

Short Form

OMB No. 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**

B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		THE INTERFAITH ALLIANCE, INC.		52-1863687	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	
<input type="checkbox"/> Initial return		1212 NEW YORK AVENUE, NW		1250	
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4		E Telephone number	
<input type="checkbox"/> Amended return		WASHINGTON, DC 20005		(202) 238-3300	
<input type="checkbox"/> Application pending				F Group Exemption Number ►	
G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► WWW.INTERFAITHALLIANCE.ORG					
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 129,444.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,777.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	42.
	5 a Gross amount from sale of assets other than inventory 5a		2,660.
	b Less: cost or other basis and sales expenses 5b		1,597.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		1,063.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 6b			
c Less: direct expenses gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7 a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O) ATCH 1	8	121,965.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	127,847.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	88,123.
	15 Printing, publications, postage, and shipping	15	40.
	16 Other expenses (describe in Schedule O) ATCH 2	16	58,698.
	17 Total expenses. Add lines 10 through 16 ►	17	146,861.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,014.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-490,174.
	20 Other changes in net assets or fund balances (explain in Schedule O) ATCH 3	20	472,725.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	-36,463.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	THE INTERFAITH ALLIANCE, INC.	52-1863687
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1212 NEW YORK AVENUE, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► THE ORGANIZATION

Telephone No. ► 202 238-3269

FAX No. ► _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 10 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	THE INTERFAITH ALLIANCE, INC.	52-1863687
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1212 NEW YORK AVENUE, NW	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
WASHINGTON, DC 20005		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☒ THE ORGANIZATION

Telephone No. FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 20 11.
- 5 For calendar year 2010, or other tax year beginning 20, and ending 20.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

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

Signature

Title

Date

Form 8868 (Rev. 1-2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒ **X**

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments <u>ATTACHMENT 4</u>	66,577.	22	-1,109.
23 Land and buildings	0.	23	0.
24 Other assets (describe in Schedule O) <u>ATTACHMENT 5</u>	408,209.	24	107,673.
25 Total assets	474,786.	25	106,564.
26 Total liabilities (describe in Schedule O) <u>ATTACHMENT 6</u>	964,960.	26	143,027.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-490,174.	27	-36,463.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒ **X**What is the organization's primary exempt purpose? ATTACHMENT 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE MAIN PROGRAM DISCONTINUED IN 2009.(Grants \$) If this amount includes foreign grants, check here ☐ **28a**

0.

29(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32** **Total program service expenses** (add lines 28a through 31a)**32** 0.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☒ **X**

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (if not paid, enter -0-)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

ATTACHMENT 8

-0-

-0-

-0-

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . .		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ ISA HYDE Telephone no. ▶ 202-238-3262		
Located at ▶ 1212 NEW YORK AVENUE, NW #1250 WASHINGTON, DC ZIP + 4 ▶ 20005		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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," Form 990 and Schedule R must be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **▶** _____

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 **▶** _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. **▶** ☐ Yes ☐ No

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

Sign Here	Signature of officer <i>Curtis Welton Gaddy</i>		Date <i>11-15-11</i>		
	Type or print name and title <i>CURTIS WELTON GADDY PRESIDENT</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>[Signature]</i>	Date <i>11-14-2011</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <i>ARGY, WILTSE & ROBINSON, P.C.</i>	Firm's EIN ▶			
	Firm's address ▶ <i>8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102</i>	Phone no.		<i>703-893-0600</i>	

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE INTERFAITH ALLIANCE, INC.

Employer identification number

52-1863687

CEASED PROGRAM SERVICE

FORM 990, PART III, LINE 28

THE MAIN PROGRAM WAS DISCONTINUED IN 2009. THE ORGANIZATION REMAINS OPEN
FOR THE PURPOSES OF SERVING PRIOR YEAR DEBT AND INTENDS TO DISSOLVE ONCE
ALL LIABILITIES ARE ADDRESSED.

FORM 990EZ, PART I - OTHER REVENUE

ATTACHMENT 1

SUBLEASE INCOME	102,300.
MISCELLANEOUS INCOME	1,346.
REIMBURSEMENT REVENUE	18,319.
TOTALS	<u><u>121,965.</u></u>

FORM 990EZ, PART I - OTHER EXPENSES

ATTACHMENT 2

DEPRECIATION	13,773.
DIRECT MAIL EXPENSES	39,665.
CREDIT CARD AND BANK FEES	5,156.
MISCELLANEOUS EXPENSES	9.
OFFICE SUPPLIES	95.
TOTAL	<u><u>58,698.</u></u>

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

ATTACHMENT 3

INCREASES IN FUND BALANCES

PRIOR PERIOD AUDIT ADJUSTMENTS	472,725.
TOTAL	<u><u>472,725.</u></u>

Name of the organization

THE INTERFAITH ALLIANCE, INC.

Employer identification number

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	66,577.	-1,109.
TOTALS	66,577.	-1,109.

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	68,526.	5,992.
DUE FROM AFFILIATE	286,494.	86,110.
SECURITY DEPOSITS	32,249.	10,000.
FURNITURE AND EQUIPMENT	20,940.	5,571.
TOTALS	408,209.	107,673.

ATTACHMENT 6

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	748,905.	143,027.
SUPPORT AND REVENUE FOR FUTURE PERIODS	216,055.	0.
TOTALS	964,960.	143,027.

ATTACHMENT 7

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

TO PROMOTE THE POSITIVE AND HEALING ROLE OF RELIGION IN PUBLIC LIFE
THROUGH ENCOURAGING CIVIC PARTICIPATION, FACILITATING COMMUNITY
ACTIVISM, AND TO CHALLENGE MISUSE OF RELIGION FOR POLITICAL PURPOSES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
RABBI DAVID J. GELFAND 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	CHAIR 2.00	0.	0.	0.
RABBI JACK MOLINE 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	CHAIRMAN 2.00	0.	0.	0.
REV. DR. GALEN GUENGERICH 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	VICE CHAIR 2.00	0.	0.	0.
DR. HERBERT D. VALENTINE 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	FOUNDING PRESIDENT 2.00	0.	0.	0.
CLAUDIA WIEGAND 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	TREASURER 2.00	0.	0.	0.
REV. DR. DAVID CURRIE 1212 NEW YORK AVENUE, NW	DIRECTOR 2.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
1250 WASHINGTON, DC 20005				
SR. MAUREEN MCCORMACK, PHD 1212 NEW YORK AVENUE, NW 1250 WASHINGTON, DC 20005	DIRECTOR 2.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.