Form **990** | **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
2005
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

NOV 2 1 2006
ENVELOPE POSTMARK DATE

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: METROPOLITAN INTER-FAITH ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address): 910 VANCE P.O. BOX 3130 | Room/suite

City or town, state or country, and ZIP + 4: MEMPHIS, TN 38173

D Employer identification number: 62-0803601

E Telephone number: 901-527-0208

F Accounting method: Cash [ ] Accrual [X] Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number ▶ N/A

G Website: ▶WWW.MIFA.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,334,663.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support		1a	3,920,321.		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c	4,673,368.		
	d	Total (add lines 1a through 1c) (cash $ 8,208,113. noncash $ 385,576.)				1d	8,593,689.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	1,611,903.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	13,334.
	5	Dividends and interest from securities				5	
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
	7	Other investment income (describe ▶)				7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 107,790.	8a	(B) Other: 7,291.		
	b	Less: cost or other basis and sales expenses	109,451.	8b	2,576.		
	c	Gain or (loss) (attach schedule)	<1,661.>	8c	4,715.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2		STMT 3	8d	3,054.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]					
	a	Gross revenue (not including $ 131,385. of contributions reported on line 1a)		9a			
	b	Less: direct expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			SEE STATEMENT 4	9c	
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	656.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	10,222,636.
Expenses	13	Program services (from line 44, column (B))				13	9,749,527.
	14	Management and general (from line 44, column (C))				14	867,241.
	15	Fundraising (from line 44, column (D))				15	847,587.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	11,464,355.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	<1,241,719.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	5,358,201.
	20	Other changes in net assets or fund balances (attach explanation)			SEE STATEMENT 5	20	48,148.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	4,164,630.

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523001 02-03-06 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2005)

16441101 402746 78100 2005.06010 METROPOLITAN INTER-FAITH AS 78100__1

Part II 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.

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 $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	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	492,776.	139,599.	274,633.	78,544.
26 Other salaries and wages	26	3,963,780.	3,274,084.	284,759.	404,937.
27 Pension plan contributions	27				
28 Other employee benefits	28	348,002.	269,133.	43,588.	35,281.
29 Payroll taxes	29	342,975.	284,948.	19,987.	38,040.
30 Professional fundraising fees	30				
31 Accounting fees	31	52,545.		52,545.	
32 Legal fees	32	660.		660.	
33 Supplies	33	145,255.	124,494.	15,421.	5,340.
34 Telephone	34	54,699.	42,642.	5,067.	6,990.
35 Postage and shipping	35	33,885.	10,178.	3,492.	20,215.
36 Occupancy	36	246,926.	197,363.	37,929.	11,634.
37 Equipment rental and maintenance	37	111,266.	132,517.	<23,341.>	2,090.
38 Printing and publications	38	189,558.	44,964.	5,858.	138,736.
39 Travel	39	479,028.	472,022.	4,998.	2,008.
40 Conferences, conventions, and meetings	40	41,879.	22,766.	11,510.	7,603.
41 Interest	41	29,172.	5,462.	23,338.	372.
42 Depreciation, depletion, etc. (attach schedule)	42	689,897.	628,645.	33,971.	27,281.
43 Other expenses not covered above (itemize).					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 7	43g	4,242,052.	4,100,710.	72,826.	68,516.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	11,464,355.	9,749,527.	867,241.	847,587.

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 $ N/A ; **(ii)** the amount allocated to Program services $ N/A ;
(iii) the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Form **990** (2005)

** SEE STATEMENT 8

523011
02-03-06

16441101 402746 78100 2005.06010 METROPOLITAN INTER-FAITH AS 78100__1

Part III Statement of Program Service Accomplishments *(See the instructions.)*

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.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 9	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
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 $) If this amount includes foreign grants, check here ▶ ☐	9,749,527.
b	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	9,749,527.

Form **990** (2005)

523021
02-03-06

16441101 402746 78100 2005.06010 METROPOLITAN INTER-FAITH AS 78100__1

Part IV | Balance Sheets *(See the instructions.)*

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
Assets 45 Cash - non-interest-bearing			218,948.	45	56,228.
46 Savings and temporary cash investments			88,642.	46	58,100.
47 a Accounts receivable	47a	73,003.			
b Less· allowance for doubtful accounts	47b		120,744.	47c	73,003.
48 a Pledges receivable	48a	482,419.			
b Less allowance for doubtful accounts	48b	24,975.	923,075.	48c	457,444.
49 Grants receivable			1,086,424.	49	781,122.
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a	46,530.			
b Less: allowance for doubtful accounts	51b		29,552.	51c	46,530.
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			10,250.	53	59,435.
54 Investments - securities ▶ ☐ Cost ☐ FMV				54	
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b			55c	
56 Investments - other SEE STATEMENT 10			735,516.	56	263,238.
57 a Land, buildings, and equipment: basis	57a	11,610,203.			
b Less: accumulated depreciation STMT 11	57b	5,146,793.	7,110,039.	57c	6,463,410.
58 Other assets (describe ▶ INTERCOMPANY RECEIVABLE)				58	13,283.
59 **Total assets** (must equal line 74). Add lines 45 through 58			10,323,190.	59	8,271,793.
Liabilities 60 Accounts payable and accrued expenses			1,030,574.	60	718,933.
61 Grants payable				61	
62 Deferred revenue			118,989.	62	222,804.
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable			723,000.	64b	73,000.
65 Other liabilities (describe ▶ INTERCOMPANY PAYABLE)			3,092,426.	65	3,092,426.
66 **Total liabilities.** Add lines 60 through 65)			4,964,989.	66	4,107,163.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			5,358,201.	67	4,164,630.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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; column (B) **must** equal line 21)			5,358,201.	73	4,164,630.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			10,323,190.	74	8,271,793.

Form **990** (2005)

523031
02-03-06

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	11192113.
b	Amounts included on line a but not on Part I, line 12.				
1	Net unrealized gains on investments	b1	48,289.		
2	Donated services and use of facilities	b2	921,188.		
3	Recoveries of prior year grants	b3			
4	Other (specify).	b4			
	Add lines b1 through b4			b	969,477.
c	Subtract line b from line a			c	10222636.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	10222636.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	12385684.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1	921,188.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) ADJUSTMENT TO BALANCE	b4	141.		
	Add lines b1 through b4			b	921,329.
c	Subtract line b from line a			c	11464355.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	11464355.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		458,570.	34,206.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 25			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X	
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 13 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI **Other Information** *(continued)*

				Line	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b				
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year					
c	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		
86	*501(c)(7) organizations* Enter. a Initiation fees and capital contributions included on line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	*501(c)(12) organizations* Enter. a Gross income from members or shareholders	87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX			88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.					
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		0.			
90 a	List the states with which a copy of this return is filed ▶ TN					
b	Number of employees employed in the pay period that includes March 12, 2005	90b	228			

91 a The books are in care of ▶ MARGARET CRADDOCK Telephone no. ▶ 901-527-0208

Located at ▶ 910 VANCE, MEMPHIS, TN ZIP + 4 ▶ 38173

			Line	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b		X
	If "Yes," enter the name of the foreign country ▶ N/A				
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		X
	If "Yes," enter the name of the foreign country ▶ N/A				
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A		

Part VII | Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a SEE STATEMENT 14					1,611,903.
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	13,334.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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	3,054.	
101 Net income or (loss) from special events	624100				
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					656.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		16,388.	1,612,559.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 1,628,947.

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

Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

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).
93	INCOME FROM PROGRAMS INCLUDING DAYCARE SERVICES, THRIFT STORE, TRANSPORTATION SERVICES AND MEALS SOLD TO JUBILEE SCHOOLS ENABLES MIFA TO PROVIDE FOOD, TRANSITIONAL HOUSING AND OTHER ASSISTANCE FOR THE ELDERLY AND POOR IN THE MEMPHIS AREA.

Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(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
	%			
N/A	%			
	%			
	%			

Part X | Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(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).*

Please Sign Here

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

▶ Margaret Craddock — Signature of officer — 11-9-06 Date ▶ Margaret Craddock Exec. Dir — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ CA Johnson CPA — Date 11/01/06 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN P00196655

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RHEA & IVY, P.L.C. 6000 POPLAR AVE, STE 250 MEMPHIS, TN 38119-3971 — EIN ▶ 62-0566526 — Phone no. ▶ (901)761-3000

523163 02-03-06

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

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

Part I **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
DIANNE K. POLLY 910 VANCE AVENUE, MEMPHIS TN 38173	DIR. OF G & L 40.00	59,686.	1,825.	
VANESSA FRAZIER-BURGESS 910 VANCE AVENUE, MEMPHIS TN 38173	DIR. OF HR 40.00	58,968.	1,059.	
ELIZABETH M. GARRETT 910 VANCE AVENUE, MEMPHIS TN 38173	PR DIRECTOR 40.00	52,499.	1,369.	
RIDLEY ANDERSON 910 VANCE AVENUE, MEMPHIS TN 38173	DIR OF MEALS 40.00	52,000.	1,637.	
CHARLIE NELSON 910 VANCE AVENUE, MEMPHIS, TN 38173	DIR VOLUNTEERS 40.00	50,488.	4,676.	
Total number of other employees paid over $50,000 ▶	1			

Part II-A **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
RHEA & IVY, PLC 6000 POPLAR, SUITE 250, MEMPHIS, TN 38119	ACCOUNTING	54,895.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PICCADILLY MEMPHIS, TN 38119	FOOD SERVICE	1,518,731.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III 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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of 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.	1		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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X	

Part IV 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.)

11a ☒ 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.)

11b ☐ 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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.)

Part IV-A **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.*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,837,282.	9,537,917.	10096599.	9,378,515.	37,850,313.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,810,203.	1,562,320.	1,248,588.	1,475,088.	6,096,199.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,974.	15,633.	37,176.	379,860.	448,643.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	16,269.	21,876.	SEE STATEMENT 15	2,954.	41,099.
23 Total of lines 15 through 22	10679728.	11137746.	11382363.	11236417.	44,436,254.
24 Line 23 minus line 17	8,869,525.	9,575,426.	10133775.	9,761,329.	38,340,055.
25 Enter 1% of line 23	106,797.	111,377.	113,824.	112,364.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 766,801.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 1,796,464.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 38,340,055.

d Add: Amounts from column (e) for lines: 18 448,643. 19 ______ 22 41,099. 26b 1,796,464. ▶ 26d 2,286,206.

e Public support (line 26c minus line 26d total) ▶ 26e 36,053,849.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 94.0370%

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2004) (2003) (2002) (2001)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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
		N/A	
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		
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		

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

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.)

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

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:	Yes	No	Amount
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**)			0.

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

Part VII 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a 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

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FOOTNOTES STATEMENT 1

PART V-A, QUESTION 75C

ONE OF THE BOARD MEMBERS IS PRESIDENT OF A BANK THAT HAS
MADE LOANS TO MIFA.
THE BOARD MEMBERS RECEIVE NO COMPENSATION FROM MIFA.

METROPOLITAN INTER-FAITH ASSOCIATION 62-0803601

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
DONATED STOCK	107,790.	107,790.	1,661.	<1,661.>
TO FORM 990, PART I, LINE 8	107,790.	107,790.	1,661.	<1,661.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FIXED ASSETS				PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	7,291.	97,409.	2,576.	97,409.	4,715.
TO FM 990, PART I, LN 8	7,291.	97,409.	2,576.	97,409.	4,715.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
EMPTY PLATES	54,233.	54,233.			0.
DAY OF REFLECTION & SERVICE	25,000.	25,000.			0.
RANDOM ACTS OF KINDNESS					0.
MLK DAY	10,000.	10,000.			0.
HOLIDAYS AT MIFA	42,152.	42,152.			0.
TO FM 990, PART I, LINE 9	131,385.	131,385.			0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN	48,289.
ADJUSTMENT TO BALANCE AUDITED FINANCIAL STATEMENTS	<141.>
TOTAL TO FORM 990, PART I, LINE 20	48,148.

FORM 990 IRC SECTION 6033(H) REPORTING REQUIREMENT STATEMENT 6

NAME OF CONTROLLED ENTITY

MIFA FOUNDATION

FUNDS TRANSFER AMOUNT

648,370.

OTHER FUNDS TRANSFER DESCRIPTION

GRANTS MADE BY MIFA FOUNDATION TO METROPOLITAN INTER-FAITH ASSOCIATION.

FORM 990 OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RECOGNITION	25,544.	13,118.	5,489.	6,937.
STIPEND	284,016.	284,016.		
CLIENT SERVICES	1,578,708.	1,578,708.		
BAD DEBT	1,649.	1,649.		
BANK SERVICES CHARGE	14,878.	325.	14,145.	408.
TAXES & LICENSES	12,569.	11,031.	1,361.	177.
TEMP AGENCY/CONTRACT SERVICES	277,843.	225,301.	34,142.	18,400.
PROFESSIONAL SRVCS - OTHER	56,718.	30,732.	<4,769.>	30,755.
FOOD COST	1,682,696.	1,681,948.	<254.>	1,002.
MISCELLANEOUS	24,377.	13,886.	8,204.	2,287.
DUES & MEMBERSHIPS	9,501.	3,189.	3,593.	2,719.
INSURANCE	273,557.	256,807.	10,919.	5,831.
ADJUSTMENT TO BALANCE	<4.>		<4.>	
TOTAL TO FM 990, LN 43	4,242,052.	4,100,710.	72,826.	68,516.

FORM 990 | OFFICER COMPENSATION ALLOCATION PART II, LINE 25 | STATEMENT 8

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GAYLA C. SNYDER	62,200.	7,043.		69,243.
A. PROGRAM SERVICES	62,200.	7,043.		69,243.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ARNETTA MACKLIN	62,200.	8,156.		70,356.
A. PROGRAM SERVICES	62,200.	8,156.		70,356.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARGARET CRADDOCK	112,540.	7,202.		119,742.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	112,540.	7,202.		119,742.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL HERMAN	80,947.	5,977.		86,924.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	80,947.	5,977.		86,924.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SANDRA SMEGELSKI	62,847.	5,120.		67,967.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	62,847.	5,120.		67,967.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EDNA MILLS	77,836.	708.		78,544.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	77,836.	708.		78,544.

TOTAL PROGRAM SERVICES	139,599.
TOTAL MANAGEMENT AND GENERAL	274,633.
TOTAL FUNDRAISING	78,544.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	492,776.

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 14

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
PROGRAM INCOME - GENERAL					795,361.
PROGRAM INCOME - RENT					31,137.
PROGRAM INCOME - CLIENT					175,975.
PROGRAM INCOME - CONGRE					7,293.
PROGRAM INCOME - FEE FO					115,468.
PROGRAM INCOME - REGIST					995.
PROGRAM INCOME - ENSURE					2,759.
PROGRAM INCOME - JUBILE					235,581.
PROGRAM INCOME - INTERNAL TRANSFER					247,334.
TO FORM 990, PART VII, LINE 93					1,611,903.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MATCHING FUNDS	0.	0.	0.	2,954.
MISCELLANEOUS	16,269.	21,876.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	16,269.	21,876.	0.	2,954.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 9

EXPLANATION

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 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY MARKET ACCOUNTS	COST	263,238.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		263,238.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	369,307.	0.	369,307.
CONSTRUCTION PROCESS	4,221.	0.	4,221.
BUILDING IMPROVEMENTS	283,231.	229,496.	53,735.
BUILDINGS	9,090,306.	3,272,703.	5,817,603.
VEHICLES	828,066.	761,345.	66,721.
EQUIPMENT	1,035,072.	883,249.	151,823.
TOTAL TO FORM 990, PART IV, LN 57	11,610,203.	5,146,793.	6,463,410.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. ROGER BROWN 910 VANCE AVENUE MEMPHIS, TN 38173	CHAIR 1.50	0.	0.	0.
MR. RUSS WILLIAMS 910 VANCE AVENUE MEMPHIS, TN 38173	VICE CHAIR 1.50	0.	0.	0.
MS. JUDY ROYAL 910 VANCE AVENUE MEMPHIS, TN 38173	SECRETARY 1.50	0.	0.	0.
MR. PRICE FORD 910 VANCE AVENUE MEMPHIS, TN 38173	TREASURER 1.50	0.	0.	0.
MR. JEF FEIBELMAN 910 VANCE AVENUE MEMPHIS, TN 38173	LEGAL COUNSEL 1.50	0.	0.	0.
REV. STEVE MONTGOMERY 910 VANCE AVENUE MEMPHIS, TN 38173	PLANNING 1.50	0.	0.	0.
RABBI HARRY DANZIGER 910 VANCE AVENUE MEMPHIS, TN 38173	NOMINATIONS 1.50	0.	0.	0.
MS. KIM BLANKENSHIP 910 VANCE AVENUE MEMPHIS, TN 38173	DEVELOPMENT 1.50	0.	0.	0.
MR. LEO BEARMAN, JR. 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MRS. PEGGY BREWER 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
DR. KEN CORR 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.

MR. ANDY DOLICH 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. CHARLES W. GRIESBECK, JR. 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. ANGUS MCEACHRAN 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MRS. WILMA MCGEE 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MS. BARBARA HANEMANN 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MS. CLAUDIA PARLOW 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MS. AMY POAG 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. DAVID POPWELL 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. JACK QUINLAN 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MS. JULIE RAINES 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. MATTHEW THORNTON 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MR. DAVID WADDELL 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
MARGARET D. CRADDOCK 910 VANCE AVENUE MEMPHIS, TN 38173	EXECUTIVE DIRECTOR 40.00	112,540.	7,202.	0.

MS. EMILY WOODSIDE 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
SANDRA SMEGELSKY 910 VANCE AVENUE MEMPHIS, TN 38173	VP 40.00	62,847.	5,120.	0.
ARNETTA MACKLIN 910 VANCE AVENUE MEMPHIS, TN 38173	VP 40.00	62,200.	8,156.	0.
GAYLA C. SNYDER 910 VANCE AVENUE MEMPHIS, TN 38173	VP 40.00	62,200.	7,043.	0.
PAUL HERMAN 910 VANCE AVENUE MEMPHIS, TN 38173	CHIEF EXECUTIVE OFFICER 40.00	80,947.	5,977.	0.
EDNA MILLS 910 VANCE AVENUE MEMPHIS, TN 38173	VP, PUBLIC RELATIONS 40.00	77,836.	708.	0.
DR. ROZ NICHOLS 910 VANCE AVENUE MEMPHIS, TN 38173	DIRECTOR 1.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		458,570.	34,206.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
MIFA FOUNDATION	X	
NEW PATHWAYS INC	X	