

Return of Organization Exempt From Income Tax

2001

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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: METROPOLITAN INTER-FAITH ASSOCIATION. Address: 910 VANCE P.O. BOX 3130, MEMPHIS, TN 38173

D Employer identification number: 62-0803601. E Telephone number: (901) 527-0208. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site

J Organization type (check only one): X 501(c)(3), 4947(a)(1) or 527

K Check here: If the organization's gross receipts are normally not more than \$25,000...

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN. M Check if the organization is not required to attach Sch B.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 11,334,450.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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Expenses Net Assets

B H

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	407,091		407,091	
26 Other salaries and wages	26	3,949,790	3,166,835	214,620	568,335
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	244,319	181,799	55,699	6,821
34 Telephone	34	103,088	65,969	31,676	5,443
35 Postage and shipping	35	41,083	10,669	3,872	26,542
36 Occupancy	36	343,386	257,357	25,157	60,872
37 Equipment rental and maintenance	37	28,470	5,286	22,997	187
38 Printing and publications	38	136,753	22,686	303	113,764
39 Travel	39	276,859	251,498	20,460	4,901
40 Conferences, conventions, and meetings	40				
41 Interest	41	39,667		39,667	
42 Depreciation, depletion, etc (attach schedule)	42	716,204	467,427	158,548	90,229
43 Other expenses not covered above (itemize) STMT 2	43a	4,768,997	4,772,962	-462,145	458,180
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	11,055,707	9,202,488	517,945	1,335,274

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **STMT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a DELIVERY OF MEALS FOR SENIOR CITIZENS, TRANSITIONAL HOUSING FOR HOMELESS FAMILIES, EMERGENCY ASSISTANCE FOR THE CITY OF MEMPHIS AND OTHER PROGRAMS FOR THE ELDERLY AND NEEDY (Grants and allocations \$ _____)	9,202,488
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,202,488

Balance Sheets (See Specific Instructions on page 24)

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	1,034,984	45	1,029,459
46	Savings and temporary cash investments	2,247,565	46	2,313,863
47a	Accounts receivable	47a 72,256		
b	Less allowance for doubtful accounts	47b	96,534	47c 72,256
48a	Pledges receivable	48a 3,815,141		
b	Less allowance for doubtful accounts	48b	3,651,452	48c 3,815,141
49	Grants receivable	1,265,331	49	1,114,121
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	12,582	53	5,774
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 11,293,762		
b	Less accumulated depreciation (attach schedule)	57b 2,907,947	8,155,098	57c 8,385,815
58	Other assets (describe <input type="checkbox"/>)		NONE 58	NONE
59	Total assets (add lines 45 through 58) (must equal line 74)	16,463,546	59	16,736,429
60	Accounts payable and accrued expenses	471,957	60	313,586
61	Grants payable		61	
62	Deferred revenue STMT 4	99,430	62	102,986
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) STMT 5	1,000,000	64b	950,000
65	Other liabilities (describe <input type="checkbox"/>) STMT 6	2,972,421	65	3,264,541
66	Total liabilities (add lines 60 through 65)	4,543,808	66	4,631,113
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	8,851,661	67	10,479,328
68	Temporarily restricted	3,068,077	68	1,625,988
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)	11,919,738	73	12,105,316
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	16,463,546	74	16,736,429

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Other Information (See Specific Instructions on page 27)

Yes No

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 92 regarding organizational activities, financials, and tax status.

Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM INCOME			01	1,450,810.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	71,294	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	308,566	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	16,667	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MATCHING FUNDS			01	2,954.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,850,291	
105 Total (add line 104, columns (B), (D), and (E))					1,850,291

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign

Signature of officer: *[Handwritten Signature]*

Date: 1/15/03

OFF CHAIR, MIFA

Date: 12/19/02 | Check if self-employed: | Preparer's SSN or PTIN (See Gen. Inst. W): P00191968

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **METROPOLITAN INTER-FAITH ASSOCIATION** Employer identification number **62-0803601**

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	NONE			

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DELOITTE & TOUCHE, LLP		
50 N. FRONT STREET, STE 600 MEMPHIS, TN	ACCOUNTING	89,463
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for calendar year (2000, 1999, 1998, 1997) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23-25 Summary of support; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, records, and financial aid.

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check a if the organization belongs to an affiliated group
- Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -	41	
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes " complete the following schedule Column (b) should always show the fair market value of the goods, other assets or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods other assets or services received

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with X checked in No)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

METROPOLITAN INTER-FAITH ASSOCIATION

62-0803601

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

METROPOLITAN INTER-FAITH ASSOCIATION

62-0803601

Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		250,533	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		280,181	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return ▶ See separate instructions

Name(s) shown on return METROPOLITAN INTER-FAITH ASSOCIATION	Identifying number 62-0803601
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1 Enter the gross proceeds from sales or exchanges reported to you for 2001 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6 Skip lines 8, 9, 11, and 12 below S corporations Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6 Skip lines 8, 9, 11, and 12 below, unless line 7 is a gain and the S corporation is subject to the capital gains tax All others If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below						7
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 Subtract line 8 from line 7 If zero or less, enter -0- Also enter on the appropriate line as follows (see instructions) S corporations Enter any gain from line 9 on Schedule D (Form 1120S) line 15 and skip lines 11 and 12 below All others If line 9 is zero enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on Schedule D						9

Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less)	
SEE STATEMENT 1	16,667

11 Loss, if any, from line 7	11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions)	17
18 Combine lines 10 through 17 Enter the gain or (loss) here and on the appropriate line as follows: a For all except individual returns Enter the gain or (loss) from line 18 on the return being filed b For individual returns (1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22 Identify as from "Form 4797, line 18b(1)" See instructions (2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1) Enter here and on Form 1040, line 14	18 16,667.
	18b(1)
	18b(2)

For Paperwork Reduction Act Notice, see page 7 of the instructions

Form **4797** (2001)

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo, day yr)	(c) Date sold (mo, day, yr)		
A				
B				
C				
D				
These columns relate to the properties on lines 19A through 19D	Property A	Property B	Property C	Property D
20 Gross sales price (Note See line 1 before completing)	20			
21 Cost or other basis plus expense of sale	21			
22 Depreciation (or depletion) allowed or allowable	22			
23 Adjusted basis Subtract line 22 from line 21	23			
24 Total gain Subtract line 23 from line 20	24			
25 If section 1245 property				
a Depreciation allowed or allowable from line 22	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property If straight line depreciation was used enter -0 on line 26g, except for a corporation subject to section 291				
a Additional depreciation after 1975 (see instructions)	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage (see instructions)	27b			
c Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits and mining exploration costs (see instructions)	28a			
b Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property				
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D lines 25b 26g 27c, 28b and 29b Enter here and on line 13	31	
32 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 33 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (See instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation See instructions	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
FRINGE BENEFITS	784,730.	560,765	123,568.	100,397.
FOOD COSTS	1,340,213.	1,340,069.	144.	NONE
UTILITIES	97,188.	23,513.	73,675.	NONE
BUILDING AND OFFICE MAINTENANC	216,067.	172,980.	36,829.	6,258.
VEHICLE FUEL	90,046.	89,509.	NONE	537.
TAXES AND LICENSES	19,189.	17,989.	900.	300.
CONTRACT SERVICES	308,013.	104,617.	102,480.	100,916.
PROFESSIONAL SERVICES	136,960.	5,550.	106,604.	24,806.
INSURANCE	182,072.	133,721.	48,351.	NONE
DUES AND MEMBERSHIPS	11,841.	4,418.	6,518.	905.
ADVERTISING	18,674.	9,961.	1,154.	7,559.
EQUIPMENT	26,526.	7,392.	193.	18,941.
BAD DEBT EXPENSE	6,056.	2,585.	3,471.	NONE
MISCELLANEOUS EXPENSE	348,033.	294,102.	13,133.	40,798.
INDIRECT COSTS		822,527.	-979,290.	156,763.
DIRECT CLIENT SUPPORT		1,183,264.	125	NONE
TOTALS	1,183,389.	4,772,962.	-462,145.	458,180.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

METROPOLITAN INTER-FAITH ASSOCIATION'S PRIMARY EXEMPT PURPOSE
IS TO OPERATE PROGRAMS DESIGNED TO MEET THE BASIC HUMAN
NEEDS OF PEOPLE AND TO EMPOWER PEOPLE TO LIVE WITH INDEPENDENCE AND
DIGNITY IN MEMPHIS, TENNESSEE AND THE SURROUNDING AREAS.

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
UNEARNED GRANT FUNDS	99,430.	102,986.
TOTALS	99,430.	102,986.

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FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

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LENDER: NATIONAL BANK OF COMMERCE

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	950,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,000,000.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	950,000.
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FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED EXPENSES	213,579.	275,198.
INTERCOMPANY PAYABLE	2,758,842.	2,989,343.
	-----	-----
TOTALS	2,972,421.	3,264,541.
	=====	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MARGARET CRADDOCK 910 VANCE AVENUE MEMPHIS, TN	EX. DIR 40	101,817.	920.
MIKE TOUCHET 910 VANCE AVENUE MEMPHIS, TN	CHF FIN 40	74,263.	920.
CONRAD LEHFELDT 910 VANCE AVENUE MEMPHIS, TN	ASS.EX DIR 40	53,882.	2,760.
SANDY SMEGELSKY 910 VANCE AVENUE MEMPHIS, TN	ASS.EX DIR 40	53,882.	1,840.
DIANNE POLLY 910 VANCE AVENUE MEMPHIS, TN	PRGM EX-ELDER OUTRCH 40	51,147	2,760
KIM GASKILL 910 VANCE AVENUE MEMPHIS, TN	ASS.EX DIR 40	72,100.	1,840.
SEE STATEMENT 12			
	GRAND TOTALS	407,091.	11,040.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
MATCHING FUNDS	1,455	6,126.	14,244.	25,874.	47,699.
REGISTRATION	NONE	NONE	NONE	NONE	NONE
PROFESSIONAL FEES	NONE	NONE	NONE	2,259.	2,259.
NEWSPAPER	NONE	NONE	NONE	NONE	NONE
MEMPHIS PARENT	NONE	NONE	63,690.	NONE	63,690
LIQUIDATION OF PARENT	NONE	NONE	40,900.	NONE	40,900
TANK REMOVAL REFUND	NONE	21,325.	NONE	NONE	21,325.
TOTALS	1,455.	27,451.	118,834.	28,133.	175,873.

2001/2002
MIFA BOARD OF DIRECTORS

NAME	ADDRESS	NUMBERS
CHAIR:		
Mrs. Julie Raines	211 Goodwyn Place Memphis, TN 38111	324-6021 (Home) 363-4986 (Office) 327-5096 (Fax) raines898@aol.com
VICE CHAIR:		
Rabbi Harry Danziger	7237 Great Oaks Road Germantown, TN 38138	754-4487 (Home) (509) 357-5761 (Fax) hkd38@aol.com
SECRETARY:		
Mrs. Jean Norfleet	90 South Perkins Memphis, TN 38117	761-3535 (Home)
TREASURER:		
Mr. Steven J. Martin	The TruGreen Companies 860 Ridgelake Blvd. Memphis, TN 38120-9417	681-1820 (Office) 761-4747 (Home) 681-1920 (Fax) stevemartin@trugreenmail.com
Assistant Pat Lewis (681-1959)		
CHAPLAIN:		
Rev. Roger Brown	LeMoyne-Owen College 807 Walker Ave. Memphis, TN 38126	942-7349 (Office) 345-0711 (Home) roger_brown@nile.lemoyne-owen.edu
Mr. Leo Bearman, Jr.	Baker, Donelson, Bearman et al 2000 First Tennessee Building 165 Madison Ave. Memphis, TN 38103	526-2000 (Office) 577-2303 (Fax) lbearman@bdbbc.com
Mrs. Kim Blankenship	571 Wild Elm Cove Memphis, TN 38120	683-4341 (Home) kblanken@midssouth.rr.com

Mrs. Beth Breazeale	1863 Cordova Road Germantown, TN 38138	754-5511 (Home) jimbethb@bellsouth.net
Mrs. Peggy Brewer	Memphis Light, Gas & Water P. O. Box 430 Memphis, TN 38101-0430	528-4820 (Office) 528-4086 (Fax) pbrewer@mlgw.org
Mr. John D. Canale, III	D. Canale and Company 1 Commerce Square, Ste. 1800 40 South Main St. Memphis, TN 38103-5530	432-0265 (Office) 432-0294 (Fax) jcanale@dcanale.com
Rev. Cheryl Cornish	First Congregational Church 1000 South Cooper Memphis, TN 38104	278-6786 (Office) 278-2071 (Fax) cherylcornish@juno.com
Ms. Carol Crawley	P. O. Box 383301 Germantown, TN 38138	301-6265 (Home) ccrawley@wave3online.com
Mrs. Sara Dobbs	6075 Blakely Drive Memphis, TN 38120	763-2595 (Home) jdobbs1166@aol.com
Rev. Harry Durbin	Collierville United Methodist 454 W. Poplar Memphis, TN 38017	853-8383 (Office) 854-4584 (Fax) srpastor@colliervilleumc.org
Mr. Jef Feibelman	Burch, Porter & Johnson 130 N. Court Avenue Memphis, TN 38103	524-5000 (Office) 524-5024 (Fax) jfeibelman@bpjlaw.com
Mr. E. J. Goldsmith, Jr.	Apartment 3 6586 Poplar Woods Cr., So. Germantown, TN 38138	754-3692 (Home)
Mrs. Mimi Graves	1092 Audubon Drive Memphis, TN 38117	767-0166 (Home)

Charles W. Griesbeck, Jr. Reynolds Bone & Griesbeck, P.L.C. 682-2431 (Office)
5100 Wheelis Dr., Suite 300 683-5482 (Fax)
Memphis, TN 38117 cgriesbeck@rbgcpa.com

Rev. Noel Hutchinson, Jr. First Baptist Church, Lauderdale 774-2161 (Office)
682 South Lauderdale St. 946-2259 (Fax)
Memphis, TN 38126-3998 nghutch@bellsouth.net

Mr. Allen Israel Minor Frances 452-4949 (Office)
3080 Poplar Avenue 323-3188 (Fax)
Memphis, TN 38111 al6026@aol.com

Mr. L. Donald Jordan, Jr. Jordan Enterprises 755-8103 (Office)Ext 304
716 West Brookhaven Circle 755-3302 (Fax)
Memphis, TN 38117

Mrs. Anne Keesee 73 Cherry Road 761-0435 (Home)
Memphis, TN 38117 767-9600 (Fax)
akeesee@aol.com

Rabbi Peter Light Beth Sholom Synagogue 683-3591 (Office)
6675 Humphreys Blvd. 683-3592 (Fax)
Memphis, TN 38120 rabligh@aol.com

Rev. Martin McCain Grace United Methodist Church 396-5123, Ext. 105 (Off.)
1619 E. Raines Road 396-5124 (Fax)
Memphis, TN 38116 mccain@clergy.net

Rev. Steve Montgomery Idlewild Presbyterian Church 726-4681 (Office)
1750 Union Avenue 725-4535 (Fax)
Memphis, TN 38104 revsteve@idlewildchurch.org

***Ms. Aurelia Poe** 4890 Brady Drive 385-4305 (Office)
Memphis, TN 38116 396-2505 (Home)
poea@memphis-schools.k12.tn.us

Mr. Maury Radin 91 W. Galloway 452-5454 (Home)
Memphis, TN 38111 mradin@lunaweb.net

Ms. Sue Ellen Rainey	1618 Vinton Avenue Memphis, TN 38104	272-2405 (Home) arainey@midsouth.rr.com
Dr. Joseph Rosas	Union Avenue Baptist Church 2181 Union Avenue Memphis, TN 38104	276-5421 (Office) 276-5423 (Fax) ljrru@mem.net
<i>Assistant Claudia Townsend</i>		
Mrs. Anne Stokes	108 E. Chickasaw Parkway Memphis, TN 38111	323-0533 (Home) 323-6249 (Fax) jstokes@midsouth.rr.com
Ms. Laurie Tucker	FedEx Services Building A-2310 3610 Hacks Cross Road Memphis, TN 38125	434-5555 (Office) 434-6840 (Fax) latucker@fedex.com
*Dr. Russell Wigginton	Department of History Rhodes College 2000 North Parkway Memphis, TN 38112	843-3997 (Office) 272-0875 (Home) 843-3727 (Fax) wigginton@rhodes.edu
Mr. Russ Williams	Archer-Malmo Advertising 65 Union Ave., Suite 500 Memphis, TN 38103	260-4136 (Office) 523-7654 (Fax) 272-9433 (Home) rwilliams@archermalmo.com
*Rev. Walker Wright	White Stone M.B. Church 187 South Parkway East Memphis, TN 38106	948-2131 (Office) 487-3021 (Cell) 942-3888 (Fax) walker_wright@yahoo.com

- Executive Committee:**
 Mrs Julie Raines, Chair
 Rabbi Harry Danziger, Vice-Chair
 Mr Tom Barzizza, Vice-Chair –
 Marketing
 Mrs Jean Norfleet, Secretary
 Mr Steve Martin, Treasurer
 Rev Roger Brown, Chaplain
 Rev Martin McCain, Planning
 Mr Allen Israel, Past Chair/Nominations
 Mr Russ Williams, Chair of
 Development Board
 Mr Jef Feibelman, Legal

**Indicates a new Board member*

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	METROPOLITAN INTER-FAITH ASSOCIATION	62-0803601
	Number, street, and room or suite no. If a P.O. box, see instructions	
	910 VANCE AVENUE, P.O. BOX 3130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MEMPHIS, TN 38178-0130	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 01, and ending 06/30, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Henry J. Sheff 700191960 Title ▶ DELOITTE & TOUCHE Date ▶ 11/12/02

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)