Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For t	ne 2013 calendar year, or tax year beginning and	ending	2.77	
В	Check applica	if C Name of organization		D Employer identif	ication number
	Jcha		NC.		
	Nan	nge Doing Business As		81-0	587332
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Tern		300	202-	466-0567
	Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,104,897.
	App	WASHINGTON, DC 20037		H(a) Is this a group r	eturn
	pen	F Name and address of principal officer: REV. DR. C. WELTON	GADDY	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)
J	Webs	ite: ► WWW.INTERFAITHALLIANCE.ORG		H(c) Group exemption	
K	Form (of organization; X Corporation Trust Association Other	L Year	of formation: 1998	M State of legal domicile; DC
P	art I			7111101111-111111-111111111111111111111	
ø	1	Briefly describe the organization's mission or most significant activities: TO P.	ROMOTE	THE ROLE O	F RELIGION
Activities & Governance		IN PUBLIC LIFE THROUGH EDUCATION, RESEAR	CH AND	CIVIL DISC	OURSE.
rus	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			12
o a	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
es 2	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			9
V.	6	Total number of volunteers (estimate if necessary)			0
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
~	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	I			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,078,937.	1,091,304.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		206.	260.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,922.	13,333.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,048,221.	1,104,897.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		687,784.	529,457.
Expenses	16a			0.	0.
cpe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 231, 2	73.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		612,750.	353,646.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,300,534.	883,103.
	19	Revenue less expenses. Subtract line 18 from line 12		-252,313.	221,794.
or				inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	-	328,264.	534,544.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		430,437.	403,226.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		-102,173.	131,318.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this eturn, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	nas any knowledge.	
		CIVING Zanos		6-	19-14
Sign	n	Signature of officer		Date	
Her	е	REV. DR. C. WELTON GADDY PRESIDENT Type or print name and title			
-		Print/Type preparer's name Preparer's signature	I Da	ate Check	II PTIN
Paid	1	D. JOHN MAHAFFEY, CPA			D00224112
	arer	Firm's name GORFINE, SCHILLER & GARDYN, PA		self-employe	52-1231901
	Only	Firm's address 10045 RED RUN BLVD, SUITE 250		FILITI S EIN	JA 14J1701
036	Jilly	OWINGS MILLS, MD 21117		Phone on 41	0-356-5900
Mari	the !!	RS discuss this return with the preparer shown above? (see instructions)		Tribule 110.41	X Yes No
ITICAY	HI OIL	io diodado una return with the preparer allown above (300 illatructions)	***********		

	1990 (2013) THE INTERPAITH ALLIANCE FOUNDATION, INC. 81-058/552 Page 2
Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE THE POSITIVE AND HEALING ROLE OF RELIGION IN PUBLIC LIFE
	THROUGH EDUCATION, RESEARCH AND CIVIL DISCOURSE.
	THROUGH EDUCATION, RESEARCH AND CIVIL DISCOURSE.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 350,576 • including grants of \$) (Revenue \$
	EDUCATION, RESEARCH AND CIVIL DISCOURSE - DURING 2013, INTERFAITH
	ALLIANCE MADE PROGRESS AGAINST BULLYING, STOOD UP TO ANTI-MUSLIM
	BIGOTRY, ANTI-SEMITISM AND OTHER FORMS OF FAITH-BASED BIGOTRY,
	CHALLENGE THE HATEFUL RHETORIC OF THE RELIGIOUS RIGHT, AND SPOKE OUT ON
	THE EPIDEMIC OF GUN VIOLENCE IN THE UNITED STATES. THE ORGANIZATION
	CONTINUED DISTRIBUTING ITS FAQ RESOURCE "WHAT IS THE TRUTH ABOUT
	AMERICAN MUSLIMS" AS PART OF IT'S ONGOING EFFORTS TO DISPEL MYTHS AND
	STEREOTYPES ABOUT THE AMERICAN MUSLIM COMMUNITY.
4b	(Code:) (Expenses \$ 100,014. including grants of \$) (Revenue \$)
	GRASSROOTS ORGANIZATION RELIGIOUS OUTREACH AND ISSUE ADVOCACY -
	INTERFAITH ALLIANCE CONTINUED TO WORK WITH GRASSROOTS AFFILIATES ACROSS
	THE COUNTRY IN SUPPORT OF THEIR LOCAL WORK RESPECTIVELY PROTECTING
	RELIGIOUS FREEDOM. INTERFAITH ALLIANCE'S PRESIDENT TRAVELED TO
	AFFILIATES IN SUPPORT OF THEIR WORK WHILE ALSO PARTICIPATING IN
	PROGRAMING OF COLLEGIAL ORGANIZATIONS. INTERFAITH ALLIANCE CONTINUED TO
	ACTIVATE ITS SUPPORTERS THOUGH SOCIAL MEDIA AND EMAIL, PROVIDING
	OPPORTUNITIES FOR THEM TO MAKE THEIR VOICES HEARD. AMONG THE ISSUES
	INTERFAITH ALLIANCE WORKED ON WERE THE AFFORDABLE CARE ACT'S
	CONTRACEPTION MANDATE, MARRIAGE EQUALITY, SCHOOL VOUCHERS, THE
	EMPLOYMENT NON-DISCRIMINATION ACT, AND BULLYING IN SCHOOLS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 450,590.

Form 990 (2013) THE INTERFAI
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
100	public office? If "Yes," complete Schedule C, Part I	3		Α.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			10000
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1000
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
,,,	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1.000
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
0000	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	71	
12a	Cohodula D. Doda VI and VII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1470.07
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	985		7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	340		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
		20a 20b		21
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

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Part IV | Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O .

Form 990 (2013) THE INTERFAITH ALLIANCE FOUNDAT:
Part V Statements Regarding Other IRS Filings and Tax Compliance

Secret The number reported in Box 3 of Form 1096. Enter 0- If not applicable 1a 5 5 5 5 5 5 5 5 5		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter-O-If not applicable 1b 0 bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withins or withings to prize withins of the capital payments to vendors and reportable gaming (gambling) withings to prize withins or prize the capital payments to vendors and reportable gaming (gambling) withings to prize within the year covered by this return 2a 9 bif at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions) 3a X bif "Yes," sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions) 3b 1 4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X bif "Yes," enter the name of the foreign country: 5c X bif "Yes," enter the name of the foreign country: 5c X bif "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 5c X bif "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 5c X bif "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions? 6c X bif "Yes," did the organization that were yes olicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7c X bif "Yes," did the organization reliable aparty to a portibility of the party to a party to a possibility of the party to a part				Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter -0 if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3d Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3d Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3d A AT with the during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? 3d AT any time during the calendary year, dith or organization have interest in, or a signature or other authority over, a financial account in a foreign country? 3d If "Yes," to line 5a or 5b, did the organization file Form 88687? 5d Did any expendization sell excitation file Form 88687? 6d Did the organization sell excitation file Form 8868 are than \$100,000, and did the organization sellicit any contributions that may receive deductible as charitable contributions? 5d Did the organization sell excitation in excess of \$75 made party sax contributions and party for poods and services provided to the payor? 6d Did the organization sell excitation file form 8869 as required? 7d Did the organization sell excitation file form	1200				
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	С		2		
2a Earler the number of employees reported on Form WA. Transmittal of Wage and Tax Statements, fleed for the calendary sere anding with or within the year covered by this return. Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a			1c	Х	
the for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dix the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has it filed a Form 990 FTO this year, If Y-No, ** to line \$5, provide an engination in Schedule O 3b If Yes,* has it filed a Form 990 FTO this year, If Y-No, ** to line \$5, provide an engination in Schedule O 3b If Yes,* enter the name of the foreign country. ▶ 5a If Yes,* return the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (so that a so bank account, securities account, or other financial accountry. 5a If Yes,* return the name of the foreign country. ▶ 5a If Yes,* return the name of the foreign country. ▶ 5a If Yes,* return the remained provided the shelter transaction at any time during the tax year? 5a If Yes,* or line \$6 are \$5, to life organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes,* did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization receive a payment in excess of \$75 made party as a contribution of organization foreign and party for goods and services provided to the party of the organization include with every solicitation an express statement that such contribution of contributions foreign the section \$90,000,000,000,000,000,000,000,000,00	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, and organization country (such as a bank account, and organization country (such as a bank account, and organization accountry) 4b If "Yes," enter the name of the foreign country. ▶ 5c enistructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b IX any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," in line Sax or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sax or 5b, did the organization line Form 888617? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6c AX 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 7d If the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990°T for this year? If "No." to lime 8, provide an explanation in Schedule O 4b At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4a At any time during the catendar 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 accounts. 5b If "Yes," to lift the foreign country (such as a bank account, securities account, or other financial accounts. 5c Was the organization for the foreign country. Securities account, or other financial accounts. 5c Was the organization fore foreign Bank and Financial accounts. 5c Was the organization relate an author securities account, or other financial accounts. 5c Was the organization security to a prohibited tax shelter transaction? 5c Was the organization self the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization self was an unal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Was the fives, "to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," idict the organization neithy deductible contributions under section 170(c). 9d If the organization received a pyrment in excess of \$75 made party as contribution of qualization and party for goods and services provided to the payor? 7d If Yes, "Idid the organization neithy accounts of \$75 made party as contribution of qualified intel					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand	d				
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14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a		X

Form 990 (2013) THE INTERFAITH ALLIANCE FOUNDATION, INC. 81-0587332 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
			4.0		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the		8						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6	Did the organization have members or stockholders?		****	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				17101			
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		nice service						
	persons other than the governing body?			7b		X			
8	District the state of the state								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Alter				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe	0.000000000		52-40				
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				200			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, C	A,CO,CT,FI	, GA	,HI	,IL	,KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s	only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
		in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest pol	icy, and	d finar	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the or	ganizat	ion:		- 4			
	ISA HYDE - 202-466-0567	2225							
		0037		12000		(VE) Alexandr			
	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2013)			

Form 990 (2013)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REV. DR. GALEN GUENGERICH	2.00									
DIRECTOR	0.00	X			_	_	_	0.	0.	0.
(2) CLAUDIA WIEGAND	2.00									0
TREASURER	2 00	Х	_	_	_	_	_	0.	0.	0.
(3) MARVIN CHILES	2.00	х						0.	0.	0.
DIRECTOR	2.00	Λ	_	_		-	H	0.	0.	0.
(4) ISATU HYDE	2.00	х						0.	0.	0.
DIRECTOR (5) DR. HERBERT D. VALENTINE	2.00	Λ		_	H	₩		0.	0.	0.
FOUNDING PRESIDENT/DIRECTO	2.00	х						0.	0.	0.
(6) HELIO FRED GARCIA	2.00	21		-	\vdash	1	-	0.	•	
DIRECTOR	2.00	х						0.	0.	0.
(7) SUMEET KAUR BAL	2.00									
DIRECTOR		х						0.	0.	0.
(8) AMBER KAHN	2.00									
BOARD CHAIR		Х						0.	0.	0.
(9) REV. DR. DAN ROSEMERGY	2.00									500
DIRECTOR		Х						0.	0.	0.
(10) RABBI DAVID SAPERSTEIN	2.00							725	24	1000
DIRECTOR		Х						0.	0.	0.
(11) AMANDEEP SIDHU	2.00	-						72	2	
BOARD SECRETARY		Х						0.	0.	0.
(12) JACOB WORENKLEIN	2.00							_		_
DIRECTOR	60.00	X		_				0.	0.	0.
(13) REV. DR. C WELTON GADDY	60.00			7,7				160 000	0.	27 010
PRESIDENT				Х				168,890.	0.	27,918.

Pa	Section A. Officers, Directors, Trus	stees, Key Em	plo	yees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B) (C)							(D)	(E)		(F)	
	Name and title	Average			check		than		Reportable	Reportable		stimat	
		hours per week					is bot		compensation	compensation	a	mount	
		(list any	tor	Т	П				from the	from related organizations	cor	other opens:	
		hours for	or director			1	pa		organization	(W-2/1099-MISC)	04400000	rom th	
		related	stee o	rustee			ensat		(W-2/1099-MISC)	12.	633.3	ganiza	
		organizations below	ual tru	onal t		ployee	t com	1020				id rela anizat	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	ailizat	10113
-			-			~	1 0	_			+		
			1							,			
											1		
_			_	\vdash			_						
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			1										
9		-	-	\vdash		\vdash	H	H			+		
			1										
						Т	1						
			_		_								
			-										
_		_	-		-		-				-		
			1										
1h	Sub-total			_			_		168,890.	0	. 2	7,9	18.
	Total from continuation sheets to Part V								0.	0			0.
	Total (add lines 1b and 1c)								168,890.	0	. 2	7,9	18.
2	Total number of individuals (including but r								eceived more than \$100	,000 of reportable			74
	compensation from the organization												1
											-	Yes	No
3	Did the organization list any former officer,										_		х
	line 1a? If "Yes," complete Schedule J for s										3		Α
4	For any individual listed on line 1a, is the su and related organizations greater than \$15										4	х	
5	Did any person listed on line 1a receive or										-		
	rendered to the organization? If "Yes," com										5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of compen	sation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithin		/ear.		0.0	
	(A) Name and business	address	NT/	ONE	2			- 1	(B) Description of s	envices)) Compe	C) Insatio	n
_	Name and business	addicas	TAC	JIVI	2	_		\dashv	Description of s	CIVICOS	Joinpo	mound	***
								\dashv					
								- 1					
								7					
								\perp					
_								\perp					
_	Total number of independent contraction (inalisedine but =	ot II	mite	d to	the	oo E	to d	about who received a	ore then			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot III	riite	u to		se IIS)	sted	above) who received in	iore triair			
_	w 100,000 or compensation from the organi	Lation			_		_				-	000	

Form 990 (2013)

332009 10-29-13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above _____ 1f 1,091,304. Q Noncash contributions included in lines 1a-1f: \$ 1,091,304. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 260. 260. other similar amounts) Income from investment of tax-exempt bond proceeds 4 13,333. 13,333. Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 13,593. ,104,897. 0. Total revenue. See instructions.

Form 990 (2013) THE INTERFAIT
Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX Check	Sect	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
Do not include amounts reported on lines 69, 76, 80, 98, and 100 of Part VIII		Check if Schedule O contains a respon				<u>X</u>
1 Grants and other assistance to governments and opportunities in the Illufed States. See Part IV, line 21 2 2 3 3 3 3 3 3 3 3		아 NATHON (BURNES) (1975년 1977년 1977년 1일		Program service	(C) Management and general expenses	Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Bension plan accruals and contributions (include section 401(s) and 403(b) employee contributions (include section 401(s) employee contributions (include section 401(s) employee contributions (include section 401(s) employee contribution	1	Grants and other assistance to governments and				
the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and inclivituals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons described in section 4958(r)(1) and persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Penishin plan acrusials and contributions (include section 401(r)) and 45(b) employer contributions) 9 Other employee benefits 9 Other (Infloyee benefits 9 Other (Infloyee benefits) 10 Payroll taxes 10 Professional fundatising services. See Part IV, line 17 for Investment management fees 10 Other, (Iffing and exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0, 10 3, 167 . 79 , 830 . 18 , 542 . 4 , 795 . 24 Advertising and promotion 10 office expenses. Interior to arrive the control of the profession of the first of the profession of the profession of the first of the profession of the first of the profession of the first of the profession of the profession of the profession of the first of the profession of the profession of the first of the profession of the		organizations in the United States. See Part IV, line 21				
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organizations, and individuals outside the United States. See Part VI, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 458(R)(19) and persons described in section 458(R)(19) and 403(R) employees: 8 Pension plan accruals and contributions (include section 401(R) and 403(R) employee benefits 9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees): a Management 12 Legal		the United States. See Part IV, line 22				
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Depreciation, depletion, and amortization 1,093. 563. 281. 249. Insurance 0ther expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a DIRECT MAILING 99,279. 28,760. 0. 70,519. b MISCELLANEOUS 21,304. 2,894. 16,243. 2,167. c TELEPHONE AND COMMUNICA 17,243. 10,753. 3,343. 3,147. d EQUIPMENT RENTAL AND MA 9,470. 5,162. 2,414. 1,894. e All other expenses Total functional expenses. Add lines 1 through 24e 883,103. 450,590. 201,240. 231,273. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X If following SOP 98-2 (ASC 958-720) 40,639. 28,760. 0. 11,879.						
23			1 002	562	281	2/19
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a DIRECT MAILING b MISCELLANEOUS c TELEPHONE AND COMMUNICA d EQUIPMENT RENTAL AND MA e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) All other expenses 40 , 639 . 28 , 760 . 0 . 11 , 879 .	2000	Secretary and the secretary an	1,093.	303.	201.	243.
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a DIRECT MAILING b MISCELLANEOUS c TELEPHONE AND COMMUNICA d EQUIPMENT RENTAL AND MA e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) All other expenses 40 , 639 . 28 , 760 . 0 . 11 , 879 .			-			
a DIRECT MAILING b MISCELLANEOUS c TELEPHONE AND COMMUNICA d EQUIPMENT RENTAL AND MA e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ■ X if following SOP 98-2 (ASC 958-720) 27 Total functional expenses. Add lines 1 through 24e 28 Total functional expenses. Add lines 1 through 24e 28 Total functional expenses. Add lines 1 through 24e 29 (ASC 958-720) 20 1, 240 .	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
MISCELLANEOUS 21,304. 2,894. 16,243. 2,167.			99 279	28 760	0.	70.519
C TELEPHONE AND COMMUNICA degree Computer of the content of th	a					
EQUIPMENT RENTAL AND MA e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) A 10 470 . 5 , 162 . 2 , 414 . 1 , 894 . 450 , 590 . 201 , 240 . 231 , 273 . 240 , 639 . 28 , 760 . 0 . 11 , 879 .	o o					
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 40,639. 28,760. 0. 11,879.	4		T. N (1960) - 4600 (19.1-2009) - 50 T. N.			
Total functional expenses. Add lines 1 through 24e 883,103. 450,590. 201,240. 231,273. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 40,639. 28,760. 0. 11,879.	-		-,	-,		
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 40,639. 28,760. 0. 11,879.			883,103.	450,590.	201,240.	231,273.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \(\subseteq \text{ If following SOP 98-2 (ASC 958-720)} \) 40,639. 28,760. 0. 11,879.	- C		* ***			
educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 40,639. 28,760. 0. 11,879.		The content of the state of the content of the state of the content of the state of				
Check here ► X if following SOP 98-2 (ASC 958-720) 40 , 639 . 28 , 760 . 0 . 11 , 879 .		educational campaign and fundraising solicitation.				
		Check here X if following SOP 98-2 (ASC 958-720)	40,639.	28,760.	0.	

1 Ca 2 Sa' 3 Ple 4 Acci 5 Loa trus Pail 6 Loa 6 Loa em em em 7 No 8 Inv 9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acci 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns 25 Ott par Sch	Cash - non-interest-bearing Ca	s, directors, ees. Complete	(A) Beginning of year 40,434. 62,152. 78,663.	1 2 3 4	(B) End of year 100,424. 1,423.		
2 Sai 3 Ple 4 Acci 5 Loa true Pai 6 Loa em 7 No 8 Inv 9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acci 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns Sch	Pledges and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Accounts receivables from current and former officer Accustees, key employees, and highest compensated employer Acrt II of Schedule L Accounts and other receivables from other disqualified persons Accition 4958(f)(1)), persons described in section 4958(c)(3)(I	s, directors, ees. Complete	62,152.	2 3	1,423.		
2 Sai 3 Ple 4 Acci 5 Loa trus Pai 6 Loa em 7 No 8 Inv 9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acci 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns Sch	Pledges and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Accounts receivables from current and former officer Accustees, key employees, and highest compensated employer Acrt II of Schedule L Accounts and other receivables from other disqualified persons Accition 4958(f)(1)), persons described in section 4958(c)(3)(I	s, directors, ees. Complete		3			
\$ Piese 3	Pledges and grants receivable, net Accounts receivables from current and former officer Accounts and other receivables from other disqualified persons Accounts and other receivables from other disqualified persons Accounts receivable, net	s, directors, ees. Complete	78,663.		252,027.		
\$100	cocounts receivable, net coans and other receivables from current and former officer rustees, key employees, and highest compensated employer art II of Schedule L coans and other receivables from other disqualified persons ection 4958(f)(1)), persons described in section 4958(c)(3)(f	s, directors, ees. Complete	78,663.	4	252,027.		
\$ Loa trus Pair	oans and other receivables from current and former officer rustees, key employees, and highest compensated employer art II of Schedule Loans and other receivables from other disqualified persons ection 4958(f)(1)), persons described in section 4958(c)(3)(f	s, directors, ees. Complete					
\$ trus	rustees, key employees, and highest compensated employer. Part II of Schedule L Oans and other receivables from other disqualified persons ection 4958(f)(1)), persons described in section 4958(c)(3)(I	ees. Complete					
6 Loa Sec em em rays 7 No. 8 Inv 9 Pre 10a Lar bas bas bas bas lar l	oans and other receivables from other disqualified persons ection 4958(f)(1)), persons described in section 4958(c)(3)(b	(as defined under					
6 Loa Sec em em rays 7 No. 8 Inv 9 Pre 10a Lar bas bas bas bas lar l	oans and other receivables from other disqualified persons ection 4958(f)(1)), persons described in section 4958(c)(3)(b	(as defined under		5			
## em							
## em		B), and contributing					
9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Oth 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par		3 0 5					
9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Oth 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par	mployees' beneficiary organizations (see instr). Complete F	Part II of Sch L		6			
9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Oth 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par	lotes and loans receivable, net			7			
9 Pre 10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Oth 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns 25 Oth par	nventories for sale or use			8			
10a Lar bas b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cor 23 Sec 24 Uns 25 Ott par Sct	repaid expenses and deferred charges		20,189.	9	0.		
b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Ott par	and, buildings, and equipment: cost or other	CONTRACT CONTRACTOR					
b Les 11 Inv 12 Inv 13 Inv 14 Inta 15 Ott 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Ott par	asis. Complete Part VI of Schedule D 10a	53,476.	35 - 727232		121 202121		
11 Inv 12 Inv 13 Inv 14 Inta 15 Oth 16 Toth 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par	ess: accumulated depreciation 10b	52,167.	2,402.	10c	1,309.		
13 Inv 14 Inta 15 Oth 16 Toth 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par	nvestments - publicly traded securities			11			
14 Inta 15 Ott 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Ott par	nvestments - other securities. See Part IV, line 11			12			
15 Ott 16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Coul 23 Sec 24 Uns 25 Ott	nvestments - program-related. See Part IV, line 11			13			
16 Tot 17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Col 23 Sec 24 Uns 25 Oth par Sch	ntangible assets		104 404	14	170 261		
17 Acc 18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Coi 23 Sec 24 Uns 25 Oth par Sch	other assets. See Part IV, line 11		124,424.	15	179,361.		
18 Gra 19 Det 20 Tax 21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par Sch	otal assets. Add lines 1 through 15 (must equal line 34)		328,264.	16	534,544.		
19 Det 20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns 25 Oth par Sch	ccounts payable and accrued expenses		291,897.	17	248,989.		
20 Tax 21 Esc 22 Loa key Con 23 Sec 24 Uns 25 Oth par Sch	arants payable			18			
21 Esc 22 Loa key Cool 23 Sec 24 Uns 25 Oth par Sch	eferred revenue			19			
22 Loa key Cool 23 Sec 24 Uns 25 Oth par	ax-exempt bond liabilities			20			
key Cool 23 Sec 24 Uns 25 Oth par	scrow or custodial account liability. Complete Part IV of Sc			21			
23 Sec 24 Uns 25 Oth par Sch	oans and other payables to current and former officers, dire						
23 Sec 24 Uns 25 Oth par Sch	ey employees, highest compensated employees, and disqu						
23 Sec 24 Uns 25 Oth par Sch	omplete Part II of Schedule L		22				
25 Oth par	ecured mortgages and notes payable to unrelated third pa			23			
par Sch	Insecured notes and loans payable to unrelated third partie			24	- 3		
Sch	other liabilities (including federal income tax, payables to rel						
	arties, and other liabilities not included on lines 17-24). Con chedule D	-	138,540.	25	154,237.		
	otal liabilities. Add lines 17 through 25		430,437.		403,226.		
- 20 10t	rganizations that follow SFAS 117 (ASC 958), check her	re X and					
	omplete lines 27 through 29, and lines 33 and 34.	dire					
27 Uni	nrestricted net assets		-137,173.	27	49,974.		
28 Ten	emporarily restricted net assets		35,000.	28	81,344.		
10 29 Per	ermanently restricted net assets		·	29			
5 Or	rganizations that do not follow SFAS 117 (ASC 958), ch						
and	nd complete lines 30 through 34.						
ध्र 30 Car	apital stock or trust principal, or current funds			30			
% 31 Pai	aid-in or capital surplus, or land, building, or equipment fun			31			
4				32	131,318.		
33 Tot	etained earnings, endowment, accumulated income, or oth	The second secon					
34 Tot	etained earnings, endowment, accumulated income, or othotal net assets or fund balances		-102,173. 328,264.		534,544.		

	1990 (2013) THE INTERFAITH ALLIANCE FOUNDATION, INC.	81-02	0/334	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		****	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,10	4,8	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10		
5	Net unrealized gains (losses) on investments	5	574536	•	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1:	1,6	97.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
10	column (B))	10	13:	1,3	18.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			00000	
	Shock in our codic o contains a response of note to any line in the rate of		I	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:	and appearance acres			
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
1/00/03	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
12351	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

OMB No. 1545-0047

2013

Open to Public Inspection

	-	THE IN	PERFAITH ALL:	IANCE	FOUND	ATION	I, INC	2.	8	1-0587	332
Part	I Reason		rity Status (All organi								
The org	anization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1	A church, co	onvention of church	es, or association of chu	rches desc	ribed in se	ection 170)(b)(1)(A)(i).			
2	A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.)	ĺ						
3	A hospital or	r a cooperative hosp	oital service organization	described	in section	170(b)(1)	(A)(iii).				
4	A medical re	esearch organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospital'	s name,
	city, and sta	te:									- 2
5		tion operated for the D(b)(1)(A)(iv). (Comp	e benefit of a college or u	iniversity o	wned or o	perated by	y a govern	mental un	it describ	oed in	
6			nent or governmental un	it describe	d in section	n 170(b)(1)(A)(v).				
7 X	- A Committee of the Co		ceives a substantial part				and the second	or from the	general	public descr	ribed in
		(b)(1)(A)(vi). (Compl	Fritzen 1900 Franklich Fritzen von der er entwer 1990 ver en						•		
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	- Application of the real	Managari da Marana da kata da k	ceives: (1) more than 33			rom contr	ibutions, n	nembershi	p fees, a	and gross red	eipts from
			inctions - subject to cert		그는 그리기를 그리기는 하나 하네요.						
			taxable income (less sec								
		509(a)(2). (Complet					17.	,			7
10			perated exclusively to te	est for pub	lic safety.	See sectio	on 509(a)(4	4).			
11	1	(50)	perated exclusively for t	7.55					v out the	purposes o	f one or
	_		ations described in sect		100						
	- 10	5) 07/5/5 E	g organization and comp					F100019010-07-07-07-00-0			
	a Type	SSA AL (2007)		ype III - Fu			1 (Typ	e III - No	n-functionally	y integrated
e 🗀	By checking	this box. I certify th	at the organization is no	t controlled	directly o	r indirectly	by one o	r more dis	qualified	persons oth	er than
			than one or more public								
f			itten determination from						e eur en eur de		NOTICE TO A STATE OF THE STATE
		organization, check t									
g			organization accepted a								bitteries some
•			directly controls, either a							, [Yes No
	10.40 William 14.4014		supported organization?							Marie Control Control Control	
			n described in (i) above?								
			a person described in (i)								
h			about the supported or								
		15 (2)	270.F		5.44						
(i) Nar	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amount	of monetary
	rganization	(11) (11)	(described on lines 1-9	in col. (i) li	sted in your	organizat	tion in col.	organizatio (i) organiz	ed in the	supp	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
Total											

Schedule A (Form 990 or 990-EZ) 2013 THE INTERFAITH ALLIANCE FOUNDATION, INC.81-0587332 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support	45					
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					.53%	
	membership fees received. (Do not						
	include any "unusual grants.")	1893834.	1819780.	1647239.	933,682.	1076680.	7371215.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1893834.	1819780.	1647239.	933,682.	1076680.	7371215.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7371215.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1893834.	1819780.	1647239.	933,682.	1076680.	7371215.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				-0.000	10 S 1504 C	
	and income from similar sources	1,113.	63,724.	30,537.	27,922.	13,593.	136,889.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			128			
	or loss from the sale of capital		55 90000	2020 Labelia 20m2	ownstations!	64, 00a - 20060,000 000	17 48 124 Seminariyasi
	assets (Explain in Part IV.)		-100.	9,356.	813.	24,000.	34,069.
11	Total support. Add lines 7 through 10						7542173.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				0.00
	Public support percentage for 2013 (I			olumn (f))		14	97.73 %
	Public support percentage from 2012					15	97.63 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		0.00	D 250 B15	100000		
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
late!	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16	a, 16b, 1/a, or 17b	, check this box a	na see instruction	S

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			71			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that					14_24_	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	(
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						▶∟
_	tion C. Computation of Publi			W. 846A			1000
	Public support percentage for 2013 (li			olumn (f))		15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves			terange to proper up		TT	
	Investment income percentage for 20		200	e 13, column (f))		17	%
	Investment income percentage from 2			- U 14 1 P	de la mare the co	18	% 7 is not
19a	33 1/3% support tests - 2013. If the						
Ouss	more than 33 1/3%, check this box ar	3.53		100	1998		
	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, chec						T

 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

81-0587332

Name of the organization

Employer identification number

	THE INTERFAITH ALLIANCE FOUNDATION, INC.	81-0587332						
Organization	type (check one):							
Filers of:	Section:							
Form 990 or 99	990-EZ X 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							
그 사내 원이 되었습니다. 이 보이를 되었다면 없다고 있다.	organization is covered by the General Rule or a Special Rule.	ule Coe instructions						
Note. Only a se	section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	ule. See Instructions.						
General Rule	,							
	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maributor. Complete Parts I and II.	noney or property) from any one						
Special Rules	s							
509(a)	a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regal(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the seamount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total o	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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.							
contri If this purpo	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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							
but it must and	organization that is not covered by the General Rule and/or the Special Rules does not file Schedule nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

THE INTERFAITH ALLIANCE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll
323452 10-24	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013

Name of organization

Employer identification number

THE INTERFAITH ALLIANCE FOUNDATION, INC.

Part I Con	tributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ _		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	2	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audi 655, and ZiF + 4	s	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE INTERFAITH ALLIANCE FOUNDATION, INC.

Part II N	oncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
====			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
_ _		<u> </u>	
-		\$:
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		_	
_ _			
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
2		\$	9
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
_ _		<u></u> ,	
453 10-24-13		\$Sahadula B /Farm	990, 990-EZ, or 990-PF) (2

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization 81-0587332 THE INTERFAITH ALLIANCE FOUNDATION, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization THE INTERFAITH ALLIANCE FOUNDATION, INC. 81-0587332 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year _____ Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2013 THE INT	ERFAITH AL						81-05 ar Asse			2
0.83	Using the organization's acquisition, access										_
3		ion, and other record	as, cnec	k any of the	following tha	it are a s	significant	use of its	collection	items	
	(check all that apply):		. \Box	2011/2010 CESCO 2010 CES	V OCATA CONTRACTOR						
а	Public exhibition				hange progra	ams					
b	Scholarly research	•	• 📖	Other							_
C	Preservation for future generations										
4	Provide a description of the organization's of	(2)		50				ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er simila	ar assets		7		
	to be sold to raise funds rather than to be m								Yes	N	10
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" to	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa Is the organization an agent, trustee, custod		diant for	contribution	ne or other ac	eate no	t included				_
ıa	on Form 990, Part X?								Yes	- N	lo
b	If "Yes," explain the arrangement in Part XIII						************	*******		D==-0	
~	in roo, oxplain the analysment in ration	and complete the							Amount		
С	Beginning balance						1c				
d	Additions during the year										
Α.											
f											
	Did the organization include an amount on F							P. C. S. C.	Yes	1	lo
	If "Yes," explain the arrangement in Part XIII										100
	t V Endowment Funds. Complete										
	t t complete	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears bar	ck
10	Beginning of year balance	(a) ouncile year	(5) (nor year	(C) The your	o baon	(4)	30.0.0.0.0	(0)		
						_					_
	Contributions		-								_
	Net investment earnings, gains, and losses										_
d	Grants or scholarships				-	_					_
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										_
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administe	red for	the organiz	zation	_		
	by:									Yes N	o
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the	organization's endo	owment t	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	-5400 P 100 P		or other (other)		ccumulate preciation		(d) Book	value	
1a	Land	***									
	Buildings										
	Leasehold improvements										
	Equipment	0.004		5	3,476.		52,1	67.	1	.,309) .
	Other	2/4VC									
	. Add lines 1a through 1e. (Column (d) must e		X colun	on (R) line 1	(O(c))				1	,309) .

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION PLAN	154,237.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	154,237.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

THE INTERFAITH ALLIANCE FOUNDATION, INC. Schedule D (Form 990) 2013 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,128,897. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 24,000. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 24,000. 2e e Add lines 2a through 2d 1,104,897. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 0. 4c c Add lines 4a and 4b 1.104.897. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 907,649. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 24,000. a Donated services and use of facilities 2a 2b b Prior year adjustments 2c 2d d Other (Describe in Part XIII.) 24,546. e Add lines 2a through 2d 883,103. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CONTRIBUTIONS TO TIAF ARE TAX DEDUCTIBLE. THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION, ACCOUNTING FOR INCOME TAXES. THIS TOPIC REQUIRES THE ORGANIZATION TO RECOGNIZE OR DISCLOSE ANY TAX POSITIONS THAT WOULD RESULT IN UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS NO POSITIONS THAT WOULD REQUIRE DISCLOSURE OR

RECOGNITION UNDER THE TOPIC. TAX YEARS ENDING AFTER DECEMBER 31, 2010 ARE

STILL OPEN FOR REVIEW BY THE INTERNAL REVENUE SERVICE.

Schedule D (Form 990) Part XIII Suppler	2013 TH	IE INTERFA	AITH ALLIANCE	FOUNDATION,	INC.81-0587332	Page 5
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 Inspection | Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE INTERFAITH ALLIANCE FOUNDATION, INC.

Г	atti Questions negariting compensation			_
		_	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		-	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		6983.1	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			225500
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			71.20
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Page 2

THE INTERFAITH ALLIANCE FOUNDATION, INC. 81-0587332

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

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

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

			(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A)	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penelits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) REV. DR. C	C WELTON GADDY	€ !	168,890.	0	0	15,000.	12,918.	196,80	
PRESIDENT		€ 3		0	0	0	.0	0	0
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81-0587332 Page 3	part of any auditorial miormation.	Schedule J (Form 990) 2013
0) 2013 THE INTERFAITH ALLIANCE FOUNDATION, INC.	To concern and a conceptual of the control of the c	
Schedule J (Form 990) 2013 Part III Sunplemental Information		332113

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection

OMB No. 1545-0047

Name of the organization

THE INTERFAITH ALLIANCE FOUNDATION, INC. Employer identification number 81-0587332

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE 990 IS REVIEWED BY THE TREASURER PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: ALL EMPLOYEES SHOULD STRIVE TO AVOID CONFLICTS OF INTEREST AS TO AVOID ANY ACTION THAT WELL AS THE APPEARANCE OF ANY SUCH CONFLICT. COULD BE INTERPRETED AS USING THEIR POSITIONS AT THE ORGANIZATIONS UNFAIRLY, ALL EMPLOYEES SHALL REFRAIN FROM ACCEPTING ANY FEES OR OTHER REMUNERATION FROM ANY ORGANIZATION OR INSTITUTION IN CONJUNCTION WITH A PROJECT OR PROGRAM FOR WHICH THE ORGANIZATIONS FUNDS ARE BEING SOUGHT OR NO IMMEDIATE RELATIVES OF ANY EMPLOYEE OR BOARD MEMBER HAVE BEEN GRANTED. OF EITHER ORGANIZATION SHALL BE EMPLOYED BY THE ORGANIZATION AS LONG AS THE ORIGINAL EMPLOYEE OR BOARD MEMBER REMAINS WITH THE ORGANIZATION. EXCEPTIONS TO THIS POLICY INCLUDE INTERNS AND PROJECT EMPLOYEES HIRED ON A

FORM 990, PART VI, SECTION B, LINE 15A:

FREELANCE BASIS FOR FOUR MONTHS OR LESS.

EXPLANATION: THE PRESIDENT'S COMPENSATION IS APPROVED BY A COMMITTEE OF THE BOARD AFTER STUDYING SURVEYS AND COMPARABLE COMPENSATION OF LIKE ORGANIZATIONS USING AVAILABLE FORMS 990.

IF TWO EMLPOYEES SHOULD MARRY WHILE WORKING FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

AN EXCEPTION WOULD ALSO BE MADE

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE INTERFAITH ALLIANCE FOUNDATION, INC.	Employer identification number 81-0587332
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE	AVAILABLE TO THE
PUBLIC ON THE ORGANIZATION'S WEBSITE. ITS GOVERNING DOCU	JMENTS AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUE	SST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	79,830.
MANAGEMENT AND GENERAL EXPENSES	18,542.
FUNDRAISING EXPENSES	4,795.
TOTAL EXPENSES	103,167.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	103,167.
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Employer identification number 81-0587332 Open to Public Inspection 2013 ►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www irs gov/form990. Related Organizations and Unrelated Partnerships ▶ See separate instructions. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INTERFAITH ALLIANCE FOUNDATION, INC. ▶ Attach to Form 990. THE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

(g) Section 512(b)(13) Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) (e) Total income 9 g Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Schedule R (Form 990) 2013 No × controlled entity? Yes Direct controlling entity N/A status (if section Public charity 501(c)(3)) N/A Exempt Code section DISTRICT OF COLUMBIA 501(C)(4) Legal domicile (state or foreign country) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. ADVOCACY THE INTERFAITH ALLIANCE, INC. - 52-1863687 Name, address, and EIN 1250 24TH STREET N.W. SUITE 300 of related organization WASHINGTON, DC 20037

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INC. Schedule R (Form 990) 2013 THE INTERFAITH ALLIANCE FOUNDATION, Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? E Share of end-of-year assets (a) Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Direct controlling entity Ð (c)
Legal
domicile
(state or
foreign
country) Primary activity **(**2) Name, address, and EIN of related organization Part IV

0) 2013		Schedule R (Form 990) 2013	Sche						332162 09-12-13
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No	Yes						country)		
controlled entity?		ownership	end-of-year	income	(C corp, S corp,	(State or entity (C.C.	(state or foreign	of related organization	. 5
(i)		(£)	(6)	€	(e)	(D)	(c)	(a)	
,,,	L	. "	1.,	97	177	(7)	101	(6)	

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Schedule R (Form 990) 2013 THE INTERFAITH ALLIANCE FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage	ownersnip																	990) 2013
(j) neral or naging	Yes No			1														(Form
(i) Code V-UBI Ger	allocations? of Schedule K-1 partner? Ownership	2																Schedule R (Form 990) 2013
(h) Spropor- tionate	Yes No			1												F		
(g) Share of Dig																		
(f) Share of	100																	
(e) Are all partners sec. 501(c)(3)	orgs.?			ļ												L		
(d) (e) (e) Aleading Predominant income partners sec. (related, unrelated, 501(c)(3)	under section 512-514)																	
(c) Legal domicile	country)																	
(b) (c) Legal domicile Predominant income (state or foreign (related, unrelated, unrelat																		
(a) Name, address, and EIN of entity	(control of																	

Schedule R (Form 990) 2013	THE	INTERFAITH	ALLIANCE	FOUNDATION,	INC.81-0587332 F	age 5
Schedule R (Form 990) 2013 Part VII Supplemental In	formation					
Provide additional info	ormation for r	esnanses to allestion	s on Schedule R /	see instructions)		
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