Interfaith Hospitality Network for the Homeless of Essex County Inc 46 Park Street Montclair, NJ 07042

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Department of the Treasury nternal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>1</u>	For the 2011 c	ilendar year, or tax year beginning	, and ending			<del> </del>	
3_(	Check if applicable:		spitality Netwo			D Employ	er identification number
].	Address change	the Homeless of	of Essex County	Inc			
Ē,	Name change	Doing Business As					2841105
=		Number and street (or P.O. box if mail is not delivered to street	et address)	1	Room/suite	'	ne number
	Initial return	46 Park Street				973	-746-1400
╝.	Terminated	City or town, state or country, and ZIP + 4					
$\neg$	Amended return	Montclair NJ	07042			G Gross recei	pts\$ 615,614
=		F Name and address of principal officer:					ffiliates? Yes X No
	Application pending	Dorothea Aery			H(a) Isthisag	roup return for a	filiates? Yes X No
		46 Park Street			H(b) Are all af	filiates included	Yes No
			NJ 07042		If "No	o," attach a list.	(see instructions)
_	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no		527			
		ww.ihnessex.org	5.7		H(c) Group ex	emotion numbs	ar 🕨
		X Corporation Trust Association Other	ur <b>b</b>	I Ye	ar of formation: 1		м State of legal domicile: NJ
200,000	Form of organization  art I Su				ai Oriomiation.		in otate of regulationals.
<u> </u>	1	mmary	ant nativities:				
		scribe the organization's mission or most signific	ant activities:				
Ç	See	Schedule O		· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
īā							
Ē		<u></u>	.,.,.,,,,.				
Governance	2 Check th						10
οğ		f voting members of the governing body (Part VI					10
es		f independent voting members of the governing					10
Activities	5 Total nur	ber of individuals employed in calendar year 201	11 (Part V, line 2a)			. 5	9
달	6 Total nur	ber of volunteers (estimate if necessary)			,	6	1200
•	7a Total uni	elated business revenue from Part VIII, column (0	C), line 12			7a	0
	b Net unre	ated business taxable income from Form 990-T,	line 34			7b	0
					Prior Yea		Current Year
a)	8 Contribu	ons and grants (Part VIII, line 1h)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	54:	2,004	590,333
Ę					0	25,154	
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7			0	70	
∝	11 Other re	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			0	57	
		nue – add lines 8 through 11 (must equal Part V			54:	2,004	615,614
	-	d similar amounts paid (Part IX, column (A), line			9:	3,136	119,174
		paid to or for members (Part IX, column (A), line			0	0	
**		other compensation, employee benefits (Part IX,			22	4,878	267,923
Ses		nal fundraising fees (Part IX, column (A), line 11e	· · · · · · · · · · · · · · · · · · ·		0	0	
sesued	į.	Iraising expenses (Part IX, column (D), line 25) ▶		66			
益	1	enses (Part IX, column (A), lines 11a–11d, 11f–2			14	9,051	163,382
	4	enses. Add lines 13–17 (must equal Part IX, colu		<del>.</del>		7,065	550,479
	1					4,939	65,135
<u>_ v</u>		less expenses. Subtract line 18 from line 12	<u> </u>		Beginning of Cur		End of Year
Net Assets or Find Balances	20 Total ac	ets (Part X, line 16)			39	9,885	481,406
ASSE	21 Total liab	lities (Part X, line 26)				3,238	11,634
真	22 Not nece	s or fund balances. Subtract line 21 from line 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6,647	469,772
2000000	A C C C C C C C C C C C C C C C C C C C	nature Block				<u> </u>	
		perjury, I declare that I have examined this return, inclu	dina aggregative schodu	log and statemer	ata and to the h	act of my kno	wladge and bolief it is
tr	nder penaities of tie correct and o	perjury, I declare that I have examined this return, inclu- complete. Declaration of preparer (other than officer) is t	based on all information of v	vhich preparer ha	as any knowledg	est of my kill je.	wedge and belief, it is
		,				<u> </u>	**-0.00
٠.						Date	
Siç	<b>3**</b>   [	gnature of officer		W		Date	
He		Elie Spiesel		Treasu	rcer		
		/pe or print name and title					( STO
_		' '	rer's signature	seld,c	PA Date	Check	if PTIN
Pai	*****		iam J. Arnold //		06/08	/12 self-emp	ployed
Pre	parer Firm's na			LLP	F	irm's EIN 🕨	
Use	e Only	26 Park St Ste 30					
	Firm's a	mess Montclair, NJ 07	042-3443		F	hone no.	973-744-8660
Ma		s this return with the preparer shown above? (se	e instructions)			,,	X Yes No

119,174 ) (Revenue \$

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

119,174 including grants of \$

430,730

	Oneckist of Required ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		ì	
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	annulate Calendula D. Dowt IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
v	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		*******	
1				
_	VII, VIII, IX, or X as applicable.	*********		******
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			**
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	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, XII, and XIII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	المقا		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	- [	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	''		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
R	D CANAL TO A CONTROL TO A CANAL OF A CANAL O	18		x
8		10	-	22
			1	
8 9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		y
		19		X

Form 990 (2011) Interfaith Hospitality Network for 22-2841105

Pa	int IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
240	the literature with a state of the state of			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?			<del></del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b		28b	,	x
	Schedule L, Part IV	200		<del> </del>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		x
	conservation contributions? If "Yes," complete Schedule M	30	1	<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		₹.
	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠,
	complete Schedule N, Part II	32	ļ	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		Ì	
~	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u>L</u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	·	37		X
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	7.	1	T
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	19 ( Note, All Form 990 filets are required to complete ochedule O			

Form 990 (2011) Interfaith Hospitality Network for 22-2841105

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part	V <u>,</u> .	<u></u>	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
_	The state of the s	10	15		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors an	<del></del>		$\overline{}$		
С		iu		1c	800000000	2000/2007/3
2-	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	······				
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
<b>6</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	X	200720000000
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc					
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2001107		3a	180088008000	X
3a 	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		Ī
b 1a	At any time during the calendar year, did the organization have an interest in, or a signature or of	ther authori	tv			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other		-7			Í
	account)?			4a		X
h	If "Yes," enter the name of the foreign country: ▶					
D	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar	ncial Accou	nts.			
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 tra			5b		х
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 o	fid the				
va	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contri					
D	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				$\Box$
Ū	required to file Form 8282?			7c		X
ď	55 0000 M 11 1 1	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit contract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		.,,,,.,	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization fil		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	1 1	1			
а	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	***************************************			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a	3000000000	
b		12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	l.				
b		1 !	l			
	the organization is licensed to issue qualified health plans					
С		13c	<u> </u>		<u> </u>	v
14a				14a	<del>                                     </del>	X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Sch	remine ()		14h	1	1

Form 990 (2011) Interfaith Hospitality Network for 22-2841105 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule X O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. x Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

### Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website Upon request

organization's exempt status with respect to such arrangements?

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: > Organization 46 Park Street

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

NJ 07042

973-746-1400

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

  List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Observable have it weither the experimentation nor any related expenizations companyated any current officer, director, or trustee

Check this box if neither the orga  (A)  Name and Title	(B) Average	y 1616	iicu :	(0			5011	(D)  Reportable	(E) Reportable	(F) Estimated
Name and The	hours per (do not check more than one week box, unless person is both an officer and a director/trustee)						an	compensation from the	compensation from related organizations	amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)Dorothea Aery		<u> </u>						60.400		
Executive Director	40.00	X						62,400	0	0
(2)Merle Benny President	12.00	x		x				0	0	0
(3)Elie Spiesel Treasurer	4.00	x		x				o	0	0
(4) Bruce Levitt										
trustee	2.00	x						0	0	0
(5) Peter Abdil trustee	2.00	x						0	0	0
(6) Aida Anderson trustee	2.00	x						0	0	0
(7)Lori Jacobs trustee	2.00	x						0	0	0
(8) Lianne Mandelbau		1							•	
trustee	2.00	X						0	0	0
(9) Elizabeth Cohen trustee	2.00	x						0	0	0
(10) Vincent Dopulos trustee	2.00	x						0	0	0
(11) Renee Leviton	2.00	x						0	0	0
(12)	2.00									
(13)										
(14)										
		1	I			1 1			ł	

Form 990 (2011) Interfaith	Hospitality	Network for	22-2841105

Part VII Section A. Officers  (A)  Name and title		(B) (C)  Average Position hours per Week box, unless person is both at officer and a director/trustee						an	(D)  Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1899-WISG)	organization and related organizations		
(15)													
(16)						1							
	.,												
				·									
(20)											AND CO. T. S. C.		
(21)													
(22)													
(23)													
(24)													
(25)							<del> </del>						
	ıb-total							<u> </u>	62,400				
-	otal from continuation she otal (add lines 1b and 1c)							<b>&gt;</b>	62,400				
2 To	ntal number of individuals (in	cluding but not l	imite	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
en 4 Fo	d the organization list any for aployee on line 1a? If "Yes," or any individual listed on line ganization and related organ	' complete Sche e 1a, is the sum nizations greater	dule of re thar	J for port 1 \$15	suc able 50,00	h ind com	dividu pens If "Ye	uai satio :s." o	on and other compensation complete Schedule J for su	from the	Yes No		
5 Di	dividual d any person listed on line 1 r services rendered to the or	La receive or acc	crue (	com	pens	atio	n fror	n ar	ny unrelated organization o	r individual	5 X		
Sectio	n B. Independent Contract	tors											
1 Co	omplete this table for your fiven measure or the model of	ization. Report c	ensa	ited ensa	inde	pend for t	he c	cont alen	dar year ending with or with	nin the organization's tax ye	ear.		
	Name and	(A) I business address							Descrip	(B) ution of services	(C) Compensation		
								ļ					
						<del></del>							
				···				-					
	MACONIN MACONI							-					
	otal number of independent ceived more than \$100,000								se listed above) who	0	Form <b>990</b> (2011)		

rm 990 (2011)	Interfaith	Hospitality	Network	for	22-2841105
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Fa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated car	npaigns	1a		•				
필		Membership d		1b						
ΣĔ		Fundraising ev		1c	•					
24		Related organ		1d						
汽쁼						139,552				
		Government grants		1e		139,332				
i e	Ť	All other contribution and similar amounts				450 701				
턀등				1f		450,781				
contributions, GIRS, Grants and Other Similar Amounts	_		ns included in lines 1a-		\$ <i>,</i>					
	h	Total. Add line	es 1a–1f				590,333			
e l						Busn. Code				
Š	2a	Program	Service Rev	enue		624100	25,154	25,154	.,	
<u>چ</u>	b									
<u>.</u> ë	С									
હ્યું	d									
Program Service Revenue	е									
E	f		am service reve							
윤		· -	es 2a–2f			<b>&gt;</b>	25,154			
			come (including				*			
	Ŭ						70			70
Į	4						<del></del>			
	5	· · · · · · · · · · · · · · · · · · ·								
	J	(i) Real (ii) Personal								
	62	Gross rents	(1) 110011		()					
l										
		Less: rental exps.								
	С	Rental inc. or (loss)	41							
		Net rental inco								
		sales of assets	(i) Securities		(11)	Other				
		other than inventory				··				
	b	Less: cost or other								
		basis & sales exps.								
	C	Gain or (loss)			<u> </u>					
	d	Net gain or (lo	ss)	٠		<u></u>				
	8a	Gross income fro	om fundraising eve	nts						
anue		(not including \$								
8		of contributions i	eported on line 1c)	).						
œ		See Part IV, line	18	a						
Other Revel	b		penses							
Ò			(loss) from fund		events .					
			om gaming activitie							
l			19							
	ь		penses							
İ			(loss) from gam		tivities	<b>&gt;</b>				
			f inventory, less							
			owances	а						
	ь		joods sold							
		Net income or (loss) from sales of inventory		<b></b>						
İ		Miscellaneous Revenue Busn. Code				Busn. Code				
ļ	11a	Miscellan	eous Income				57			57
	b									
	C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	ď		iue							
- 1	е	Total. Add line	es 11a-11d			<u> </u>	57			
	12		e. See instruction				615,614	25,154	0	127

# 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) but are not required to complete columns (B), (C), and (D).

Tequi	Check if Schedule O contains a response	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	119,174	119,174		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,400	43,680	9,360	9,360
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	168,017	140,654	4,465	22,898
8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,187	6,550	491	1,146 4,105
10	Payroll taxes	29,319	23,455	1,759	4,105
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	15,773	12,279	1,048	2,446
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,700	1,700		
12	Advertising and promotion				
13	Office expenses	35,469	_28,376	2,128	4,965
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	34,770	27,816	2,086	4,868
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	3.6.404	12 105	990	2 200
22	Depreciation, depletion, and amortization	16,494	13, <u>195</u> 10,754	807	2,309 1,882
23	Insurance	13,443	10,754	807	1,002
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	23,745			23,745
а	Fundraising Costs	18,116		18,116	20,143
b	Uncollectible Debt Exp	2,446	1,957	18,116	342
C	Staff Development	1,426	1,140	86	200
d	Dues and Subscriptions	1,420	1,140	30	200
	All other expenses  Total functional expenses. Add lines 1 through 24e	550,479	430,730	41,483	78,266
25 26	Joint costs. Complete this line only if the	330,213	200,.00		,
۷.	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)if				
DAA	tenoring dos do 2 pilos dos 12sj				Form <b>990</b> (2011)

Form 990 (2011) Interfaith Hospitality Network for 22-2841105

P	art )	Balance Sheet	,				
<u> </u>					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			97,639	1	38,254
	2	Savings and temporary cash investments			•	2	27,320
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	***************************************	239,625	3	361,578
	4	Accounts receivable, net		.,,,,,,	4,335		4,551
	5	Receivables from current and former officers, directors,	trustees, key	,			
		employees, and highest compensated employees. Com-	plete Part II d	of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contribut	ting			
		employers and sponsoring organizations of section 501(	c)(9) volunta	гу			
ß		employees' beneficiary organizations (see instructions)	[		6		
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		·	8		
	9	Prepaid expenses and deferred charges			15,360	ø	14,811
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	75,183			
	b	Less: accumulated depreciation	10b	50,141	34,501	10c	25, <u>042</u>
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		8,425	15	9,850	
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)		399,885	16	481,406
	17	Accounts payable and accrued expenses		, , , , , , , , , , , , , , , , , , , ,	3,238	17	11,634
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20		
	21	Escrow or custodial account liability. Complete Part IV o		21			
S	22	Payables to current and former officers, directors, truste	es, key				
Liabilities		employees, highest compensated employees, and disqu					
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	l parties	•	***************************************	23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	Complete Pa	art X			
		of Schedule D			3 030	25	11 624
_	26	Total liabilities. Add lines 17 through 25			3,238	26	11,634
<sub>o</sub>		Organizations that follow SFAS 117, check here ▶X	and comp	lete			
Ce		lines 27 through 29, and lines 33 and 34.			206 647		460 772
Balances	27	Unrestricted net assets			396,647	27	469,772
E E	28	Temporarily restricted net assets				28	
or Fund	29	Permanently restricted net assets	ere ▶ an			29	
논		Organizations that do not follow SFAS 117, check he	re 🖊 💹 an	ıa			
	20	complete lines 30 through 34.				20	
Net Assets	30					30 31	
ţ	31	Paid-in or capital surplus, or land, building, or equipment				32	
ž	32	Retained earnings, endowment, accumulated income, or			396,647		469,772
	33				399,885		481,406
	34	Total liabilities and net assets/fund balances			299,003	<b>J4</b>	1 401,400

Form **990** (2011)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2011)

### SCHEDULE A Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Tame of the organization

Interfaith Hospitality Network for the Homeless of Essex County Inc

Employer identification number 22-2841105

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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (v) Did you notify (vi) is the (vii) Amount of (iii) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN organization in col the organization in in col. (i) listed in your support (described on lines 1-9 organization (i) organized in the cal. (i) of your governing document? above or IRC section U.S.? support? (see instructions)) Yes Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

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 t	under the tests	listed below, pl	ease complete	Part III.)	
Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,987	188,333	557,861	542,004	623,604	2,227,789
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	315,987	188,333	557,861	542,004	623,604	2,227,789
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)						197,326
	Public support. Subtract line 5 from line 4						2,030,463
	tion B. Total Support	T	#1.0000 T	(-) 2000	(4) 2040	(a) 2011	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	2,227,789
7	Amounts from line 4	315,987	188,333	557,861	542,004	623,604	2,221,189
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1	70	70
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					57	57
11	Total support. Add lines 7 through 10						2,227,916
12	Gross receipts from related activities, etc.	(see instructions)				12	25,154
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	. 🗀
	organization, check this box and stop her	re			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<b>&gt;</b>
Sec	tion C. Computation of Public S						
14	Public support percentage for 2011 (line 6						91.14%
15	Public support percentage from 2010 Sch	edule A, Part II, lin	e 14 <sub></sub>			15	87.71%
16a	33 1/3% support test—2011. If the organ				3 1/3% or more, c	neck this	<b>►</b> 57
	box and stop here. The organization qua	lifies as a publicly s	supported organizat	tion		,	<b>▶</b> X
b	33 1/3% support test—2010. If the organ	nization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organi	ization qualifies as	a publicly supporte	d organization			
17a	10%-facts-and-circumstances test—20	11. If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test,	check this box and	d <b>stop here.</b> Expla	dn in	
	Part IV how the organization meets the "f	acts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	orted	
	organization						<b>P</b> U
b	10%-facts-and-circumstances test—20	<ol><li>10. If the organizati</li></ol>	ion did not check a	box on line 13, 16	ia, 16b, or 17a, and	ı iine	
	15 is 10% or more, and if the organization	n meets the "facts-a	and-circumstances'	' test, check this be	ox and stop here.		
	Explain in Part IV how the organization m						<b>⊾</b> □
	supported organization						<b>-</b> L
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 16l	o, 1/a, or 1/b, che	eck this box and se	E	▶ □
	instructions						

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				`		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				}		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the	organization's fire					
_	organization, check this box and stop her						<b></b>
	tion C. Computation of Public Su						
15	Public support percentage for 2011 (line 8						
16_	Public support percentage from 2010 Sch					16	%_
	tion D. Computation of Investme			2 malure - (5)		4-1	0/
17	Investment income percentage for 2011 (I					40	<u>%</u>
18	Investment income percentage from 2010					18	<u>%</u>
19a	33 1/3% support tests—2011. If the orga						▶ □
1.	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2010. If the organization					* * * * * * * * * * * * * * * * * * * *	
b	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di	-	_			,,,,,,	

Schedule A (Fo	orm 990 or 990	-EZ) 2011	Inter	faith E	<u>lospita</u>	lity Ne	twork fo	r 22-28		Page 4
Part IV	Suppleme	ntal Info 17a or 1	rmation.	Complete ti	his part to r	provide the e	explanations	required by Pa dditional infor	art II, line 10; mation. (See	
				_						
Part I	I, Line	10 -	Other	Income	Detail	_			• • • • • • • • • • • • • • • • • • • •	
Miscel	laneous	Incom	ne		\$	<b>5</b>	57		, , , , , , , , , , , , , , , , , , , ,	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Organization type (check one):

Interfaith Hospitality Network for the Homeless of Essex County Inc Employer identification number

22-2841105

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
•	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is co <b>Note</b> . Only a section 501(c)(7), instructions.	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.
Special Rules	
under sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations  I) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of  0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
during the year, total co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, contrib not total to more than \$ year for an exclusively	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, utions for use exclusively for religious, charitable, etc., purposes, but these contributions did 1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t 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 F, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Interfaith Hospitality Network for

Employer identification number 22-2841105

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Emergency Food and Shelter Program 701 North Fairfax Street Suite 310 Alexandria VA 22314-9677	\$ 26,000	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	County of Essex 465 Dr. MLK Jr. Blvd Newark NJ 07102	s 113,552	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Orange Orphan Society C/O Rebecca Linn, President 11 Glenside Road South Orange NJ 07079	\$ 17,500	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Joshua and Sharon Weintraub 14 Grasmere Ct Livingston NJ 07039	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Lois Goldring 245 Dale Drive Short Hills NJ 07078	\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Kathy Stine 28 Inverness Ct Short Hills NJ 07078	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Department of the Treasury nternal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization Interfaith Hospitality Network for 22-2841105 the Homeless of Essex County Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

Par	10	2
ray	'n.	A.,

	rt III Organizations Maintainin							
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check	any of the fol	llowing that ar	e a significant us	e of its	
а	Public exhibition			exchange pro				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how the	y further the	organization's	s exempt purpose	in Parl	t
	XIV.							
5	During the year, did the organization solicit							
	assets to be sold to raise funds rather than	to be maintained as p	part of the	organization	n's collection?			Yes No
Pa	rt IV Escrow and Custodial Ar				nization ans	swered "Yes"	to For	m 990, Part IV,
	line 9, or reported an amou							
1a	Is the organization an agent, trustee, custoo							Π., Π.,
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	ollowing to	able:				A
								Amount
С	Beginning balance						1c	
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F		e 21? <sub></sub>					Yes No
*********	If "Yes," explain the arrangement in Part XI\	/.	- (1		V"4- F	000 D 1	ممال ا	
Pa	rt V Endowment Funds. Com		1					
	<u> </u>	(a) Current year	(b	) Prior year	(c) Two yea	ars back (d) (	ree years	s back (e) Four years back
	Beginning of year balance				+			
	Contributions				<del>- </del>			
C	Net investment earnings, gains, and		ĺ					
	losses							
	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
	Administrative expenses				1			
g	End of year balance		. /! 4 -		hald oo			
2	Provide the estimated percentage of the cu		e (iine 1g	), column (a),	) neiù as:			
	Board designated or quasi-endowment							
	Permanent endowment > %							•
С	Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c sho							
30	Are there endowment funds not in the possi		ation that	are held and	d administered	d for the		
Ja	organization by:	cosion of the organiz	G11011 1.101					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							
h	If "Yes" to 3a(ii), are the related organization	ns listed as required	on Sched	lule R?				3b
4	Describe in Part XIV the intended uses of the							
20000000	rt VI Land, Buildings, and Equ				e 10.			
2000000	Description of property	(a) Cost or other			other basis	(c) Accumula	ted	(d) Book value
		(investment	)	(ot)	ner)	depreciatio	n	0.00
1a	Land							
	Buildings							
	Leasehold improvements				29,122		,48	
	Equipment				46,061	37	,66	0 8,401
е	Other							·
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, colu	mn (B), line 1	.0(c).)	<u></u>	<u></u>	25,042

Part VII	orm 990) 2011 Interfaith Hospitality Investments—Other Securities. See Form 990,	Part X. line 12.		Page 3
30.55 10.50 20.50	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial o	derivatives			
	eld equity interests			
(D)				
(E)				
(F)				
(G) (H)				
(!?)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 990	, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)	man de la companya de			
(6)				
(7)				
(8)				
(9)				
(10)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.	<u></u>	h	
<u></u>	(a) Description		(b) Book value	•
(1)				
(2)				
(3)				
(4)				
(5)	and the same of th			
(6)				
(8)		·		
(9)				
(10)	(h) much annual Farm 000 Part V and (P) line 15		<b>&gt;</b>	
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, line 25.	<u> </u>		
	(a) Description of liability	(b) Book value		
1. (1) Federal	income taxes	, ,		
(1) Federal (2)	moorno canos			
(3)	A CONTRACTOR OF THE CONTRACTOR			
(4)				
(5)				
(6)				
(7)				
		1		
(8)			_	
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(11)

che	ule D (Form 990) 2011 Interfaith Hospitality N	etwork for	22-2841105	Page <b>4</b>
	t XI Reconciliation of Change in Net Assets from Forn	1 990 to Audited Fi	nancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	615,614
2	Total expenses (Form 990, Part IX, column (A), line 25)			550,479
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	65,135
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			7,990
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			7,990
0	Excess or (deficit) for the year per audited financial statements. Combine lin			73,125
Pa	t XII Reconciliation of Revenue per Audited Financial S	Statements With Re	evenue per Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			623,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
	Donated services and use of facilities		7,990	
	Recoveries of prior year grants			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	7,990 615,614
3	Subtract line 2e from line 1		3 - 1	615,61 <u>4</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	l i		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:	2.)	5	615,614
Pa	T XIII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per Return	
1	Total expenses and losses per audited financial statements		1 - 1	550,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a [		
	Prior year adjustments	l §		
	Other losses			
d	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			550,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)			
	Add lines 4a and 4b		140	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	550,479
	nt XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9	Part III. lines 1a and 4: I	Part IV. lines 1b and 2b:	
om art	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also co	mplete this part to provide	
	dditional information.			
, -	dallo i di i di i di i di i di i di i di i			
				,,,,,
		.,,		
				*
			,,	

3 13 00/00/20 12 3.30 MW

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 201

▶ Attach to Form 990.

Open to Public Inspection

rfaith Hospi	ity Netwo	rk fo	ı		Employer ide	Employer identification number		
Part General Information on Grants and Assistance	Assistance	- 1			07_77	COTTE		
the	e amount of the gr	ants or ass	istance, the grantees'	eligibility for the grants	s or assistance, and	T	× × ×	\ \[ \frac{1}{2}
the selection criteria used to award trie grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ce? hitoring the use of g	rant funds	in the United States.				<u>3</u>	
Part II Grants and Other Assistance to Governments and to Form 990, Part IV, line 21, for any recipient that rec	vernments and ecipient that red	<b>d Organi</b> ceived m	I Organizations in the United States. Complete if the organization answered "Yes" seived more than \$5,000. Check this box if no one recipient received more than \$5,000.	<b>ited States.</b> Com Check this box if n	plete if the orga o one recipient	anization answe received more	red "Yes" than \$5,000.	
1 (a) Name and address of organization (b) EIN	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	]     <del> </del>
(1)		a policania apolicania	1000		00(15)			
(2)								
(3)								
(4)								
					- 1			
(5)								
						-		
(9)								
					,			
(7)								
(8)								
		_			į	A de la companya de l		
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed	organizations listec	d in the line 1 table	1 table				•	
3 Enter total number of other organizations listed in the line 1 table	e 1 table						<b>A</b>	

Schedule (Form 990) (2011) Interial to Hospitality Network IOI 22-2041103	Interial to Hospitality Network	Inited States Comp	ZZ-ZOWITO	n answered "Yes" to Form	990 Part IV line 22
Part III can be duplicated if additional space is needed.	niguividuais in tile o nal space is needed.	nined States, Comp	nete II ure organizatio		000, 1 alt 14, 1110 fee.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 housing and meals assista	203	119,174			
			· · · · · · · · · · · · · · · · · · ·		
4					
ı,					
		- Ladaria del Principali		1.00	
Part W Supplemental Information. Complete this part to pr	nplete this part to prov	ide the information r	equired in Part I, line	ovide the information required in Part I, line 2, and any other additional information	l information.
H.	for Monitori	ng the Use o	of Grant Funds		
The organization sets eligibility criteria for assistance to needy	bility criter	ria for assis	tance to need	ły	
individuals and selects individuals	dividuals for	for assistance based on	ased on		
whether the eligibility criteria are met. Client files are maintained for	lteria are met	. Client fil	es are mainta	ained for	
all individuals receiving assistance. Detailed records of individuals	assistance. De	stailed recor	ds of individ	luals'	
names, types of assistance and amounts		granted are m	granted are maintained by the	the	
organization.					

Schedule | (Form 990) (2011)

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

Department of the Treasury nternal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Interfaith Hospitality Network for the Homeless of Essex County Inc Employer identification number 22-2841105

Form 990 - Organization's Mission or Most Significant Activities
Interfaith Hospitality Network of Essex County is dedicated to providing
shelter, direct services and housing assistance to homeless and "at risk"
families with help from an extensive network of volunteers and other
partners throughout the community.
Form 990, Part III, Line 4a - First Accomplishment
first month's rent, utility and food expenses to help them re-enter housing
as quickly as possible. In 2011, an additional 17 former shelter families,
currently residing in permanent housing received case management and/or
support services throughout the year to help them maintain stability.
After School Program - the program is designed to help reduce significant
effects of homelessness on children while providing parents with relief
from the cost of childcare. The After School Program expanded from 3 to 5
days in 2011. Fifteen children benefited from academic tutoring provided by
pro-bono teachers from Montclair High School and other volunteers. The
children also participated in enrichment activities, field trips and
summer camp.
Fifteen adults participated in workshops about parenting, budgeting,
finance and healthy living.
Form 990, Part III, Line 4d - All Other Accomplishment
See Schedule I
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization  Interfaith Hospitality Network for	Employer identification number 22-2841105
The 990 is presented to the Finance Committee and the	en to the full board
for approval.	
Form 990, Part VI, Line 12c - Enforcement of Conflict	
All board members submit a disclosure form annually.	The Board reviews any
potentially conflicted transactions prior to approval	t.t
Form 990, Part VI, Line 15a - Compensation Process for	or Top Official
Compensation for the Executive Director is determined	l by the board. An
annual performance review is performed.	
Form 990, Part VI, Line 19 - Governing Documents Disc	closure Explanation
The Organization makes its governing documents and fi	nancial statements
available to the public upon request and approval of	the Executive
Committee of the Board.	

Lambrides, Arnold, Moulthrop LLP 26 Park St Ste 301 Montclair, NJ 07042-3443

Interfaith Hospitality Network for the Homeless of Essex County Inc 46 Park Street Montclair, NJ 07042

## Lambrides, Arnold, Moulthrop LLP 26 Park St Ste 301 Montclair, NJ 07042-3443 973-744-8660

June 8, 2012

### **CONFIDENTIAL**

Interfaith Hospitality Network for the Homeless of Essex County Inc 46 Park Street Montclair, NJ 07042

Dear Tia:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Lambrides, Arnold, Moulthrop LLP

# **Filing Instructions**

# **Interfaith Hospitality Network for the Homeless of Essex County Inc**

# **Exempt Organization Tax Return**

## Taxable Year Ended December 31, 2011

**Date Due:** August 15, 2012

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/11 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Lambrides, Arnold, Moulthrop LLP

26 Park St Ste 301

Montclair, NJ 07042-3443

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form

990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Interfaith Hospitality Network for the Homeless of Essex County Inc 46 Park Street Montclair, NJ 07042

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
||...|...|.||...|.||...|

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2011** Open to Public Inspection

Α	For the 2011	calendar year, or tax year beginning , and ending			
В	Check if applicable				yer identification number
	Address change	the Homeless of Essex County Inc			
	Name change	Doing Business As			2841105
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
$\equiv$		46 Park Street		973	-746-1400
	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	Montclair NJ 07042		<b>G</b> Gross rec	eipts\$ 615,614
	Application pendin	F Name and address of principal officer:	IV-) le this e e	roun roturn for	affiliates? Yes X No
ш	P1	Dorothea Aery	H(a) Is this a g	Jioup retuini toi	
		46 Park Street	H(b) Are all af	filiates include	ed? Yes No
		Montclair NJ 07042	If "No	o," attach a lis	t. (see instructions)
ı	Tax-exempt statu	s: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website:	www.ihnessex.org	H(c) Group ex	kemption num	ber <b>&gt;</b>
K	Form of organizati	on: X Corporation Trust Association Other L	Year of formation: $oldsymbol{1}$	988	M State of legal domicile: NJ
F	Part I S	Summary			
	1 Briefly	describe the organization's mission or most significant activities:			
ce	See	Schedule O			
au					
err					
Governance	2 Check	this box if the organization discontinued its operations or disposed of more than	n 25% of its net	assets.	
<u>ن</u> 8	3 Numbe	r of voting members of the governing body (Part VI, line 1a)			10
es	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	10
Ę	5 Total n	umber of individuals employed in calendar year 2011 (Part V, line 2a)		5	9
Activities &		umb ar of valuations (actionate if passages v)			1200
⋖		nrelated business revenue from Part VIII, column (C), line 12			0
	h Net un	elated business taxable income from Form 990-T, line 34		7b	0
	<b>D</b> Not an	Clated business taxable mostlic from 1 offit 500 1, into 54	Prior Yea		Current Year
Ф	8 Contrib	utions and grants (Part VIII, line 1h)	542	2,004	590,333
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		0	25,154
eve		nent income (Part VIII, column (A), lines 3, 4, and 7d)		0	70
Ř	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	57
		evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	542	2,004	615,614
		and similar amounts paid (Part IX, column (A), lines 1–3)		3,136	119,174
		s paid to or for members (Part IX, column (A), line 4)		0	0
S	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	224	4,878	267,923
benses	16aProfess	s, other compensation, employee benefits (Part IX, column (A), lines 5–10) sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25)  78,266		0	0
<u>B</u>	<b>b</b> Total fu	Indraising expenses (Part IX. column (D), line 25) ▶ 78,266			
Ä	17 Other e	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149	9,051	163,382
		xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,065	550,479
		ue less expenses. Subtract line 18 from line 12		1,939	65,135
3 or			Beginning of Cur	rrent Year	End of Year
Net Assets or	20 Total a	ssets (Part X, line 16)		9,885	481,406
AS	21 Total lia	abilities (Part X, line 26)		3,238	11,634
ᇗ	<b>22</b> Net ass	sets or fund balances. Subtract line 21 from line 20	396	6,647	469,772
F	Part II S	ignature Block			
U	Inder penalties	of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of	my knowledge and belief, it
tr	rue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any kno	wledge.	
Sig	gn 🖊	Signature of officer		Date	
He	ere	Elie Spiesel Treas	urer		
		Type or print name and title			
	Print/T	/pe preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id Will:	iam J. Arnold William J. Arnold	06/08	/12 self-em	ployed
Pre	eparer Firm's	hame > Lambrides, Arnold, Moulthrop LLP	F	irm's EIN 🕨	
Us	e Only	26 Park St Ste 301			
	Firm's	address Montclair, NJ 07042-3443		Phone no.	973-744-8660
Ма		uss this return with the preparer shown above? (see instructions)			X Yes No
	•	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)

		Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	,	
S	See Schedule O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		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	
	□ Van	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	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: )(Expenses\$ 311,556 including grants of\$ )(Revenue \$ Congregational Shelter Program- IHN provides shelter, meals and	)
	professional case management services to homeless families from Esse	 Y
	County. In 2011, 75 individuals were given shelter and support servi	
Ψ	Fransitional Housing program- IHN leases several transitional housing	CCD•
	apartments in Montclair and East Orange, NJ. The transitional housin	
	program provides a stable home for 12-24 months with ongoing case	¥
	management and support services. In 2011, 31 individuals were in the	
	ransitional housing program and received weekly case management ser	
	Permanent Housing Program- IHN provides folow-up case management ser	
	to families that have left the shelter program. Families leaving the	
S	shelter program may receive assistance with moving, security deposit	s,
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	•	
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code. ) (Expenses \$ Including grants of \$ ) (Revenue \$	)
4d	Other program services. (Describe in Schedule O.)	
4d	Other program services. (Describe in Schedule O.)  (Expenses \$ 119,174 including grants of \$ 119,174 ) (Revenue \$ )	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		х
6	Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
0	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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
<b>L</b>	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	Λ	
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the expenization maintain an office, employees, or exents outside of the United States?	14a		X
b	Did the organization maintain an onice, employees, or agents outside of the original states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	. 990	
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	25-		X
	IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	• • •		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	complete Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	·····		
٠.	Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
55	conservation contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete scriedule in			22
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20.5		v
_	Schedule L, Part IV  An antity of which a gurrant or former officer, director, trustee, or key ampleyed (or a family member thereof)	28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			77
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	If "Yes," complete Schedule L, Part I	25b		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			7.5
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			37
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
_	to defease any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	employees? If "Yes," complete Schedule J	23		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	• • • • • • • • • • • • • • • • • • • •		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			

Form 990 (2011) Interfaith Hospitality Network for 22-2841105

Part V Statements Regarding Other IRS Filings and Tax Compliance

Page 5

	Check if Schedule O contains a response to any question in this Part	V				
	, <b>,</b> ,	1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	nd				
	reportable gaming (gambling) winnings to prize winners?			1c		
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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		3?	2b	X	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)				7.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	i illiai	Iciai	4a		х
h	If "Ves" enter the name of the foreign country:			<b>4</b> a		<i>1</i> 2
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		occurro.	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on?	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 or	did the				
	organization solicit any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contril					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
	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? $\dots$			7b		
С	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				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a		on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	_				
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponso	_				
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8		
a	Did the association make any tanakla distributions and a section 40000			9a		
b	Did the agraphication make a distribution to a dense dense obvious as related negroup?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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 1	041?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	, i				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				77
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Sche	edule (	)	14b	i '	İ

Form 990 (2011) Interfaith Hospitality Network for 22-2841105

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question 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 10 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent ..... 10 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... 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? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х 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 List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Describe in 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, physical address, and telephone number of the person who possesses the books and records of the 46 Park Street organization: ▶ Organization

> 973-746-1400 Form **990** (2011)

Montclair

#### Form 990 (2011) Interfaith Hospitality Network for 22-2841105

Page **7** 

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

Check if Schedule O contains a response to any question in this Part VII

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	ganization nor	any r	elate	ed or	gan	izatio	ns (	compensated any current	officer, director, or truste	e.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box	ι, unle	Pos heck ss pe	rson irecto	than or truste Highest compensated employee	an e)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Dorothea Aery										
Executive Director	40.00	X						62,400	0	0
(2)Merle Benny President	12.00	x		x				0	0	0
(3)Elie Spiesel										
Treasurer	4.00	X		X				0	0	0
(4)Bruce Levitt trustee	2.00	х						0	0	0
(5) Peter Abdil										
trustee	2.00	X						0	0	0
(6) Aida Anderson trustee	2.00	х						0	0	0
(7)Lori Jacobs trustee	2.00	x						0	0	0
(8)Lianne Mandelba										
trustee	2.00	x						0	0	0
(9) Elizabeth Cohen										
trustee	2.00	X						0	0	0
(10) Vincent Dopulos trustee	2.00	x						0	0	0
(11)Renee Leviton	2.00							U	U	U
(11)Kenee Hevicon	2.00	x						0	0	0
(12)										
(13)										
(14)										

FOULL 990 (2011) THICELLATON HOSPICATICY NECMOIN FOR ZZ-ZOTIJ	Form 990 (2011) <b>Interfaith Hospitality Ne</b>	etwork for 22-28411(	5
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	<b>(A)</b> Name and title	(B) Average hours per week (describe hours for	offi	k, unle	Pos check ess pe nd a d	rson i lirecto	than dis both	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro	om th	of ation ne	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	aniza d rela nizat	ted	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total							<b>&gt;</b>	62,400					
d d	Total from continuation she Total (add lines 1b and 1c)		· 					<b>&gt;</b>	62,400					
2	Total number of individuals (i reportable compensation from				to th	ose	liste	d ab	ove) who received more t	han \$100,000 in				
3	Did the organization list any <b>f</b>	former officer, o	direc	tor, (	or tru	uste	e, ke	y en	nployee, or highest compe	ensated			Yes	No
4	employee on line 1a? If "Yes For any individual listed on lin	ne 1a, is the su	m of	repo	ortab	le c	ompe	ensa	ation and other compensa	tion from the		3		X
_	organization and related orga individual											l		X
5	Did any person listed on line for services rendered to the c	organization? If									5	5		X
Sec 1	ction B. Independent Contract Complete this table for your f		npen	sate	d inc	depe	nder	nt cc	ontractors that received m	ore than \$100,000 of				
	compensation from the organ	nization. Report (A) I business address	com	pen	satio	n fo	r the	cale		within the organization's (B) tion of services	tax year.	Con	(C) npensat	tion
	Name and	Dusiness dudiess							Везепр	tion of services		COII	препза	1011
2	Total number of independent	contractors (in	cludi	na h	ut n	ot lin	nitad	to t	hose listed above) who					

### Form 990 (2011) Interfaith Hospitality Network for 22-2841105

Pa	rt V	III Statement of Revenue		T.	T.		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	12	Federated campaigns 1a			Tevenue		312, 313, 01 314
ìra oui	h	Mambarahin duas					
Å,	0	Fundraising events 1c					
ariti	ا						
3,0	a	Related organizations 1d	139,552				
Sign	e	Government grants (contributions) 1e	139,332				
ěŧ	Т	All other contributions, gifts, grants, and similar amounts not included above	450 701				
턆			450,781				
E P	g	Noncash contributions included in lines 1a-1f: \$		E00 222			
<u>ನ್ನೆ ಜ</u>	h	Total. Add lines 1a–1f		590,333			
enr			Busn. Code	05 154	05 154		
Şev	2a	Program Service Revenue	624100	25,154	25,154		
e	b						
Ž	С	•					
Sc	d						
ran	е						
Program Service Revenue Contributions, Gifts, Grants	f	All other program service revenue					
Ь	g	Total. Add lines 2a–2f		25,154	,		T
	3	Investment income (including dividends,	interest,				
		and other similar amounts)	▶	70			70
	4	Income from investment of tax-exempt b	ond proceed				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental exps.					
	С	Rental inc. or (loss)					
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of assets (i) Securities	(ii) Other				
		other than inventory					
	b	Less: cost or other					
		basis & sales exps.					
	С	Gain or (loss)					
		Net gain or (loss)					
Ф		Gross income from fundraising events					
ĵ.		(not including \$					
e		of contributions reported on line 1c).					
S.		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
0		Net income or (loss) from fundraising ev	ents				
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activiti	es <b>&gt;</b>				
		Gross sales of inventory, less	-				
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of invent	torv				
		Miscellaneous Revenue	Busn. Code				
	11a	Miscellaneous Income		57			57
	b						
	C						
		All other revenue					
		<b>Total.</b> Add lines 11a–11d		57			
		Total revenue. See instructions.		615,614	25,154	0	127

#### 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) but are not required to complete columns (B), (C), and (D).

requ	ired to complete columns (B), (C), and (D).  Check if Schedule O contains a response	to any guestion in this D	art IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	119,174	119,174		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,400	43,680	9,360	9,360
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	168,017	140,654	4,465	22,898
8	Pension plan accruals and contributions (include	•	·	,	•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,187	6,550	491	1,146
10	Payroll taxes	8,187 29,319	23,455	1,759	1,146 4,105
11	Fees for services (non-employees):		-	_	
а					
b	Legal				
С	Accounting	15,773	12,279	1,048	2,446
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,700	1,700		
12	Advertising and promotion				
13	Office expenses	35,469	28,376	2,128	4,965
14	Information technology				
15	Royalties				
16	Occupancy	34,770	27,816	2,086	4,868
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,494	13,195	990	2,309 1,882
23	Insurance	13,443	10,754	807	1,882
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Fundraising Costs	23,745			23,745
b	Uncollectible Debt Exp	18,116		18,116	
С	Staff Development	2,446	1,957	147	342
d	Dues and Subscriptions	1,426	1,140	86	200
е	All other expenses	F=0 1=0	400 -00	44 450	=0 000
25	Total functional expenses. Add lines 1 through 24e	550,479	430,730	41,483	78,266
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
DAA	following ŠOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)
$\nu$ AA					Form MMU (2011)

				(A)		(B)					
				Beginning of year		End of year					
1	Cash—non-interest bearing			97,639	1	38,254					
2	Savings and temporary cash investments				2	27,320					
3	Pledges and grants receivable, net			239,625	3	361,578					
4	Accounts receivable, net			4,335	4	4,551					
5	Receivables from current and former officers, director	s, trustees, k	ey								
	employees, and highest compensated employees. Co	mplete Part	II of								
	Schedule L				5						
6		ed under sec	tion								
	4958(f)(1)), persons described in section 4958(c)(3)(E	3), and contri	buting								
	employers and sponsoring organizations of section 50										
35	employees' beneficiary organizations (see instructions				6						
7	Notes and loans receivable, net				7						
8					8						
9				15,360	9	14,811					
10	a Land, buildings, and equipment: cost or										
	other basis. Complete Part VI of Schedule D	10a	75,183								
ŀ	Less: accumulated depreciation	10b	50,141	34,501	10c	25,042					
11	Investments—publicly traded securities				11						
12					12						
13	, , ,			13							
14	•		8,425	14 15	9,850						
15	, , , , , , , , , , , , , , , , , , , ,	er assets. See Part IV, line 11 al assets. Add lines 1 through 15 (must equal line 34)									
16			399,885		481,406						
17			3,238		11,634						
18				18 19							
19		Deferred revenue									
20					20						
21	, ,		D		21						
[	employees, highest compensated employees, and dis	squalified per	sons.								
<u> </u>	Complete Part II of Schedule L				22						
23	Secured mortgages and notes payable to unrelated the				23						
24	, ,				24						
25	( )										
	parties, and other liabilities not included on lines 17-2	4). Complete	Part X								
	of Schedule D			2 220	25	11 624					
26	Total liabilities. Add lines 17 through 25	·····		3,238	26	11,634					
ĝ	Organizations that follow SFAS 117, check here	and comp	olete								
2   27	lines 27 through 29, and lines 33 and 34.			206 647	27	160 772					
27				396,647	27	469,772					
28					28 29						
29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check	horo an			29						
5	complete lines 30 through 34.	nere an	u l								
30	Conital stock or truct principal, or accurant fronds				30						
30 2 31	******				31						
27 28 29 30 31 32					32						
33				396,647	33	469,772					
34				399,885		481,406					

Form **990** (2011)

orn	n 990 (2011) Interfaith Hospitality Network for 22-2841105				Pag	ge <b>12</b>
	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 514</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 479</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		6	5,1	<u> 135</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			7,9	990
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		46	9,7	<u>772</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<u></u>	<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u> :	2a		X
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> :	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					i
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u> i	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					i

the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2011)

X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.▶ See separate instructions.

OMB No. 1545-0047 **2011** 

Open to Public Inspection

Name of the organization

Interfaith Hospitality Network for
the Homeless of Essex County Inc

Part | Page of far Public Charity Status (All organizations must complete this terms)

22-2841105

Employer identification number

D	art I	Pose	on for Public Charity	y Status (All organizatio	ne mue	t compl	oto thi	c nart	1 800	inetri	ıction			
				\				s part.	) 366	1115111	JULION	ა.		
me	orga		•	use it is: (For lines 1 through 1		-		\						
1	Н			ssociation of churches describ	ea in <b>sec</b>	tion 170	(b)(1)(A	)(1).						
2				(A)(ii). (Attach Schedule E.)										
3	Ш	-		vice organization described in										
4			_	ted in conjunction with a hospi					(A)(iii)	. Enter	the ho	spital's	name	<del>)</del> ,
		city, and stat	te:											
5		An organizat	tion operated for the benefi	t of a college or university owr	ned or ope	erated by	a gove	rnmenta	al unit d	lescribe	ed in			
		section 170	(b)(1)(A)(iv). (Complete Pa	art II.)										
6		A federal, sta	ate, or local government or	governmental unit described i	n section	170(b)(	1)(A)(v)	)_						
7	X		· ·	a substantial part of its suppor					n the a	eneral r	oublic			
	ш	•	section 170(b)(1)(A)(vi).			,			3					
8				n <b>170(b)(1)(A)(vi).</b> (Complete F	Part II \									
9	H	-		(1) more than 33 1/3% of its s		om contri	hutions	membe	ershin f	ees an	nd arns	c		
9	Ш	=		empt functions—subject to cert					-		_	3		
		-			-									
	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 <b>section 509(a)(2).</b> (Complete Part III.)													
10	. 🗖													
11														
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section</b>													
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	a Type I b Type II c Type III-Functionally integrated d Type III-Other													
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons													
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)													
		or section 50	9(a)(2).											
f		If the organiz	zation received a written de	etermination from the IRS that	it is a Typ	e I, Type	II, or T	ype III s	upporti	ng				
		organization	, check this box											
g		Since Augus	t 17, 2006, has the organiz	zation accepted any gift or con	tribution f	rom any	of the							. 🗀
3		following pe	_	, ,,,		,								
		• .		controls, either alone or togeth	er with n	ersons de	escribed	l in (ii) a	nd				Yes	No
				ne supported organization?								11g(i)		
			member of a person descri	ribad in (i) abova?								11g(ii)		
				n described in (i) or (ii) above?										
<b>L</b>												11g(iii)		
<u>h</u>				t the supported organization(s)		organization	(4) Did.		(,3)	a the		, A		
(I		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9	in col. (i) li	9		ou notify nization in	organizat	s the ion in col.		(vii) Amo supp		
		,		above or IRC section		document?		of your	(i) organi	zed in the				
				(see instructions))		1		oort?		S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
					1									
(B)														
(C)														
(D)														
(E)														
Tota	s.i													

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2

Schedule A (Form 990 or 990-EZ) 2011 Interfaith Hospitality Network for 22-2841105

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.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,987	188,333	557,861	542,004	623,604	2,227,789
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
	315,987	188,333	557,861	542,004	623,604	2,227,789
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						
						197,326
						2,030,463
	(a) 2007	<b>(b)</b> 2008	(c) 2000	(d) 2010	(a) 2011	(f) Total
Amounta from line 4	` '	` '	` ′	` '		2,227,789
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	313,367	100,333	337,661	342,004	70	70
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					57	57
<b>Total support.</b> Add lines 7 through 10						2,227,916
Gross receipts from related activities, etc.	c. (see instructions	)			12	25,154
First five years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
organization, check this box and stop he	ere					▶
Public support percentage for 2011 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	91.14%
Public support percentage from 2010 Sc	hedule A, Part II, I	ine 14			15	87.71%
33 1/3% support test—2011. If the orga	nization did not ch	neck the box on lin	ne 13, and line 14	is 33 1/3% or mo	re, check this	
box and stop here. The organization qua	alifies as a publicly	supported organ	ization			<b>&gt;</b> X
						▶ ∐
	_					
_				-	•	
organization						▶ 🗆
10%-facts-and-circumstances test—2	<b>010.</b> If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, or 17a	a, and line	
_				-		
Explain in Part IV how the organization r	neets the "facts-ar	d-circumstances'	test. The organiz	ation qualifies as	a publicly	-
supported organization						▶ □
Private foundation. If the organization of	did not check a box	k on line 13, 16a,	16b, 17a, or 17b,	check this box an	nd see	
instructions						▶ ∐
	membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  Etion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop here. The organization, check this box and stop here. The organization quast 1/3% support test—2011. If the organization of part IV how the organization meets the "organization meets the "organization" and if the organization meets the "organization" nevertee foundation. If the organization meets the "organization or payoneted organization. If the organization Private foundation. If the organization Private foundation. If the organization or supported organization. If the organization.	indar year (or fiscal year beginning in) ►  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  **Etion B. Total Support**  Inder year (or fiscal year beginning in) ►  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support percentage from 2010 Schedule A, Part II, I as 1313/% support test—2011. If the organization did not chox and stop here. The organization qualifies as a publicly 33 1/3% support test—2011. If the organization did not check this box and stop here. The organization qualifies as a publicly 33 1/3% support test—2010. If the organization did not check this box and stop here. The organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization meets the "facts-and-part IV how the organization did not check a box and stop here. The organization mee	dar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  **Ction B. Total Support**  Indar year (or fiscal year beginning in)    Amounts from line 4  Amounts from line 4  Amounts from line 4  Artional support. Add lines 7 through 10  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income Fon to tinclude gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, organization, check this box and stop here  Public support percentage from 2010 Schedule A, Part II, line 14  33 1/3% support test—2011. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly support low-facts-and-circumstances test—2011. If the organization did not check a box on line check this box and stop here. The organization qualifies as a publicly support low-facts-and-circumstances test—2011. If the organization did not check a box on line check this box and stop here. The organization meets the "facts-and-circumstances" te Part IV how the organization meets the "facts-and-circumstances" test. The organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization in Part IV how the organization meets the "facts-and-circumstances" te	dar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization without charge  Tax revenues levied for the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  **tion B. Total Support**  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here  **tion C. Computation of Public Support Percentage**  Public support percentage from 2010 Schedule A, Part II, line 14  33 1/3% support test—2011. If the organization did not check a box on line 13, and line 14 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13 or 16a, and line 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organizati	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  315,987 188,333 557,861 542,004  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 315,987 188,333 557,861 542,004  The portion of total continuous by a governmental unit or publicly supported organization included on line 1 th at exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  ### ### ### ### ### ### ### ### ###	diffus, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  315,987 188,333 557,861 542,004 623,604 for the organization's benefit and either paid to or expended on its behalf the organization's benefit and either paid to or expended on its behalf the organization's benefit and either paid to or expended on its behalf the organization without charge (unusual grants) and the organization industry and the organization without charge (unusual grants) and the organization industry and the organization without charge (unusual grants) and the organization industry and the organization without charge (unusual grants) and the organization industry and the organization organization industry and the organization industry and the organization industry and the organization industry and the organization industry and the organization meets the "facts-and-circumstances" test. The organization one the "facts-and-circumstances" test. The organization one organization organization industry the organization meets the "facts-and-circumstances" test. The organization unalline as a publicly supported organization organization organization meets the "facts-and-circumstances" test. The organization unalline as publicly supported organization organization meets the "facts-and-circumstances" test. The organization unalline as publicly supported organization unalline as a public

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

(Complete only if you checked the box on line 9 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.)

500	ction A. Public Support	quality ariao	1 110 10010 11010	74 501011, p.104	oo oompioto i	uit iiij	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2009	(a) 2000	(4) 2010	(a) 2011	(f) Total
1	Gifts, grants, contributions, and membership	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
	and 12.)						
14	First five years. If the Form 990 is for th	•			•	. , . ,	. $\square$
	organization, check this box and stop he						<u></u> ▶ <u></u>
	etion C. Computation of Public S						
15 40	Public support percentage for 2011 (line	8, column (t) alvi	ded by line 13, co	olumn (t))		15	%
16 Soc	Public support percentage from 2010 Scietion D. Computation of Investm					16	%
				13 column (f)\		17	0/
17 18	Investment income percentage for <b>2011</b> Investment income percentage from <b>201</b>						% %
16 19a	33 1/3% support tests—2011. If the org			line 1/ and line			<u> 7</u> 6
ıJd	17 is not more than 33 1/3%, check this I						▶ □
b	33 1/3% support tests—2010. If the org	-	_				► □ and
~	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization of						

	Suppleme Suppleme Part II, line instructions	17a or 17b;	terfaith tion. Complete and Part III, lin	Hospitalit e this part to prov ne 12. Also comp	y Network vide the explant lete this part fo	for 22-2841 ations required by Frany additional info	Page 4 Part II, line 10; rmation. (See
Part II	I, Line	10 - Ot	her Incom	ne Detail			
Miscell	laneous	Income		\$	5	7	

**Schedule B** (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Organization type (check one):

Interfaith Hospitality Network for the Homeless of Essex County Inc Employer identification number

22-2841105

· · ·	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or e contributor. Complete Parts I and II.
Special Rules	
under sections 509(a)	o) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, contri not total to more than year for an exclusively applies to this organiz	(), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, butions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or
Caution. An organization that 990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st 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 PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 1 of 1 of Part I

Name of organization
Interfaith Hospitality Network for

Employer identification number

22-2841105

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <b>1</b>		\$ 26,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIF + 4	\$ 113,552	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 17,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humo, dudi voo, diid Eli TT	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

T	nterfaith Hospitality Network for		Linployer identification flumber
	he Homeless of Essex County Inc		22-2841105
r	art I Organizations Maintaining Donor Advised F organization answered "Yes" to Form 990, Part	till line 6	or Accounts. Complete if the
	organization answered Tes to Form 990, Fair		4)5
	Total accept and of con-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t		
	funds are the organization's property, subject to the organization's e.		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?  Conservation Easements. Complete if the org	renization engagered "Vee" to Fe	Yes No
			orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	Preservation of a certified histori	ic structure
_	Preservation of open space		
2	1 9 9 1	servation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Hold at the Find of the Toy Voc
_	Total acceptance of a second for a second second		Held at the End of the Tax Year
b			20
	Number of conservation easements on a certified historic structure in		. 2c
a	Number of conservation easements included in (c) acquired after 8/1	17/06, and not on a	24
•		ovtinguished or terminated by the organ	. 2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organ	mization during the
	tax year  Number of states where preparty subject to concernation accoment	in langted	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic m violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcement of the conservation easements it holds:		
U		ording conservation easements during the	ne year
7	Amount of expenses incurred in monitoring, inspecting, and enforcin	a conservation easements during the ve	aar
•		g conservation easements during the ye	sai
8	Does each conservation easement reported on line 2(d) above satis:	fy the requirements of section 170(h)(4).	(B)
Ū	(') 1 (' 470(1)(4)(5)('')0		□ Vaa □ Na
9	In Part XIV, describe how the organization reports conservation ease		
•	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	3	
Pa	art III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of
	public service, provide, in Part XIV, the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	, to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures,		, provide the
	following amounts required to be reported under SFAS 116 (ASC 95	· · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		▶ \$

## Schedule D (Form 990) 2011 Interfaith Hospitality Network for 22-2841105

Page 2

Pa	art III Organizations Maintainin	g Collections	of Art, Historica	I Treasure	s, or Other S	imilar A	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other rec	ords, check any of th	e following tha	at are a significan	t use of its	
а	Public exhibition	d 🗌	Loan or exchange pr	rograms			
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and exp	lain how they further	the organizat	ion's exempt purp	oose in Pa	rt
	XIV.						
5	During the year, did the organization solicit						
	assets to be sold to raise funds rather than	to be maintained a	s part of the organiza	ation's collecti	on?	······	Yes No
Pa	art IV Escrow and Custodial Ar				answered "Ye	es" to Fo	rm 990, Part IV,
	line 9, or reported an amou						
1a	a Is the organization an agent, trustee, custoo	dian or other intern	nediary for contribution	ons or other a	ssets not		□ v □ v.
							Yes No
D	If "Yes," explain the arrangement in Part XI	v and complete the	e following table:		Г		Amount
•	Poginning halance					1c	Amount
	Beginning balance					1d	
u	Additions during the year					1e	
f	Distributions during the year Ending balance					1f	
2a	a Did the organization include an amount on	Form 990 Part X	line 21?				Yes No
	If "Yes," explain the arrangement in Part XI						
	art V Endowment Funds. Comp		nization answere	ed "Yes" to	Form 990, Pa	rt IV, line	e 10.
		(a) Current year	(b) Prior year	(c) Two yea		ee years back	
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
d	Grants or scholarships						
	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g							
2	Provide the estimated percentage of the cu		ance (line 1g, column	(a)) held as:			
а		%					
b	Permanent endowment ▶ %						
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the poss	ession of the organ	nization that are held	and administ	ered for the		
	organization by:						Yes No
							3a(i)
L			d on Cohodula DO				3a(ii)
D	o If "Yes" to 3a(ii), are the related organization	•	• •				3b
4 D:	Describe in Part XIV the intended uses of the art VI Land, Buildings, and Equ			ling 10			
- 1 0	Description of property	(a) Cost or other			(c) Accumulated	4	(d) Book value
	Doddingson of property	(investment)	','		depreciation	_	(a) Dook value
1a	a Land		,		·		
	Buildings						
	Leasehold improvements			29,122	12,	481	16,641
	Equipment			46,061		660	8,401
	• Other			,			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

25,042

Schedule D (	Form 990)	2011	Interfaith	Hospitalit <sup>1</sup>	y Network	for 22-2841105
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		90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of v	valuation:
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 9	00 Part X line 13		
rait viii	(a) Description of investment type	(b) Book value	(c) Method of v	valuation:
	(a) Description of investment type	(b) book value	Cost or end-of-year	
-(4)			Cost of one of year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)				
(4) (5) (6) (7) (8) (9) (10)	on (b) must equal Form 990. Part X. col. (B) line 15.)			
(4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Colum	on (b) must equal Form 990, Part X, col. (B) line 15.)	25		
(4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X	Other Liabilities. See Form 990, Part X, line 2		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1.	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25. ( <b>b</b> ) Book value	<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X  1. (1) Federal	Other Liabilities. See Form 990, Part X, line 2		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>▶</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3) (4)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>▶</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>&gt;</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability			
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>▶</b>	
(4) (5) (6) (7) (8) (9) (10)  Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Colum Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability		<b>▶</b>	

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

sche	dule D (Form 990) 2011 Interfaith Hospitality Network	C 101 22-284	FITOS	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	615,614
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	550,479
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	65,135
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	7,990
6	Investment expenses			
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			7,990
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			73,125
-	rt XII Reconciliation of Revenue per Audited Financial Stateme			(22 (04
1	Total revenue, gains, and other support per audited financial statements			623,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u>.                                    </u>		
_		2a 7	990	
b		2b 7,	990	
		2d		
d	/		20	7 990
3	Add lines 2a through 2d			7,990 615,614
-	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			013,014
4		ła l		
a b		lb		
		<u>-</u>	4c	
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	615,614
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Fynen		Irn
1	Total expenses and losses per audited financial statements			550,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			200, 212
	· · · · · · · · · · · · · · · · · · ·	2a │		
b		2b		
	Other losses 2	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	550,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а		la		
		lb		
	Add lines 4a and 4b	•	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	550,479
	rt XIV Supplemental Information			-
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	nes 1a and 4; Part IV,	lines 1b and 2b	
art '	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	and 4b. Also complete	this part to provi	de
any a	dditional information.			

Schedule D	(Form 990) 201	1 Interfacental Information	aith Ho	<u>spitali</u>	ty Netw	ork for	22-284	L105	Page 5
Part XIV	Supplem	ental Informa	<b>ation</b> (conti	nued)					
• • • • • • • • • • • • • • • • • • • •									

SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of th	e organization Interfaith Hospital the Homeless of Ess						lentification number	
Part								
1 Do	pes the organization maintain records to substantiate as selection criteria used to award the grants or assistatescribe in Part IV the organization's procedures for mo	the amount of the ance?	ne grants or e of grant fur and Organt at received	nds in the United Star anizations in the d more than \$5,0	es. United States.	Complete if the	e organization a	nswered "Yes" more than \$5,000.
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)				,,		ŕ		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
<b>3</b> En	nter total number of section 501(c)(3) and government of the total number of other organizations listed in the linear work. Reduction Act Nation, see the Instructions	ne 1 table		line 1 table				

Part III can be duplicated if a (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book	x, (f) Description of non-cash assistance
(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	, (i) Dooding work or more door doordand
housing and meals assis	ta 203	119,174			
2					
3					
4					
E					
5					
6					
7					
Part IV Supplemental Information.	Complete this part to p	rovide the information	n required in Part I,	line 2, and any other add	ditional information.
Part I, Line 2 - Procedu	res for Monito	ring the Use	of Grant Fu	nds	
The organization sets el	igibility crit	eria for ass	istance to n	eedy	
individuals and selects	individuals fo	r assistance	based on		
whether the eligibility	criteria are m	et. Client f	iles are mai	ntained for	
all individuals receivin	g assistance.	Detailed rec	ords of indi	viduals'	
names, types of assistan	ce and amounts	granted are	maintained	by the	
organization.					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

Interfaith Hospitality Network for the Homeless of Essex County Inc Employer identification number 22-2841105

Form 990 - Organization's Mission or Most Significant Activities
Interfaith Hospitality Network of Essex County is dedicated to providing
shelter, direct services and housing assistance to homeless and "at risk"
families with help from an extensive network of volunteers and other
partners throughout the community.
Form 990, Part III, Line 4a - First Accomplishment
first month's rent, utility and food expenses to help them re-enter housing
as quickly as possible. In 2011, an additional 17 former shelter families,
currently residing in permanent housing received case management and/or
support services throughout the year to help them maintain stability.
After School Program- the program is designed to help reduce significant
effects of homelessness on children while providing parents with relief
from the cost of childcare. The After School Program expanded from 3 to 5
days in 2011. Fifteen children benefited from academic tutoring provided by
pro-bono teachers from Montclair High School and other volunteers. The
children also participated in enrichment activities, field trips and
summer camp.
Fifteen adults participated in workshops about parenting, budgeting,
finance and healthy living.
Form 990, Part III, Line 4d - All Other Accomplishment
See Schedule I

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization  Interfaith Hospitality Network for	Employer identification number 22-2841105
The 990 is presented to the Finance Committee and the	hen to the full board
for approval.	
Form 990, Part VI, Line 12c - Enforcement of Conflic	cts Policy
All board members submit a disclosure form annually	. The Board reviews any
potentially conflicted transactions prior to approve	al.
Form 990, Part VI, Line 15a - Compensation Process:	for Top Official
Compensation for the Executive Director is determine	ed by the board. An
annual performance review is performed.	
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
The Organization makes its governing documents and	financial statements
available to the public upon request and approval or	f the Executive
Committee of the Board.	