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**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)

- For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2005 calendar year, or tax year beginning, 2005, and ending, 2005.

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

- The Interfaith Alliance of Iowa
  - PO Box 41086
  - Des Moines, IA 50311

**D** Employer Identification number
- 42: 1459354

**E** Telephone number
- (515) 279-8715

**F** Group Exemption Number
- 

**G** Accounting method:
- Cash
- Accrual
- Other (specify)

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

**I** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ.

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

(See page 38 of the instructions.)

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, and similar amounts received</td>
<td>10 Grants and similar amounts paid (attach schedule)</td>
<td>18 Excess (or deficit) for the year (line 9 less line 17)</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>11 Benefits paid to or for members</td>
<td>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)</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>20 Other changes in net assets or fund balances (attach explanation)</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>21 Net assets or fund balances at end of year (combine lines 18 through 20)</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than Inventory</td>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>22 Cash, savings, and investments</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>15 Printing, publications, postage, and shipping</td>
<td>23 Land and buildings</td>
</tr>
<tr>
<td>c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)</td>
<td>16 Other expenses (describe Office supplies, Computer expenses, Ins., Misc.)</td>
<td>24 Other assets (describe)</td>
</tr>
<tr>
<td>6 Special events and activities (attach schedule). If any amount is from gaming, check here</td>
<td>17 Total expenses (add lines 10 through 16)</td>
<td>25 Total assets</td>
</tr>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1)</td>
<td></td>
<td>26 Total liabilities (describe Accounts Payable)</td>
</tr>
<tr>
<td>b Less: direct expenses other than fundraising expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from special events and activities (line 6a less line 6b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory (line 7a less line 7b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Other revenue (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Total revenue (add lines 1, 2, 3, 4, 5, 6, 7, 8, and 9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(See page 41 of the instructions.)

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>13228</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe)</td>
<td>24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>13228</td>
</tr>
<tr>
<td>26 Total liabilities (describe Accounts Payable)</td>
<td>7481</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>5767</td>
</tr>
</tbody>
</table>
Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization’s primary exempt purpose? Education for citizens of faith

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, or other relevant information for each program title.

28 Education/Research: Provide Information & education for the public about issues important to the organization’s mission through forums & issue papers

(Grants $ )\[28a\] 19860

29 Communications/Public Relations: Organize communicators about the organization & its issues with constituents, media & the public through newsletters, email, other materials & the annual meeting.

(Grants $ )\[29a\] 22697

30 Outreach: Recruiting new constituents. Expanding the number of congregations which have TIA constituents. Developing a system of networking with congregations & other groups.

(Grants $ )\[30a\] 4729

31 Other program services (attach schedule)

(Grants $ )\[31a\] 47286

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address

Connie Ryan Terrell
4306 Harwood Des Moines, IA 50312
Executive Director (20) 27500

Mark Stringer
1252 41st St Des Moines, IA 50313
Board Chair

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

33 Did the organization engage in any activity not previously reported to the IRS? If “Yes,” attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If “Yes,” attach a conforming copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T:

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

b If “Yes,” has it filed a tax return on Form 990-T for this year?

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If “Yes,” attach a statement.)

36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a

b Did the organization file Form 1120-POL for this year?

37b

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 unpaid at the start of the period covered by this return?

38a

b If “Yes,” attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(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 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ; section 4912 ; section 4955

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If “Yes,” attach an explanation.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

40b

Form 990-EZ (2005)
41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ Connie Ryan Terrell

Located at ▶ 2500 University, Des Moines, IA

Telephone no. ▶ (515) 579-9715

ZIP + 4 ▶ 50311

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)? ▶

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ▶

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. ▶

and enter the amount of tax-exempt interest received or accrued during the tax year. ▶

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 of preparer

Date

Preparer’s SSN or PTIN (See Gen. Instr. W)