPROVEMENTS - LAUNCH CENTER	10/01/21	16,905	1,691	0
132	COMPUTERS	12/01/22	10,378	1,038	1,038
133	IMPROVEMENTS - LAUNCH	7/01/23	477,854	11,947	0
134	FURNITURE - LAUNCH	7/01/23	17,420	1,742	0
135	BUILDING - ECLC	9/01/23	2,755,488	68,887	0
136	BLINDS - ECLC	9/01/23	6,080	608	0
137	PLAYGROUND EQ	9/01/23	53,398	5,340	0
138	INTERACTIVE PANELS	7/01/23	8,597	859	0
140	EQUIPMENT	7/01/23	16,570	1,657	0
141	ECLC CLASSROOM IMPROVEMENT	8/01/24	136,729	3,418	0
Total Other Depreciation			<u>4,787,406</u>	<u>132,157</u>	<u>17,823</u>
Total ACRS and Other Depreciation			<u>4,787,406</u>	<u>132,157</u>	<u>17,823</u>
Amortization:					
139	CLOSING COSTS	12/31/23	25,062	1,671	0
			<u>25,062</u>	<u>1,671</u>	<u>0</u>
Grand Totals			<u>4,812,468</u>	<u>133,828</u>	<u>17,823</u>

Future Depreciation Report FYE: 12/31/25

1201 SPRINGWOOD URBAN RENEW

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
1	COMMERCIAL BLDG	1/01/13	1,083,144	27,079	0
2	CONDOMINIUMS	1/01/13	1,083,144	27,079	0
3	LAND	1/01/13	136,125	0	0
4	APPLIANCES	7/01/17	579	58	0
5	APPLIANCES	10/01/17	812	81	0
6	IMPROVEMENTS - KULA	7/01/18	18,694	467	0
7	HVAC - #301	10/01/18	10,480	1,048	0
	Total Other Depreciation		<u>2,332,978</u>	<u>55,812</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,332,978</u>	<u>55,812</u>	<u>0</u>
	Grand Totals		<u>2,332,978</u>	<u>55,812</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/25
520 PROSPECT AVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Land	1/01/18	17,858	0	0
2	Building	1/01/18	297,032	7,425	0
3	APPLIANCES	1/01/18	4,587	458	0
	Total Other Depreciation		<u>319,477</u>	<u>7,883</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>319,477</u>	<u>7,883</u>	<u>0</u>
	Grand Totals		<u>319,477</u>	<u>7,883</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/25

522 PROSPECT AVENUE

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
1	LAND	11/01/19	10,894	0	0
2	BUILDING	11/01/19	305,047	7,626	0
	Total Other Depreciation		<u>315,941</u>	<u>7,626</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>315,941</u>	<u>7,626</u>	<u>0</u>
	Grand Totals		<u>315,941</u>	<u>7,626</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/25
147 BORDEN AVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	LAND	7/01/20	46,526	0	0
2	BUILDING	7/01/20	<u>331,971</u>	<u>8,299</u>	<u>8,299</u>
	Total Other Depreciation		<u>378,497</u>	<u>8,299</u>	<u>8,299</u>
	Total ACRS and Other Depreciation		<u>378,497</u>	<u>8,299</u>	<u>8,299</u>
	Grand Totals		<u>378,497</u>	<u>8,299</u>	<u>8,299</u>

NJ Future Depreciation Report

FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	NJ
Other Depreciation:				
2	BUILDING	9/29/99	135,984	3,400
3	IMPROVEMENTS	6/30/00	243,314	6,083
4	IMPROVEMENTS	6/30/01	15,827	396
5	IMPROVEMENTS	6/30/01	20,050	502
6	IMPROVEMENTS	6/30/02	30,175	754
7	FURNITURE & FIXTURES	6/30/92	1,067	0
8	EQUIPMENT	6/30/92	8,246	0
9	EQUIPMENT	6/30/96	220	0
10	FURNITURE & FIXTURES	6/30/01	1,674	0
11	FURNITURE & FIXTURES	6/30/02	6,138	0
12	EQUIPMENT	6/30/02	12,437	0
18	EQUIPMENT	12/31/03	898	0
21	FURNITURE & FIXTURES	2/05/04	4,443	0
24	EQUIPMENT	7/01/05	15,548	0
27	IMPROVEMENTS	10/15/06	10,370	260
28	SAFETY EQUIPMENT	3/01/07	10,651	0
29	FREEZER	8/01/08	12,450	0
30	SHREDDER 1 of 4	7/01/08	195	0
31	SHREDDER 2 of 4	7/01/08	195	0
32	SHREDDER 3 of 4	7/01/08	195	0
33	SHREDDER 4 of 4	7/01/08	195	0
40	DISHWASHER-OFFICE 1 of 4	6/01/93	80	0
41	DISHWASHER-OFFICE 2 of 4	6/01/93	80	0
42	DISHWASHER-OFFICE 3 of 4	6/01/93	80	0
43	DISHWASHER-OFFICE 4 of 4	6/01/93	80	0
44	IMPROVEMENTS	11/01/09	21,467	536
45	IMPROVEMENTS	11/01/09	43,585	1,090
46	FURNITURE	11/01/09	5,316	0
47	FURNITURE	11/01/09	10,648	0
48	PHONE SYSTEM	10/01/09	5,552	0
49	PHONE SYSTEM	10/01/09	5,552	0
50	PHONE SYSTEM	10/01/09	5,552	0
51	PHONE SYSTEM	10/01/09	5,553	0
52	EQUIPMENT	4/06/09	3,644	0
53	EQUIPMENT	4/06/09	3,644	0
54	EQUIPMENT	11/01/09	6,280	0
55	IMPROVEMENTS	7/01/10	1,327	33
56	HVAC	8/16/10	6,292	158
57	HVAC	8/16/10	3,146	79
58	HVAC	8/16/10	2,076	52
59	HVAC	8/16/10	1,070	27
60	COMPUTER EQUIPMENT	6/01/10	8,495	0
63	FLOOR SCRUBBER	6/28/11	4,438	0
64	COMPUTERS	4/04/11	7,687	0
65	FILING CABINET	5/01/12	658	0
66	COPIER	3/07/12	2,695	0
67	ICE MACHINE	7/15/12	3,432	0
68	STOVE	7/31/12	8,608	0
69	EQUIPMENT	8/13/12	2,128	0
70	FIRE ALARMS	8/20/12	4,926	0
71	FURNITURE	7/30/12	81,974,005	0
72	IMPROVEMENTS	8/22/12	534	13
73	WINDOW TREATMENTS	10/17/12	1,411	0
81	OVEN	6/17/13	8,450	0
83	2013 IMPROVEMENTS	4/08/13	26,942	1,796
84	RADIO 1 OF 4	1/30/13	69	0
85	RADIO 2 OF 4	1/30/13	69	0
86	RADIO 3 OF 4	1/30/13	69	0
87	RADIO 4 OF 4	1/30/13	70	0
88	PROJECTOR 1 OF 4	9/10/13	190	0
89	PROJECTOR 2 OF 4	9/10/13	190	0
90	PROJECTOR 3 OF 4	9/10/13	189	0
91	PROJECTOR 4 OF 4	9/10/13	189	0
92	2012 IMPROVEMENTS	4/08/13	66,452	4,430
93	POS SYSTEM	4/08/13	3,889	0
94	SOFTWARE	4/08/13	2,221	0
95	RESTAURANT EQUIPMENT	4/08/13	36,883	0
97	CEMENT MIXER	7/09/14	700	0

NJ Future Depreciation Report

FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	NJ
98	ROUTER 1 OF 4	8/12/15	200	12
99	ROUTER 2 OF 4	8/12/15	200	12
100	ROUTER 3 OF 4	8/12/15	400	23
101	ROUTER 4 OF 4	8/12/15	199	12
102	HOT PORTABLE TABLE	6/22/15	1,900	95
103	FREEZER	6/22/15	800	40
104	BROILER	6/29/15	2,735	137
105	IMPROVEMENTS - FARM	7/01/15	196,003	4,900
106	COMPUTERS	2/28/15	712	12
107	FLOORING	10/13/15	3,758	94
108	OFFICE FURNITURE	8/31/16	1,381	138
109	SECURITY EQUIPMENT	3/22/16	2,038	203
110	SEEDING TABLE	4/20/16	4,023	402
111	WALL A/C	6/07/16	494	49
112	HYDROPHONIC SHELVES GREENHOUSE	9/13/16	1,251	125
113	2015 FORD VAN	2/19/16	18,200	0
114	GREENHOUSE - FARM	2/22/17	2,700	270
115	NUTRITION EQUIPMENT	2/07/17	5,830	583
116	ICE MACHINE	11/19/17	3,385	338
117	COMPUTER	8/11/17	1,185	118
118	COPIER	9/06/17	1,995	200
120	COPY MACHINE	4/30/18	2,795	280
121	KITCHEN HEATER	11/15/18	3,900	390
122	30th ANNIV VIDEO	6/01/18	19,700	0
124	VEHICLE - VIN#8229	4/10/18	12,500	446
125	Cafe Equipment	2/01/19	4,575	457
126	EQUIPMENT - LAUNCH CENTER	12/16/20	6,901	690
127	CHEVY COLORADO VIN#1126477	12/14/20	45,690	4,569
128	COMPUTERS	8/01/20	3,844	384
129	COMPUTERS	8/01/20	3,845	385
130	IMPROVEMENTS - LAUNCH CENTER	10/01/21	16,905	1,691
132	COMPUTERS	12/01/22	10,378	1,038
133	IMPROVEMENTS - LAUNCH	7/01/23	477,854	11,947
134	FURNITURE - LAUNCH	7/01/23	17,420	1,742
135	BUILDING - ECLC	9/01/23	2,755,488	68,887
136	BLINDS - ECLC	9/01/23	6,080	608
137	PLAYGROUND EQ	9/01/23	53,398	5,340
138	INTERACTIVE PANELS	7/01/23	8,597	859
140	EQUIPMENT	7/01/23	16,570	1,657
141	ECLC CLASSROOM IMPROVEMENT	8/01/24	136,729	3,418
Total Other Depreciation			<u>86,679,443</u>	<u>132,160</u>
Total ACRS and Other Depreciation			<u>86,679,443</u>	<u>132,160</u>
Amortization:				
139	CLOSING COSTS	12/31/23	25,062	1,671
			<u>25,062</u>	<u>1,671</u>
Grand Totals			<u>86,704,505</u>	<u>133,831</u>

NJ Future Depreciation Report FYE: 12/31/25

1201 SPRINGWOOD URBAN RENEW

Asset	Description	Date In Service	Cost	NJ
<u>Other Depreciation:</u>				
1	COMMERCIAL BLDG	1/01/13	1,083,144	27,079
2	CONDOMINIUMS	1/01/13	1,083,144	27,079
3	LAND	1/01/13	136,125	0
4	APPLIANCES	7/01/17	579	58
5	APPLIANCES	10/01/17	812	81
6	IMPROVEMENTS - KULA	7/01/18	18,694	467
7	HVAC - #301	10/01/18	10,480	1,048
	Total Other Depreciation		<u>2,332,978</u>	<u>55,812</u>
	Total ACRS and Other Depreciation		<u>2,332,978</u>	<u>55,812</u>
	Grand Totals		<u>2,332,978</u>	<u>55,812</u>

NJ Future Depreciation Report FYE: 12/31/25
520 PROSPECT AVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>
<u>Other Depreciation:</u>				
1	Land	1/01/18	17,858	0
2	Building	1/01/18	297,032	7,425
3	APPLIANCES	1/01/18	4,587	458
	Total Other Depreciation		<u>319,477</u>	<u>7,883</u>
	Total ACRS and Other Depreciation		<u>319,477</u>	<u>7,883</u>
	Grand Totals		<u>319,477</u>	<u>7,883</u>

NJ Future Depreciation Report FYE: 12/31/25
522 PROSPECT AVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>
<u>Other Depreciation:</u>				
1	LAND	11/01/19	10,894	0
2	BUILDING	11/01/19	<u>305,047</u>	<u>7,626</u>
	Total Other Depreciation		<u>315,941</u>	<u>7,626</u>
	Total ACRS and Other Depreciation		<u>315,941</u>	<u>7,626</u>
	Grand Totals		<u>315,941</u>	<u>7,626</u>

NJ Future Depreciation Report FYE: 12/31/25
147 BORDEN AVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>
<u>Other Depreciation:</u>				
1	LAND	7/01/20	46,526	0
2	BUILDING	7/01/20	<u>331,971</u>	<u>8,299</u>
	Total Other Depreciation		<u>378,497</u>	<u>8,299</u>
	Total ACRS and Other Depreciation		<u>378,497</u>	<u>8,299</u>
	Grand Totals		<u>378,497</u>	<u>8,299</u>

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: VINCENT PETRUZZIELLO
ADDRESS: 5 CEDAR VILLAGE BLVD
CITY, STATE ZIP CODE: BRICK, NJ 08724
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE: VICE PRESIDENT
OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: PAUL L MCEVILY
 ADDRESS 810 FOURTH AVENUE
 CITY, STATE ZIP CODE: ASBURY PARK, NJ 07712
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00
 RELATED:

CONTACT

PRINCIPAL? YES
 SIGNATURE? YES
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE EXECUTIVE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 114,400
 BONUS/INCENTIVE:
 OTHER:
 RETIREMENT/DEFERRED BENEFITS:
 OTHER COMP/NONTAXABLE:

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:
 PRIOR YEAR:

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE:
 MANAGEMENT & GENERAL:
 FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:
 ADJUSTED NET:
 CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST:
 SECOND:
 THIRD:
 OTHER:

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: GWENDOLYN O. LOVE
 ADDRESS: 54 OLD BRIDGE DRIVE
 CITY, STATE ZIP CODE: HOWELL, NJ 07731
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE: TRUSTEE
 OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: CAROL ANN MCLAUGHLIN
ADDRESS 810 4TH AVE
CITY, STATE ZIP CODE: ASBURY PARK, NJ 07712
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE TRUSTEE
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: KATHLEEN ELLIS
 ADDRESS: PO BOX 1464
 CITY, STATE ZIP CODE: WALL, NJ 07719
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE: TRUSTEE
 OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: WALTER CRAIG
ADDRESS 810 4TH AVE
CITY, STATE ZIP CODE: ASBURY PARK, NJ 07712
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
BOOKS IN CARE? NO
FORMER? NO
TITLE CO - EXEC DIRECTOR
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 113,320
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: DAVID S. KOUNTZ, MD, MDA, MACP

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE TRUSTEE

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____ RELATED

OTHER: _____ OTHER

RETIREMENT/DEFERRED BENEFITS: _____ EXPENSE ACCOUNT AND

OTHER COMP/NONTAXABLE: _____ OTHER ALLOWANCES:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____ RELATED

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: EDWARD JOHNSON

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE TRUSTEE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: GABRIELLE J. CLISSOLD

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE TRUSTEE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: JOSEPH J. MARMORA

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 10.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE TRUSTEE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 19,520
 BONUS/INCENTIVE:
 OTHER:
 RETIREMENT/DEFERRED BENEFITS:
 OTHER COMP/NONTAXABLE:

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:
 PRIOR YEAR:

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE:
 MANAGEMENT & GENERAL:
 FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:
 ADJUSTED NET:
 CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST:
 SECOND:
 THIRD:
 OTHER:

INTERFAITH NEIGHBORS, INC OFFICER INFORMATION

GENERAL INFORMATION

NAME: NICHOLAS BROPHY

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE TRUSTEE
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

INTERFAITH NEIGHBORS, INC **OFFICER INFORMATION**

GENERAL INFORMATION

NAME: PAUL MARMORA

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION NO POSITION
BOOKS IN CARE? NO
FORMER? NO
TITLE
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

Description GOLF OUTING

Name

INTERFAITH NEIGHBORS, INC

Taxpayer Identification Number

22-2896129

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>299,010</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>299,010</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>70,591</u>
15. Total expenses. Add lines 8 through 14	15.	<u>70,591</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>228,419</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>70,591</u>
Total Fundraising Expense	<u>70,591</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Description 1201 SPRINGWOOD URBAN RENEW

Name
INTERFAITH NEIGHBORS, INC

Taxpayer Identification Number
22-2896129

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	<u>112,293</u>
Expenses (see details on worksheets below):		
2. Fees for services	2.	<u>42,297</u>
3. Depreciation Expense	3.	<u>55,813</u>
4. Direct Expense	4.	<u>122,166</u>
5. Total expenses. Add lines 8 through 12	5.	<u>220,276</u>
6. Net Income/Loss. Line 7 minus Line 13	6.	<u>-107,983</u>

Expense Details - Fees for Services:

Accounting	<u>4,893</u>
Legal	
Commissions	
Management	<u>37,404</u>
Other Professional Fees	
Total Fees for Services	<u>42,297</u>

Expense Details - Depreciation Expense:

On non-investment property	<u>55,813</u>
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	<u>55,813</u>

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	<u>83,228</u>
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	<u>5,352</u>
Utilities	<u>24,283</u>
Supplies	
Other expenses	<u>9,303</u>
Total Direct Expense	<u>122,166</u>

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	<u>220,276</u>
All other	

Description 520 PROSPECT AVENUE

Name

INTERFAITH NEIGHBORS, INC

Taxpayer Identification Number

22-2896129

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>12,000</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. <u>7,885</u>
4. Direct Expense	4. <u>626</u>
5. Total expenses. Add lines 8 through 12	5. <u>8,511</u>
6. Net Income/Loss. Line 7 minus Line 13	6. <u>3,489</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	<u>7,885</u>
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>7,885</u>

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	<u>626</u>
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	<u>626</u>

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	<u>8,511</u>
All other	_____

Description 522 PROSPECT AVENUE

Name

INTERFAITH NEIGHBORS, INC

Taxpayer Identification Number

22-2896129

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>12,000</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. <u>7,626</u>
4. Direct Expense	4. <u>863</u>
5. Total expenses. Add lines 8 through 12	5. <u>8,489</u>
6. Net Income/Loss. Line 7 minus Line 13	6. <u>3,511</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	<u>7,626</u>
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>7,626</u>

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	<u>863</u>
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	<u>863</u>

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	<u>8,489</u>
All other	_____

Description 147 BORDEN AVENUE

Name

INTERFAITH NEIGHBORS, INC

Taxpayer Identification Number

22-2896129

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>23,200</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. <u>8,300</u>
4. Direct Expense	4. <u>6,812</u>
5. Total expenses. Add lines 8 through 12	5. <u>15,112</u>
6. Net Income/Loss. Line 7 minus Line 13	6. <u>8,088</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	<u>8,300</u>
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>8,300</u>

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	<u>4,238</u>
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	<u>2,474</u>
Supplies	_____
Other expenses	<u>100</u>
Total Direct Expense	<u>6,812</u>

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	<u>15,112</u>
All other	_____