



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form  
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)

OMB No 1545-1150

**2009**

**Open to Public  
Inspection**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

|   |  |   |  |
|---|--|---|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>Please use IRS label or print or type. See Specific Instructions.</p> | <p><b>C</b> Name of organization<br/><b>INTER-FAITH HOUSING ALLIANCE</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br/><b>31 S. SPRING GARDEN STREET</b></p> <p>City or town, state or country, and ZIP + 4<br/><b>AMBLER PA 19002</b></p> | <p><b>D</b> Employer identification number<br/><b>22-2708420</b></p> <p><b>E</b> Telephone number<br/><b>215-628-2334</b></p> <p><b>F</b> Group Exemption Number</p> |
|---|--|---|--|

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.I-FHA.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

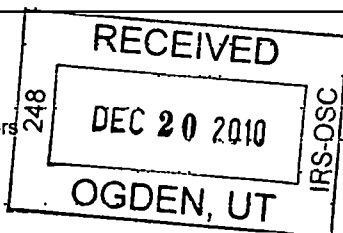
**J** Tax-exempt status (check only one) —  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **342,717**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

|   |  |   |                  |
|---|--|---|------------------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | <b>278,355</b>   |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  |                  |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |                  |
|   | <b>4</b> Investment income   | <b>4</b>  | <b>10,142</b>    |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b>   |                  |
|   | <b>b</b> Less cost or other basis and sales expenses   | <b>5b</b>   |                  |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b>   |                  |
|   | <b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>         |   |                  |
|   | <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)  | <b>6a</b>   | <b>54,220</b>    |
|   | <b>b</b> Less direct expenses other than fundraising expenses  | <b>6b</b>   | <b>19,628</b>    |
|   | <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   | <b>6c</b>   | <b>34,592</b>    |
|   | <b>7a</b> Gross sales of inventory, less returns and allowances  | <b>7a</b>   |                  |
|   | <b>b</b> Less cost of goods sold   | <b>7b</b>   |                  |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | <b>7c</b>   |                  |
|   | <b>8</b> Other revenue (describe ▶ _____ )   | <b>8</b>  |                  |
|   | <b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  | <b>9</b>  | <b>323,089</b>   |
|   | Expenses   | <b>10</b> Grants and similar amounts paid (attach schedule) | <b>10</b>        |
| <b>11</b> Benefits paid to or for members                                 |  | <b>11</b>   |                  |
| <b>12</b> Salaries, other compensation, and employee benefits             |  | <b>12</b>   | <b>180,757</b>   |
| <b>13</b> Professional fees and other payments to independent contractors |  | <b>13</b>   | <b>23,049</b>    |
| <b>14</b> Occupancy, rent, utilities, and maintenance                     |  | <b>14</b>   | <b>33,981</b>    |
| <b>15</b> Printing, publications, postage, and shipping                   |  | <b>15</b>   | <b>4,531</b>     |
| <b>16</b> Other expenses (describe ▶ <b>See Statement 1</b> )             |  | <b>16</b>   | <b>62,420</b>    |
| <b>17</b> Total expenses. Add lines 10 through 16                         |  | <b>17</b>   | <b>304,738</b>   |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b>   | <b>18,351</b>    |
|   | <b>19</b> 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) | <b>19</b>   | <b>1,202,406</b> |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation)  | <b>20</b>   |                  |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b>   | <b>1,220,757</b> |



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

|   |  | (A) Beginning of year | (B) End of year  |
|---|--|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments  |  | <b>138,947</b>        | <b>128,212</b>   |
| <b>23</b> Land and buildings  |  |                       |                  |
| <b>24</b> Other assets (describe ▶ <b>See Statement 2</b> )                           |  | <b>1,077,882</b>      | <b>1,112,090</b> |
| <b>25</b> Total assets  |  | <b>1,216,829</b>      | <b>1,240,302</b> |
| <b>26</b> Total liabilities (describe ▶ <b>See Statement 3</b> )                      |  | <b>14,423</b>         | <b>19,545</b>    |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) |  | <b>1,202,406</b>      | <b>1,220,757</b> |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)



**Part V. Other Information** (Note the statement requirements in the instructions for Part V.)

|  | Yes | No                                  |
|--|-----|-------------------------------------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | <input checked="" type="checkbox"/> |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes   |     | <input checked="" type="checkbox"/> |
| <b>35</b> 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, attach a statement explaining why the organization did not report the income on Form 990-T.   |     |                                     |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |                                     |
| <b>36</b> 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  |     | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float: right;">▶ <b>37a</b></span>  |     |                                     |
| <b>b</b> Did the organization file Form 1120-POL for this year?  |     | <input checked="" type="checkbox"/> |
| <b>38a</b> 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 period covered by this return?  |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">▶ <b>38b</b></span>  | N/A |                                     |
| <b>39</b> Section 501(c)(7) organizations Enter:   |     |                                     |
| <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;">▶ <b>39a</b></span>  | I   |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">▶ <b>39b</b></span>   | I   |                                     |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____  |     |                                     |
| <b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |     | <input checked="" type="checkbox"/> |
| <b>c</b> 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 <span style="float: right;">▶ _____</span>   | Ø   |                                     |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ _____</span>   | Ø   |                                     |
| <b>e</b> 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   |     | <input checked="" type="checkbox"/> |
| <b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ <b>PA</b></span>   |     |                                     |
| <b>42a</b> The organization's books are in care of <span style="float: right;">▶ <b>C/O I-FHA</b></span> Telephone no. <span style="float: right;">▶ <b>215-628-2334</b></span>  |     |                                     |
| <b>AS ADDRESSED</b>  |     |                                     |
| Located at <span style="float: right;">▶ <b>AMBLER, PA</b></span> ZIP + 4 <span style="float: right;">▶ <b>19002</b></span>  |     |                                     |
| <b>b</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)?  |     | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: <span style="float: right;">▶ _____</span>  |     |                                     |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |                                     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?  |     | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country <span style="float: right;">▶ _____</span>   |     |                                     |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b></span>   |     | <input type="checkbox"/>            |
|  | Ø   |                                     |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | <input checked="" type="checkbox"/> |
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | <input checked="" type="checkbox"/> |

**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 46-49b and complete the tables for lines 50 and 51.

|   | Yes | No       |
|---|-----|----------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | <b>X</b> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | <b>X</b> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | <b>X</b> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   |     | <b>X</b> |
| b If "Yes," was the related organization a section 527 organization?  |     |          |

N/A

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."

| (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 |
|--|--|------------------|---|--|
| None   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

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 |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

*[Signature]* Signature of officer 11/29/2010 Date

**EXECUTIVE DIRECTOR** Type or print name and title

**Paid Preparer's Use Only**

|  |                  |  |  |
|--|------------------|--|--|
| Preparer's signature <i>[Signature]</i>                                    | Date 11/12/10    | Check if self-employed <input checked="" type="checkbox"/> | Preparer's Identifying Number (See instr.) P00729505 |
| Firm's name (or yours if self-employed) DAVID G. FAW, CPA                  | EIN ▶ 23-2701559 |  | Phone no ▶ 610-687-8160                              |
| address, and ZIP + 4 998 OLD EAGLE SCHOOL ROAD, SUITE 1221 WAYNE, PA 19087 |                  |  |  |

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public Inspection

|   |   |
|---|---|
| Name of the organization<br><b>INTER-FAITH HOUSING ALLIANCE</b> | Employer identification number<br><b>22-2708420</b> |
|---|---|

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

**h Provide the following information about the supported organization(s)**

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 356,109  | 367,531  | 373,870  | 361,701  | 278,355  | 1,737,566 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 356,109  | 367,531  | 373,870  | 361,701  | 278,355  | 1,737,566 |
| <b>5</b> 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) |          |          |          |          |          | 24,208    |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 1,713,358 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   | 356,109  | 367,531  | 373,870  | 361,701  | 278,355  | 1,737,566 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 9,649    | 9,942    | 9,942    | 10,041   | 10,142   | 49,716    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          | 0        |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 1,787,282 |
| <b>12</b> Gross receipts from related activities, etc (see instructions)   |          |          |          |          | 12       | 54,220    |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | 95.86% |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14   | <b>15</b> | 96.34% |
| <b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>  |           |        |
| <b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |        |

**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.)

N/A

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b> Public support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | 18 | % |

**19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

N/A



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1   | (b) Event #2                         | (c) Other events              | (d) Total events              |
|-----------------|--|--|--------------------------------------|-------------------------------|-------------------------------|
|                 |  | <u>GOLF OUTING</u><br>(event type)                         | <u>JAZZ FESTIVAL</u><br>(event type) | <u>None</u><br>(total number) | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts   | 29,598                               | 24,622                        | 54,220                        |
|                 | 2  | Less Charitable contributions                              |                                      |                               |                               |
|                 | 3  | Gross revenue (line 1 minus line 2)                        | 29,598                               | 24,622                        | 54,220                        |
| Direct Expenses | 4  | Cash prizes  |                                      |                               |                               |
|                 | 5  | Noncash prizes   | 1,210                                |                               | 1,210                         |
|                 | 6  | Rent/facility costs  | 10,390                               |                               | 10,390                        |
|                 | 7  | Food and beverages   |                                      |                               |                               |
|                 | 8  | Entertainment  |                                      | 6,532                         | 6,532                         |
|                 | 9  | Other direct expenses                                      | 1,496                                |                               | 1,496                         |
|                 | 10   | Direct expense summary Add lines 4 through 9 in column (d) |                                      |                               |                               |
| 11              | Net income summary Combine line 3, column (d), and line 10 |  |                                      |                               | 34,592                        |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant bingo/progressive bingo                                  | (c) Other gaming   | (d) Total gaming (Add col (a) through col (c))                                 |
|-----------------|--|-----------------------|--|--|--|
|                 |  |                       |  |  |  |
| Revenue         | 1  | Gross revenue         |  |  |  |
| Direct Expenses | 2  | Cash prizes           |  |  |  |
|                 | 3  | Noncash prizes        |  |  |  |
|                 | 4  | Rent/facility costs   |  |  |  |
|                 | 5  | Other direct expenses |  |  |  |
|                 | 6  | Volunteer labor       | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7               | Direct expense summary Add lines 2 through 5 in column (d)     |                       |  |  |  |
| 8               | Net gaming income summary Combine line 1, column d, and line 7 |                       |  |  |  |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

|     | Yes | No |
|-----|-----|----|
| 9a  |     | X  |
| 10a |     | X  |
| 11  |     | X  |
| 12  |     | X  |

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ **C/O I-FHA  
AS ADDRESSED**  
Address ▶ **AMBLER**

**PA 19002**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$
- amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party

and the

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

|            | Yes | No       |
|------------|-----|----------|
| <b>15a</b> |     | <b>X</b> |
| <b>17a</b> |     | <b>X</b> |

22-2708420

**Federal Statements**

FYE: 6/30/2010

**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| <u>Description</u>        | <u>Amount</u>    |
|---------------------------|------------------|
| Expenses                  | \$               |
| DUES                      | 467              |
| EQUIP RENT                | 2,586            |
| OFFICE                    | 4,062            |
| TELEPHONE                 | 6,468            |
| Travel                    | 1,226            |
| Insurance                 | 13,484           |
| NEWSLETTER                | 2,195            |
| DIRECT PROGRAMS-OTHER     | 5,699            |
| PARENTING/COUNSELING      | 16,467           |
| RENTAL ASSISTANCE         | 3,360            |
| SHELTER                   | 1,619            |
| UTILITY & FUEL ASSISTANCE | 4,787            |
| Total                     | \$ <u>62,420</u> |

**Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets**

| <u>Description</u>                    | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---------------------------------------|------------------------------|------------------------|
| Grants Receivable                     | \$ 10,000                    | \$ 34,626              |
| SEE ATTACHED FOOTNOTE                 | 1,014,178                    | 1,024,320              |
| Prepaid Expenses and Deferred Charges | 1,389                        | 5,898                  |
| EQUIPMENT & FURNISHINGS               | 127,721                      | 66,045                 |
| Less Accumulated Depreciation         | 75,406                       | 18,799                 |
|                                       | <u>1,077,882</u>             | <u>1,112,090</u>       |

**Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

| <u>Description</u>                    | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---------------------------------------|------------------------------|------------------------|
| Accounts Payable and Accrued Expenses | \$ 14,423                    | \$ 19,545              |
|                                       | <u>14,423</u>                | <u>19,545</u>          |



# Inter-Faith Housing Alliance

Helping Families Overcome Homelessness

P O Box 141  
Ambler, PA 19002  
phone: 215-628-2334 • fax 215-643-5194  
www.ifha.org

## NOTE REGARDING NOTES RECEIVABLE

In 1994, Inter-Faith entered into a partnership with Ambler Supportive Housing Associates (ASHA), a not-for-profit corporation, and for-profit limited partners to form Ambler Housing Limited Partnership (AHLP) to construct and operate an eight-unit transitional rental housing facility. Inter-Faith was an Initial Limited Partner in AHLP, serving as the initial funding source for the project. Inter-Faith subsequently withdrew from the partnership; however, two members of Inter-Faith's Board of Directors also serve on the Board of ASHA.

In 1994, Inter-Faith also entered into three separate note, mortgage, and security agreements with AHLP for the funds and assets transferred to AHLP by Inter-Faith and for expenditures incurred by Inter-Faith in connection with the rehabilitation of the eight-unit rental property. The three notes are for \$190,000, \$71,500 and \$621,057, aggregating \$882,557, and are individually referred to as the Primary Note, Second Note and Support Note, respectively. The agreements provide for interest at 1% per annum, however, no principal or interest is payable for twenty-five years as long as AHLP is not in default of the agreements. If AHLP realizes revenue in excess of expenses for any fiscal year, payments of up to 2.5% of the original principal amount are required to be made to Inter-Faith. The entire balance is payable in full after twenty-five years. The mortgages provide Inter-Faith with a security interest in the rental housing project together with machinery, equipment, and all articles of personal property located on the premises and in all revenue and assets derived by AHLP from the project. The aggregate balance of the notes receivable plus accrued interest was \$1,024,320 as of June 30, 2010.



**Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

IT IS INTER-FAITH HOUSING ALLIANCE'S MISSION TO SERVE GOD BY PROVIDING CHARITABLE SERVICES TO PERSONS LOCATED IN MONTGOMERY COUNTY WHOSE LIFE SITUATIONS HAVE BECOME UNSTABLE. THESE CHARITABLE SERVICES SHALL INCLUDE HOMELESSNESS PREVENTION, TEMPORARY SHELTER, GUIDANCE IN LIFE SKILLS, ASSISTANCE IN LOCATING APPROPRIATE HOUSING OPPORTUNITIES, THUS ENABLING FAMILIES AT RISK TO REMAIN IN OR RETURN TO INDEPENDENT LIVING.

## WHAT WE DO

Inter-Faith Housing Alliance has three main programs

1. The Inter-Faith Hospitality Network – our emergency shelter program
2. Hope Gardens – our two-year transitional housing program
3. Graduate Program – providing support for families who have successfully moved from our programs into independent living.

### **Inter-Faith's Emergency Shelter**

The Inter-Faith Hospitality Network (a member of Family Promise)

*Our Inter-Faith Hospitality Network provides homeless families in Montgomery County with stays of up to 90 days in our emergency shelter, and with supportive services.*

- **Host Congregations** serve our families for one month a year at their places of worship. Families eat and sleep at the congregation, and in the morning return to the day center, located at Hope Gardens.
- **Buddy Congregations** do not have the space to host our families, but instead provide volunteers for the Host Congregation.

### **Hope Gardens**


*Created in 1995, Hope Gardens is a two-year transitional housing program for families who have successfully completed a shelter stay. A family lives in a Hope Gardens apartment while they receive supportive services helping them to become successfully independent.*

*Hope Gardens has 8 apartment units. Tenants pay 30% of their income in rent, and are responsible for their own electric bill. Inter-Faith conducts income verification each month.*

### **GRADUATE PROGRAM**

*The goal of Inter-Faith's graduate program is to provide temporary support if needed to families who have successfully completed our programs and are now living independently.*



 **Inter-Faith  
Housing Alliance**  
Helping Families Overcome Homelessness  
**2010 Officers and Directors**

|   |  |   |
|---|--|---|
| <p><b>President</b><br/><b>James F. Logue, CPA</b><br/>1320 Horseshoe Drive<br/>Blue Bell, PA 19422<br/>Innovative Capital Partners, LLC</p>                    | <p>610-279-3200 (W)<br/>610-608-7560 (C)<br/>610-275-4519 (H)<br/><u>Term 2011</u><br/><a href="mailto:jlogue@icpllc.com">jlogue@icpllc.com</a></p>                | <p><b>James D. King</b><br/>1441 Lamplighter Ln<br/>North Wales, PA 19454<br/>President<br/>National Penn Investors Trust Co</p> <p>610-371-2084 (W)<br/>215-646-2479 (H)<br/>215-896-4733 (C)<br/>610-372-1896 (F)<br/><u>Term 2010</u><br/><a href="mailto:kingjim@comcast.net">kingjim@comcast.net</a></p> |
| <p><b>Vice President</b><br/><b>Mark Harris, Esq</b><br/>1125 Kenyon Drive<br/>Fort Washington, PA 19034<br/>Attorney<br/>Kraut Harns, P C</p>                  | <p>215-542-4900 (W)<br/>215-641-0558 (H)<br/>215-542-0199 (F)<br/><u>Term 2012</u><br/><a href="mailto:mharris@krautharris.com">mharris@krautharris.com</a></p>    | <p><b>Anne E. O'Brien</b><br/>1342 Mark Drive<br/>Lansdale, PA 19446<br/>Retired Owner, Pike Restaurant</p> <p>267-222-8092 (H)<br/>215-407-8887 (C)<br/>Term 2010<br/><a href="mailto:Anne733@aol.com">Anne733@aol.com</a></p>   |
| <p><b>Treasurer</b><br/><b>Peter Simon</b><br/>208 Wischman Ave<br/>Oreland, PA 19075</p>   | <p>215-825-8413 (H)<br/>610-230-0552 (W)<br/>610-304-1383 (cell)<br/><u>Term 2012</u><br/><a href="mailto:peter.simon@essent.us">peter.simon@essent.us</a></p>     | <p><b>Rev. Charles W. Quann</b><br/>Bethlehem Baptist Church<br/>Penlynn Pike &amp; Dager Road<br/>Springhouse, PA 19477</p> <p>215-643-4977 (W)<br/>215-283-1886 (H)<br/>215-641-4889 (F)<br/>Term 2010<br/><a href="mailto:pastorquann@bbc4chnst.org">pastorquann@bbc4chnst.org</a></p>                     |
| <p><b>Secretary</b><br/><b>Maureen S. Neyhart</b><br/>Senior Vice President<br/>Harleysville National Bank<br/>735 Davisville Road<br/>Southampton PA 18966</p> | <p>215-398-4319 (W)<br/>215-887-5821 (H)<br/>610-905-7533 (C)<br/><u>Term 2012</u><br/><a href="mailto:mneyhart@hncbank.com">mneyhart@hncbank.com</a></p>          | <p><b>David T. Reed, M.D</b><br/>1547 East Butler Pike<br/>Ambler, PA 19002<br/>Retired President,<br/>Ambler Medical Associates</p> <p>215-643-2879 (H)<br/>215-679-6524 (C)<br/><u>Term 2011</u><br/><a href="mailto:cindyreed3@iuno.com">cindyreed3@iuno.com</a></p>                                       |
| <p><b>President Ementus</b><br/><b>Lei Barry</b><br/>150 Country Club Drive<br/>Lansdale, PA 19446<br/>Realtor<br/>Keller Williams Real Estate</p>              | <p>215-654-6001 (W)<br/>215-605-7024 (C)<br/>215-654-6060 (F)<br/><u>Term 2011</u><br/><a href="mailto:lei@leibarryteam.com">lei@leibarryteam.com</a></p>          | <p><b>Stan Richelson</b><br/>340 Miles Drive<br/>Blue Bell, PA 19422<br/>Fee Only Financial Planner<br/>Manager – Bond Portfolios</p> <p>215-646-8768 (H)<br/>215-540-0272 (F)<br/><u>Term 2011</u><br/><a href="mailto:stan.richelson@comcast.net">stan.richelson@comcast.net</a></p>                        |
| <p><b>William Capers Jr</b><br/>160 Somerset Drive<br/>Blue Bell, PA</p>  | <p>215-237-1502 (H &amp; W)<br/><u>Term 2012</u><br/><a href="mailto:williamcapers@gmail.com">williamcapers@gmail.com</a></p>                                      | <p><b>Rick Rodes</b><br/>541 Melissa Drive<br/>Ambler, PA 19002<br/>President<br/>Medical Dialogues Group</p> <p>610-955-8247 (C)<br/><u>Term 2012</u><br/><a href="mailto:rrodes@scimediacgroup.com">rrodes@scimediacgroup.com</a></p>   |
| <p><b>Ginnie Davidov</b><br/>1311 Crosby Drive<br/>Fort Washington, PA 19034<br/>Clinical Services Coordinator</p>  | <p>215-951-0300 (W)<br/>215-643-0189 (H)<br/>215-840-5535 (C)<br/>215-951-0313 (F)<br/><u>Term 2011</u><br/><a href="mailto:ginnie@rhd.org">ginnie@rhd.org</a></p> | <p><b>Joyce Wheeler</b><br/>3914 Seneca Court<br/>Skippack, PA 19474<br/>Clinical Coordinator<br/>Friends Life Care</p> <p>215-628-8964 (W)<br/>610-584-0978 (H)<br/>215-901-1774 (C)<br/><u>Term 2011</u><br/><a href="mailto:wheeler@ficah.org">wheeler@ficah.org</a></p>                                   |
| <p><b>Alan Kennedy</b><br/>1013 Sunset Drive<br/>Blue Bell, PA 19422<br/>Network Clinical Consultant</p>  | <p>215-542-1089 (W)<br/>215-641-4913 (H)<br/>215-542-2715 (F)<br/><u>Term 2012</u><br/><a href="mailto:alanlaunekennedy@msn.com">alanlaunekennedy@msn.com</a></p>  | <p><b>Alma Willis</b><br/>2321 New Hope Street<br/>Normstown, PA 19401<br/>Director<br/>Prudential Insurance</p> <p>215-784-2878 (W)<br/>610-275-4314 (H)<br/>215-784-2457 (F)<br/><u>Term 2010</u><br/><a href="mailto:alma.willis@prudential.com">alma.willis@prudential.com</a></p>                        |
| <p><b>Graham Kilshaw</b><br/>Item Publications<br/>1000 Germantown Pike Suite P2<br/>Plymouth Meeting PA 19462</p>  | <p>484-688-0300 X 13 (W)<br/>484-686-1616 (C)<br/><u>Term 2011</u><br/><a href="mailto:gkilshaw@itempubs.com">gkilshaw@itempubs.com</a></p>                        | <p><b>Bruce Zahn</b><br/>509 Glencoe Ave<br/>Fort Washington PA 19034<br/>Psychologist, Philadelphia<br/>College of Osteopathic Medicine</p> <p>215-871-6498 (W)<br/>267-575-5681 (C)<br/>215-871-6458 (F)<br/><u>Term 2010</u><br/><a href="mailto:psychbruce@gmail.com">psychbruce@gmail.com</a></p>        |
|   |  |   |