# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 calendar year, or tax year beginning SI	EP 1, 2022 and	lending A	UG 31, 2023					
	Check if applicable	C Name of organization			D Employer identif	ication number				
	Addres	FAITH IN PRACTICE								
	Name change	5			76-0415986					
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	er				
	□Final □return/	7500 BEECHNUT STREET	713-484-555							
	termin- ated	City or town, state or province, country, and	G Gross receipts \$	19,668,386.						
	Amend return	100310N, 1X //0/4	H(a) Is this a group	eturn						
	Application	F Name and address of principal officer: MICHI	ELLE BAIR		for subordinates? Yes X No					
_	pendin	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No				
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions				
_	Websit				H(c) Group exemption	on number				
		- gamzaron	ssociation Other	<b>L</b> Year	of formation: 1994	M State of legal domicile: TX				
P	_	Summary								
ė	1 ,	Briefly describe the organization's mission or most		E VOLUNTE	EER SURGICAL,					
Governance	_ :		•		the ac 050/ of the most on					
ērī	2		ntinued its operations or dispo		1	sets.				
90	3	Number of voting members of the governing body		3	24					
		Number of independent voting members of the gov				20				
ies	5	Total number of individuals employed in calendar y				1766				
Activities &	6	Total number of volunteers (estimate if necessary)								
Ac	l /a	Total unrelated business revenue from Part VIII, co								
_	5	Net unrelated business taxable income from Form	990-1, Part I, IIIIe 11	·····	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			11,173,155.	16,891,424.				
ne	9				0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		78,086.	-12,479.				
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-121,996.	-72,861.				
	1	Total revenue - add lines 8 through 11 (must equal			11,129,245.	<del> </del>				
_		Grants and similar amounts paid (Part IX, column (			6,464,463.	9,649,691.				
		Benefits paid to or for members (Part IX, column (A		0.	<del>' ' '</del>					
	1 45 .	Salaries, other compensation, employee benefits (I			2,166,652.	2,410,542.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	0.				
Sen	h.	Total fundraising expenses (Part IX, column (D), line		131.						
X	17	Other expenses (Part IX, column (A), lines 11a-11d	•		2,043,141.	2,579,598.				
		Total expenses. Add lines 13-17 (must equal Part I			10,674,256.					
		Revenue less expenses. Subtract line 18 from line			454,989.					
or or	G			Ве	ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)			14,156,615.	16,326,306.				
Ass	21	T-1-1    -1-1      -1    /D-1    /       -1    /			732,546.	597,819.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from			13,424,069.	15,728,487.				
P	art II	Signature Block								
Und	ler pena	ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.					
Sig	n	Signature of officer			Date					
He	re	MICHELLE BAIR , PRESIDENT & CEO								
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN				
Pai	d	BARBARA ASHORN	BARBARA ASHORN	0	7/11/24   self-emplo	yed P00649371				
Pre	parer	Firm's name DOEREN MAYHEW		Firm's EIN	36-4745545					
Use	Only	Firm's address 2600 NORTH LOOP WEST, SUI	TE 600							
_		HOUSTON, TX 77092			Phone no.71	3-789-7077				
Ма	y the IF	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No				

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Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF FAITH IN PRACTICE IS TO IMPROVE THE PHYSICAL,	
	SPIRITUAL, AND ECONOMIC CONDITION OF THE POOR IN GUATEMALA THROUGH	
	SHORT-TERM MEDICAL AND SURGICAL MISSION TRIPS AND HEALTH RELATED	
	EDUCATIONAL PROGRAMS. (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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
	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 exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	ises, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 13,076,908. including grants of \$ 9,649,691.) (Revenue \$	)
	IN THE FISCAL YEAR ENDED AUGUST 31, 2023 FAITH IN PRACTICE VOLUNTEERS	,
	SAW APPROXIMATELY 13,661 PATIENTS IN MEDICAL CLINICS AND PERFORMED OVER	
	2,100 SURGERY PROCEDURES. FAITH IN PRACTICE WAS ABLE TO PROVIDE AND FIT	
	WHEELCHAIRS FOR 2,336 PATIENTS. THE TOTAL FAIR MARKET VALUE OF DONATED	
	MEDICAL SUPPLIES, EQUIPMENT AND SERVICES IS \$15,710,134 WHICH INCLUDES	
	\$3,672,458 OF IN-KIND MEDICAL SERVICE DONATIONS AND DONATED FACILITIES	
	THAT ARE NOT REPORTED ON FORM 990. FAITH IN PRACTICE VOLUNTEERS ALSO	
	TRAIN GUATEMALAN PROVIDERS TO SCREEN FOR CERVICAL CANCER AND CONDUCT	
	HEALTH AND MEDICAL EDUCATION PROGRAMS. FAITH IN PRACTICE EXISTS TO	
	ORGANIZE AND MANAGE VOLUNTEERS WHO PROVIDE MEDICAL, SURGICAL, DENTAL	
	AND RELATED HEALTH EDUCATION SERVICES IN GUATEMALA.	
	(CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	, (	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
	, (	
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	12.076.000	
<u>.c</u>	Total program out too expended 1 1 1	

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## 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		х
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	T.		
Ū	similar amounts as defined in Rev. Proc. 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	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	-izu		
	•	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the construction of the Light of Object	14a	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pa	TIV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2		Х
23	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				
	Schedule J	. 2	3	Х	<b>—</b>
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				
	Schedule K. If "No," go to line 25a		la		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	łb		<b>——</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?		łc		<del></del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	ld		<b></b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	ā		Х
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				
	Schedule L, Part I	. 25	5b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	2	6		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	2	7		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28	За		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		3b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	" $\square$			
	"Yes," complete Schedule L, Part IV	28	Вс		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. —		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	¨			
	contributions? If "Yes," complete Schedule M	30	0		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I				Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>			
	Schedule N, Part II	3	2		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·   -	_		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	3		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	··			
٠.	Part V, line 1	3.	4	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	.			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	5h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
30			6	х	
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.   3	+		
37		,	,		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	+		
30		,		x	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	3	0	41	
. u	Check if Schedule O contains a response or note to any line in this Part V				
	Check it confedule o contains a response of flote to any line in this raft v	<u></u>	Τ,	 Vec	LLI NI-
4.	Entantha number reported in her 2 of Form 1006. Enter 0, if not emiliants	5		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Table 14. Enter the number of Forms W.O. included on line 14. Enter 0. if not applicable	0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	$\dashv$			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

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(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
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 2a	)							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
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, securities account, or other financial account)?	4a	Х						
b	If "Yes," enter the name of the foreign country GUATEMALA								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х						
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Х						
·									
d		7c		Х					
	,	7e		х					
e									
f	7 7 7 1								
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	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	-							
11	Section 501(c)(12) organizations. Enter:								
а	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?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2022)

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**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

If "Yes," see the instructions and file Form 4720, Schedule N.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	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 on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 24										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O										
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	5		Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a		Λ							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schoolule O the process if any used by the organization to review this Form 990.										
12a	, , , , , , , , , , , , , , , , , , ,										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	Х								
С		12c	х								
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>									
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 filedNONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	EDWARD RODRIGUEZ - 713-484-5555										
	7500 BEECHNUT STREET SUITE 208 HOUSTON TX 77074										

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# 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

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(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)				than o	one n an	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REV. LINDA L. MCCARTY FORMER PRESIDENT & CEO - 09/01/22	40.00	-		ι,				202 027		12 000
(2) PENNY MOCK	40.00	-		Х				203,837.	0.	13,998.
TREASURER AND CFO	40.00	-		Х				162,455.	0.	16,005.
(3) HADDOCK CARA	40.00							102,433.	,	10,003.
FUNDRAISING & COMMUNICATIONS DIR	10.00	1				x		116,311.	0.	14,210.
(4) MICHELLE BAIR	40.00									
PRESIDENT & CEO 10/31/22				х				24,668.	0.	1,810.
(5) SUSAN EYRE	2.00							,		,
SECRETARY				х				0.	0.	0.
(6) THOMAS FLAHERTY, CPA	2.00									
TREASURER THROUGH 1/23/23				х				0.	0.	0.
(7) CARY MOORHEAD, MD	2.00									
CHAIR		Х		Х				0.	0.	0.
(8) LOLA COKE, PHD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ERIC CONDON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ERIK ASKENASY	2.00									
DIRECTOR		Х						0.	0.	0.
(11) GARY WHITT	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JOSEPH F. LOPEZ	2.00	ł								•
DIRECTOR	0.00	Х						0.	0.	0.
(13) JAMES F. BRUCE, MD	2.00	-								0
DIRECTOR	2.00	Х						0.	0.	0.
(14) BRIAN S. PARSLEY, MD DIRECTOR	2.00	x						0.	0.	0
(15) JULIE EBERLY	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) KENNETH J. WINE	2.00	+							<u> </u>	<u></u>
DIRECTOR		x						0.	0.	0.
(17) JOHN M. ZERWAS, MD	2.00	Ť						· ·	· ·	
DIRECTOR		х						0.	0.	0.
	1	1						1	1	Form 990 (2022)

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Part VII   Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check mo pox, unless perso officer and a direct control of the c			than o	n an	Reportable compensation from	Reportable compensation from related	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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MATTHEW POGODZINSKI, MD DIRECTOR	2.00	Х						0.	0.	0.
(19) ABIGAIL BERKMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(20) MARK WOOLF, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(21) STIRLING CRAIG, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(22) SHELLEY ADAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(23) PAUL NAZARIAN	2.00									
DIRECTOR		Х						0.	0.	0.
(24) MIKE BEREND	2.00									
DIRECTOR		Х						0.	0.	0.
(25) NORMAN LEWIS	2.00									
DIRECTOR		Х						0.	0.	0.
(26) ROBERT MORROW, MD, MBA	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								507,271.	0.	46,023.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								507,271.	0.	46,023.
2 Total number of individuals (including be	ut not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

			Yes	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those lists		

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 FAITH IN PRA	76-0415986									
Part VII   Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	(c	(check all that appl				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	96			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	Suedi				and related
	organizations below	ual tr	tional		yoldı	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PHILIP C. JOHNSON III, MD	<u> </u>	=	=	-		<u> </u>	-			
	2.00	.,							0	
DIRECTOR	2.00	Х						0.	0.	0.
(28) LUCY PARKER	2.00	ł								
DIRECTOR		Х	_					0.	0.	0.
(29) PAUL MCELROY	2.00	1_								
DIRECTOR	1	Х	_	_		_		0.	0.	0.
(30) STEVEN RETZLOFF	2.00	1								
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
-										
		1								
		1								
		1								
		1								
	-	1								
	+					-				
	-	1								
	+						_			
		-								
	1		_				<u> </u>			
		-								
Total to Part VII, Section A, line 1c										

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Statement of Revenue

		Check if Schedule O	ontair	ns a resp	onse	or note to any lin	e in this Part VIII			
						_	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b.									
ទីខ្ល		Fundraising events				1,012,690.				
fts,		Related organizations								
ية إق										
Sir		Government grants (contri								
utic er	т	All other contributions, gifts,				15 979 734				
들됨		similar amounts not included				15,878,734.				
on t	g Noncash contributions included in lines 1a-1f					12,037,676.	16 001 404			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		<u></u>		T	16,891,424.			
						Business Code				
e S	2 a									
Program Service Revenue	b									
S	С									
am	d									
og B	е	·								
Ā	f	All other program service	revenu	ле						
	g	<b>-</b>								
	3	Investment income (includ								
					·	52,885.			52,885.	
	4	Income from investment o					•			·
	5	Royalties		•		1000000				
	Ū	noyanico		(i) Rea	al	(ii) Personal				
	6 2	Gross rents	6a	(,)		(,				
			6b							
	b									
	C	Rental income or (loss)	6c							
		Net rental income or (loss)		(i) Securi	+ioo	(ii) Othor				
	/ a	Gross amount from sales of		.,		(ii) Other				
		assets other than inventory	7a	2,671,	209.					
_	b	Less: cost or other basis			<b>.</b>					
ne		and sales expenses		2,736,						
Revenue	С	Gain or (loss)		-65,						
	d	Net gain or (loss)					-65,364.			-65,364.
ther	8 a	Gross income from fundraising								
ŏ		including \$1,0	12,6	90. of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a	52,788.				
	b	Less: direct expenses			8b	125,649.				
	С	Net income or (loss) from	fundra	ising eve	nt <u>s</u>		-72,861.			-72,861.
	9 a	Gross income from gamin	g activ	vities. See	e					
		Part IV, line 19			9a					
	b	Less: direct expenses			- 1					
	С	Net income or (loss) from	gamin	g activitie	 es					
		Gross sales of inventory, le								
		and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from				1				
$\dashv$		THE INCOME OF (1033) HOTH	Jai03 (	o. miverite	· · y	Business Code				
ns	11 a									
Jeo Teo										
Miscellaneous Revenue	b									
Sce	c C									
Ξ̈́		All other revenue								
		Total. Add lines 11a-11d					16 006 004	^	0	0E 340
	12	Total revenue. See instruction	ns				16,806,084.	0.	0.	-85,340.

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons	(4)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	9,649,691.	9,649,691.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	488,022.	131,197.	176,999.	179,826
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,610,343.	1,010,850.	207,855.	391,638.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,366.	10,030.	10,177.	12,159
9	Other employee benefits	279,811.	40,953.	112,772.	126,086
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,234.	6,234.		
С	Accounting	33,500.		33,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,101.		11,101.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	167,409.	77,281.	90,128.	
12	Advertising and promotion				
13	Office expenses	60,026.	37,755.	19,871.	2,400.
14	Information technology	113,839.	65,295.	24,272.	24,272
15	Royalties				
16	Occupancy				
17	Travel	61,974.	24,309.	32,761.	4,904.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,726.	7,726.		
20	Interest				
21	Payments to affiliates	140,218.	140,218.		
22	Depreciation, depletion, and amortization	23,494.	14,096.	4,699.	4,699
23	Insurance	15,430.		15,430.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISSION TEAM MEMBERS	1,183,682.	1,183,682.		
b	MEDICAL & DENTAL SUPPLI	394,131.	394,131.		
С	BANK CREDIT CARD CHARGE	112,713.	64,998.	42,168.	5,547
d	STORAGE	101,511.	101,511.		
е	All other expenses	146,610.	116,951.	13,059.	16,600
25	Total functional expenses. Add lines 1 through 24e	14,639,831.	13,076,908.	794,792.	768,131
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 if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202)

Form **990** (2022)

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Form 990 (2022)
Part X Balance Sheet

Part A	Check if Schedule O contains a response or	note to anv	line in this Part X			
	,			<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing			967,446.	1	778,153.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			170,366.	3	108,380.
4	Accounts receivable, net				4	
5	Loans and other receivables from any currer					
	trustee, key employee, creator or founder, si	ubstantial co	entributor, or 35%			
	controlled entity or family member of any of	these persor	ns		5	
6	Loans and other receivables from other disq	ualified pers	ons (as defined			
	under section 4958(f)(1)), and persons descr	ibed in secti	on 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			10,762,102.	8	13,206,185
<b>ĕ</b>   9	Donate del como estado de forma de alguna de a			95,727.	9	143,180.
10a	a Land, buildings, and equipment: cost or other	er				
	basis. Complete Part VI of Schedule D	10a	640,911.			
l t	Less: accumulated depreciation	10b	468,342.	51,196.	10c	172,569.
11	Investments - publicly traded securities			2,094,654.	11	1,909,237.
12	Investments - other securities. See Part IV, li				12	
13	Investments - program-related. See Part IV, I	ine 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			15,124.	15	8,602
16	Total assets. Add lines 1 through 15 (must			14,156,615.	16	16,326,306
17	Accounts payable and accrued expenses			106,806.	17	171,093
18	Grants payable		ı		18	
19	Deferred revenue			625,740.	19	426,726
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
ທ   22	Loans and other payables to any current or					
Liabilities	trustee, key employee, creator or founder, si	ubstantial co	entributor, or 35%			
<u> </u>	controlled entity or family member of any of	these persor	ns		22	
ے 23	Secured mortgages and notes payable to ur	related third	l parties		23	
24	Unsecured notes and loans payable to unrel	ated third pa	arties		24	
25	Other liabilities (including federal income tax	, payables to	related third			
	parties, and other liabilities not included on l	ines 17-24).	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			732,546.	26	597,819.
	Organizations that follow FASB ASC 958,	check here	X			
Se	and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	Net assets without donor restrictions			13,089,168.	27	15,212,942.
28	Net assets with donor restrictions			334,901.	28	515,545.
₽	Organizations that do not follow FASB AS	C 958, chec	k here			
로	and complete lines 29 through 33.					
o 29	Capital stock or trust principal, or current ful	nds			29	
30	Paid-in or capital surplus, or land, building, or				30	
ğ   31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances 2 2 2 3 1 3 2 2 3 2 3 2 3 2 3 2 3 2 3 2	Total net assets or fund balances			13,424,069.	32	15,728,487.
33	Total liabilities and net assets/fund balances			14,156,615.	33	16,326,306.

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Pai	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	16	806,	084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	639,	831.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	166,	253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	424,	069.
5	Net unrealized gains (losses) on investments	5		138,	165.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	15	728,	487.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

ZUZZ
Open to Public

Inspection

Name of the organization **Employer identification number** FAITH IN PRACTICE 76-0415986 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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### 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.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	( )	. ,		
	membership fees received. (Do not						
	include any "unusual grants.")	15,001,802.	8,822,863.	9,911,107.	11,173,154.	16,891,424.	61,800,350.
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	15,001,802.	8,822,863.	9,911,107.	11,173,154.	16,891,424.	61,800,350.
5	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.						61,800,350.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	15,001,802.	8,822,863.	9,911,107.	11,173,154.	16,891,424.	61,800,350.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	77,412.	60,075.	67,863.	59,874.	52,885.	318,109.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						62,118,459.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	99.49 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.42 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this l	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	
						Schedule A	Form 990) 2022

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### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
<b>3</b> Gross receipts from activities that 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						
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		Ī	I	<u> </u>	1	1
alendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					1	
loa 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						
c Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	- 	······································	<u></u>	<u></u>	<u></u>	<u></u> [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2022 (lii	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•				18	
9a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box an						· · ·
<b>b 33 1/3% support tests - 2021.</b> If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec						_
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	L

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### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	·	,		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3_	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see	
	instructions).				

Par	rt V Type III Non-Functionally Integrated 50	)9(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	3		
4	Amounts paid to acquire exempt-use assets	-	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

FA	76-0415986				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
Note: Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•			
Special Rules					
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •			
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Schedule B (Form 990) (2022)

	191
Name of organization	Employer identification number
FAITH IN PRACTICE	76-0415986

Part I	Contributors (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
1		\$\$	Person Payroll Noncash X  (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
		\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

FAITH IN PRACTICE

76-0415986

art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEDICAL SUPPLIES AND INSTRUMENTS NEEDED TO PROVIDE KNEE		
1	AND HIP REPLACEMENT SURGERIES		
		\$ 7,510,029.	01/15/23
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
art I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
		<b>6</b>	
		\$	
(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
		\$	
(2)			
(a) No.	(b)	(c)	(d)
from	(b)  Description of noncash property given	FMV (or estimate)	(a) Date received
art I	Bescription of noneasir property given	(See instructions.)	Date received
_			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
art I		, ,	
		¢	

Schedule B (Form 990) (2022)

Name of organization

Name of or	rganization			Employer identification number					
FAITH IN	I PRACTICE			76-0415986					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			nat total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info.	once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Ì		(e) Transfer of g	 yift						
}	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					
( ) ) )									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
_	(a) Tunnelau of with								
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Faiti									
ŀ	(e) Transfer of gift								
	(-)								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					
	-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
}		(e) Transfer of g	 yift						
}	Transferee's name, address, a	na ZIP + 4	Helationship of tra	Insferor to transferee					
	<u> </u>								

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** FAITH IN PRACTICE 76 - 0415986

Pa		anizations Maintaining Donor Advised ization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
	Organ	ization answered Tes Off Form 990, Fait IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total numbe	r at end of year	(,,		
2		alue of contributions to (during year)			_
3		alue of grants from (during year)			
4		alue at end of year			
5		nization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds
Ū	-	nization's property, subject to the organization's e	~		
6		nization inform all grantees, donors, and donor ad			
Ū	-	purposes and not for the benefit of the donor or			-
		e private benefit?	•		
Pai		servation Easements. Complete if the organic			
1		f conservation easements held by the organization			.,
		vation of land for public use (for example, recreati		Preservation of a his	storically important land area
		tion of natural habitat		7	rtified historic structure
		vation of open space		_ 1 reservation of a ce	runda riistorio stractaro
2		es 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the form of a c	conservation easement on the last
_	day of the ta	· · · · · · · · · · · · · · · · · · ·			Held at the End of the Tax Year
а					2a
b					<u>.</u>
c	-	onservation easements on a certified historic struc			
d		onservation easements included in (c) acquired af			
-					2d
3		onservation easements modified, transferred, rele			
	year	,	3	, 3	3
4		 rates where property subject to conservation ease	ement is located		
5		anization have a written policy regarding the perion		ion, handling of	
		id enforcement of the conservation easements it I			Yes No
6	Staff and vol	unteer hours devoted to monitoring, inspecting, h			
7	Amount of ex	spenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	easements during the year
8		onservation easement reported on line 2(d) above			
		170(h)(4)(B)(ii)?			
9	In Part XIII, d	escribe how the organization reports conservation	n easements in its rever	nue and expense state	ment and
		et, and include, if applicable, the text of the footno	ote to the organization's	financial statements t	hat describes the
Da	organization'	s accounting for conservation easements.	Aut Historiaal Tus	an Othar	Cincilar Assats
Pai		anizations Maintaining Collections of		asures, or Other	Similar Assets.
		lete if the organization answered "Yes" on Form 9			
1a	•	ration elected, as permitted under FASB ASC 958	•		
	•	cal treasures, or other similar assets held for publ	•		ance of public
_	· •	ide in Part XIII the text of the footnote to its finance			
b	-	ation elected, as permitted under FASB ASC 958	•		
		treasures, or other similar assets held for public e	exhibition, education, o	r research in furtheran	ce of public service,
	•	ollowing amounts relating to these items:			
		included on Form 990, Part VIII, line 1			
_	. ,				
2	-	ation received or held works of art, historical treat			, provide
		amounts required to be reported under FASB AS			Φ.
a		uded on Form 990, Part VIII, line 1			<u> </u>
b		ded in Form 990, Part X			
LHA	For Paperwo	ork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
<b>b</b> Buildings					
c Leasehold improvements		24,830.	11,583.	13,247.	
d Equipment		255,777.	252,638.	3,139.	
e Other		360,304.	204,121.	156,183.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)					

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1) Financial derivatives		1	<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	5 000 B 1877	11 0 5 000 0 17 17 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
(1)	(-)	(-)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	·		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(0)			
(3)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			

Schedule D (Form 990) 2022

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022 FAITH IN PRACTICE 76-0415986 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements 1 20,731,255.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains (losses) on investments 2a 138,165.
b Donated services and use of facilities 2b 3,672,458.
c Recoveries of prior year grants

2c Recoveries of prior year grants 125,649. Other (Describe in Part XIII.) 3,936,272. Add lines 2a through 2d 16,794,983. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) 11,101. c Add lines 4a and 4b 16,806,084. 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" on Form 990, Part IV, line 12a. 18,426,837. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 3,672,458, a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 125,649. d Other (Describe in Part XIII.) 3,798,107. Add lines 2a through 2d

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

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:

FIP IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT

Subtract line 2e from line 1

PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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

FIP'S MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN POSITIONS TAKEN OR EXPECTED

TO BE TAKEN THAT WOULD HAVE A SIGNIFICANT IMPACT ON ITS FINANCIAL

POSITION. FIP'S TAX RETURNS FOR THE PRIOR FOUR YEARS REMAIN SUBJECT TO

EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

125,649.

4a

Schedule D (Form 990) 2022

14,628,730.

11,101.

14,639,831.

3

4c

Schedule D (Form 990) 2022 FAITH IN PRACTICE		76-0415986	Page 5
Schedule D (Form 990) 2022 FAITH IN PRACTICE  Part XIII   Supplemental Information (continued)			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT DIRECT EXPENSES	125,649.		
	·		

# SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Part II of PRACTICE    Part   General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.    For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.	name of the organization					Employer identii	ncauon number
Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grants or assistance?  2 For grantmakers. Describe in Part V the organization is procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Rejorn. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region  (b) Number of offices in the region (b) Number of offices in the region (c) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in the region (e) If activity listed in (d) is a program service, independent contractors on the region (e) Number of offices of service(e) in the region (e) If activity listed in (d) is a program service describe specific type of service(e) in the region (e) If activity listed in (d) is a program service, in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a program service of service(e) in the region (e) If activity listed in (d) is a	FAITH IN PRACTICE					76-0415986	
the grantest eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		rmation on A	ctivities Out	side the United States. Comple	ete if the organ		Yes" on
The grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Region (1) Number of Offices in the region of Offices in the region in the region in the region in the region of Offices in the region in t							] [ <del>v</del> ]
United States.  A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices of in the region of offices in the region in the region in the region of offices of the region in the region of offices of the region in the region of offices of the region of offices of the region of the	the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? L	Yes 🔼 No
United States.  3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of Offices and In the region in the region in the region in the region of Contractors or an experiment	2 For grantmakers, Desc	cribe in Part V the	e organization's i	procedures for monitoring the use of its	s grants and of	her assistance outs	side the
(a) Region (b) Number of offices offices of in the region of (c) Activities conducted in the region of services in the region of		on bount are varie	o organization o	procedures for morniconing the dee or its	granto ana ot	1101 40010141100 0410	ndo ino
### CENTRAL AMERICA    A	3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n			
agents, and mother region in the region in t	(a) Region	1 ' '	(c) Number of	1, ,			
central america  1 40 PROGRAM SERVICES  MEDICAL, SURGICAL, & 10,240,056.  CENTRAL AMERICA  1 40 PROGRAM SERVICES  DENTAL SERVICES  10,240,056.  3 a Subtotal  5 Total from continuation sheets to Part I  6 Totals (add lines 3a and 36)  1 0,240,055.			agents, and		1		for and
CENTRAL AMERICA 1 40 PROGRAM SERVICES DENTAL SERVICES 10,240,056.  3 a Subtota 1 40 10,240,056.  3 a Subtota 1 40 10,240,056.  5 Total from continuation sheets to Part 1 0 0 0 0.  C Totals (add lines 3a and 3b) 1 40 10,240,056.			contractors	, , ,	1		
### CENTRAL AMERICA 1 40 PROGRAM SERVICES DENTAL SERVICES 10,240,056.    10,240,056.			in the region				+
### CENTRAL AMERICA 1 40 PROGRAM SERVICES DENTAL SERVICES 10,240,056.    10,240,056.							
3 a Subtotal 1 40 10,240,056. b Total from continuation sheets to Part 1 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.					MEDICAL, SUF	RGICAL, &	
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.	CENTRAL AMERICA	1	40	PROGRAM SERVICES	DENTAL SERV	/ICES	10,240,056.
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a and 3b) 1 40 10,240,056.	3 a Subtotal	1	40				10,240,056.
c Totals (add lines 3a and 3b)	***************************************						
and 3b)	sheets to Part I	0	0				0.
							10 240 256
		1	l .			Schodule E	_

232071 10-17-22

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	PATIENT HOUSING	72,000.	WIRE	0.		COST
			DONATIONS TO					
		CENTRAL AMERICA	HOSPITALS	98,067.	WIRE	0.		COST
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the f	foreign country,	recognized as a tax	ı		1

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PATIENT CARE	CENTRAL AMERICA	0	0.	N/A		MEDICAL, SURGICAL, AND DENTAL SUPPLIES	COST
PATIENT TRANSPORTATION	CENTRAL AMERICA	0	0.	N/A		TRAVEL TO/FROM HOSPITALS	COST
MEDICAL, SURGICAL, AND DENTAL SUPPLIES	CENTRAL AMERICA	0	0.	N/A		MEDICAL, SURGICAL, AND DENTAL SUPPLIES	OTHER
MEDICAL, SURGICAL, AND DENTAL SUPPLIES	CENTRAL AMERICA	0	0.	N/A		MEDICAL, SURGICAL, AND DENTAL SUPPLIES	COST
GUATEMALAN VOLUNTEER SUPPORT	CENTRAL AMERICA	0	55,286.	WIRE	0.		COST

76-0415986

### Schedule F (Form 990) 2022 Part IV Foreign Forms FAITH IN PRACTICE

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

#### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

WE RECEIVE DOCUMENTATION FROM THE GRANTEE IN DIFFERENT FORMS AS WELL AS

OFFICIAL GRANT REQUESTS. GRANTEE FOLLOWS UP BY SUBMITTING FINANCIALS

AND OTHER FOLLOW-UP REPORTS.

PART II, COLUMN (C):

THE COUNTRY FOR ALL OF THE GRANTS IS GUATEMALA, WHICH IS IN THE REGION

OF CENTRAL AMERICA.

PART III:

NON-CASH ASSISTANCE (NOT REPORTED ON RETURN):

PROFESSIONAL MEDICAL SERVICES OF \$3,578,140 AND DONATED FACILITIES OF

\$94,318 BENEFITED APPROXIMATELY 17,000 PATIENTS. BOTH AMOUNTS ARE

REPORTED ON SCHEDULE D, PART XI, LINE 2B.

PART III, COLUMN (C):

APPROXIMATELY 17,000 PATIENTS RECEIVED MEDICAL, SURGICAL, AND DENTAL

SERVICES THROUGHOUT THE PROGRAMS THAT ARE SUPPORTED BY THESE

CATEGORIES.

PART V, ADDITIONAL INFORMATION:

COMMENT ON SCHEDULE F, PART III, COLUMN H: METHOD OF VALUATION:

MEDICAL SUPPLIES WERE VALUED AT FMV IN THE AMOUNT OF \$12,037,676 PER

THIRD PARTY DONOR CORPORATIONS INCLUDING THOSE DONATIONS LISTED ON

SCHEDULE B. PROFESSIONAL MEDICAL SERVICES WERE BASED UPON MEDICAL CPT

CODE SYSTEM,

Schedule F (Form 990) 2022

2022.06000 FAITH IN PRACTICE

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
-	
-	
-	

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization FAITH IN PR	ON COULCE					76-041598	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. lir	ne 17		
required to complete this part							
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover iising (	overnment grants nment grants events	ees,	or	
key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organizatio	n is registered or licensed to solicit c		 utions	or has been notified i	t is e	exempt from req	gistration
or licensing.							

232081 10-27-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

P	art I	of fundraising events. Complete if the of fundraising event contributions and groups.	_			
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANINITAT CATA	WOMEN'S LUNCHEON	NONE	(add col. (a) through
			ANNUAL GALA (event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	978,086.	87,392.		1,065,478.
	2	Less: Contributions	939,102.	73,588.		1,012,690.
	3	Gross income (line 1 minus line 2)	38,984.	13,804.		52,788.
	4	Cash prizes				
m	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		39,353.		125,649.
	10	,	. ,			125,649.
Pá	ırt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or r		-72,861.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000, 1 art 10, mile 10, or 1	cported more than	
			(a) Dinne	(b) Pull tabs/instant	(a) Other maning	(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	٦	On the care of periods	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a	-	atataa?		Yes No
		No," explain:				Tes NO
10a	 ı We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	vear?	Yes No
		Yes," explain:				
2320	R2 10	l-27-22			Sche	edule G (Form 990) 2022

Schedule G (Form 990) 2022 FAITH IN PRACTICE	76-04	15986	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
<b>b</b> An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re			, -
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and th	e amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
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?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	d (v); and Part	III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule () From 980 PAITH IN PRACTICE 76-0415986 Page 4 Part IV Supplemental Information (continued)	Schedule G (Form 99	90) FAITH	IN PRACTICE			76-0415986	Page 4
	Part IV Supp	lemental Information	(continued)				

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number FAITH IN PRACTICE 76-0415986 **Questions Regarding Compensation** 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		. v
a	The organization?	5a		X
D	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		х
a	The organization?	6a 6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
٠	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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 W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REV. LINDA L. MCCARTY	(i)	203,837.	0.	0.	6,184.	7,814.	217,835.	0.
FORMER PRESIDENT & CEO - 09/01/22	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PENNY MOCK	(i)	162,455.	0.	0.	4,889.	11,116.	178,460.	0.
TREASURER AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)						-	
	(ii)						L	<u> </u>

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

	FAITH IN PRACTICE				76-0	415986		
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $\dots$							
15	Real estate - Residential							
16	Real estate - Commercial	Х	2	94,318.	SEE PT. II OF SC	H M		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X		12,037,676.	SEE PT. II OF SC	н м		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi	ization during	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used f	or			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
						32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.	. ,						
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Schedule N	/ (Form	990)	2022

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
LINE 20:
ACTUAL NUMBER OF CONTRIBUTIONS IS DIFFICULT TO DETERMINE BECAUSE DRUGS
AND MEDICAL SUPPLIES ARE RECEIVED FROM INNUMERABLE SOURCES, INCLUDING
FROM INDIVIDUAL VOLUNTEERS (DOCTORS, NURSES, ETC.), ASSOCIATED
HOSPITALS AND CLINICS, AND OTHER NONPROFITS WHO REDISTRIBUTE MEDICAL
SUPPLIES AND EQUIPMENT. VALUES ARE BASED UPON AVERAGE USE PER TYPE OF
TREATMENT/SURGERY DETERMINED BY AN INDEPENDENT THIRD PARTY.
SCHEDULE M, PART I, COLUMN (D) - METHOD OF DETERMINING NONCASH
CONTRIBUTION AMOUNTS:
MEDICAL SUPPLIES WERE VALUED AT FMV AS DETERMINED BY INDEPENDENT
MEDICAL SUPPLIERS AND HOSPITAL SYSTEMS. REAL ESTATE WAS VALUED AT FMV
OF THE LEASES AS DETERMINED BY THE MEMORIAL HERMANN SOUTHWEST MEDICAL
PLAZA 3 AND ROADRUNNER MOVING & STORAGE.

# **SCHEDULE O** (Form 990)

# 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.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection **Employer identification number** 

FAITH IN PRACTICE	76-0415986
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FAITH IN PRACTICE VOLUNTEERS PROVIDED MEDICAL SERVICES TO PATIENTS	
THROUGH ITS VOLUNTEER TEAMS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
FAITH IN PRACTICE VOLUNTEERS PROVIDED MEDICAL SERVICES TO APPROXIMATELY	
17,000 PATIENTS THROUGH ITS VOLUNTEER TEAMS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990:	
THE FORM 990 IS PRESENTED TO THE GOVERNING BODY FOR COMMENT PRIOR TO	
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICTS POLICY:	
THE BOARD DISCUSSES ANY CONFLICTS OF INTEREST WHEN THE ISSUE PRESENTS	
ITSELF.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION PROCESS FOR TOP OFFICIAL:	
THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE APPRAISAL, REVIEWS RELATED	
MARKET SALARIES, AND MAKES RECOMMENDATIONS, IF ANY, FOR BOARD APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
COVERNING DOCUMENTS DISCLOSURE EVELANATION.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization FAITH IN PRACTICE	Employer identification number 76-0415986
DOCUMENTS AVAILABLE UPON REQUEST.	
-	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S OVERSIGHT PROCESS REMAINS THE SAME. AUDIT COMMITTEE	
SELECTS INDEPENDENT AUDIT FIRM AND OVERSEES THE AUDIT.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

FAITH IN PRACTICE

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

76-0415986

Part I	Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
	(a)	(b)	(c)	(d)	(e	)		(f)	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country)		r Total inco	me End-of-yea	ar assets	Direct controlling entity		9
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, I	Decause it had one	e or more	related tax-exe	mpt	
	(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	<b>g)</b> 512(b)(13) rolled :ity?
			3 37		501(c)(3))			Yes	No
ASOCIAC	ION LA FE EN PRACTICA	MEDICAL ASSISTANCE &							
	IDA NORTE #65	SUPPORT TO UNDERSERVED							
ANTIGUA	, GUATEMALA	PEOPLE OF GUATEMALA	GUATEMALA		PF	N/A			Х
For Pape	rwork Reduction Act Notice, see the Instruction	ons for Form 990.					Schedule R	(Form 99	90) 2022

Schedule R (Form 990) 2022 FAITH IN PRACTICE 76-0415986 Page **2** 

Part III 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.

enganization trained as a parameter year.																						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	g Predominant income Share of total (related, unrelated, income	Predominant income (related, unrelated, income income	Predominant income (related, unrelated,	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, lexcluded from tax under	Share of total income	come Share of total ted, income	ninant income Share of total income income	ant income Share of total income	Share of total income	end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership			
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10											
	]																					
	1																					
	1																					
	1																					
	1																					
		l		l		l			1													

Part IV 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.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?			
		country)		,				Yes	No		
-	-										
-											
	-										

Schedule R (Form 990) 2022 FAITH IN PRACTICE 76-0415986 Page **3** 

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or	more re	elated organizations listed i	n Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Х				
	c Gift, grant, or capital contribution from related organization(s)				1c		Х			
	d Loans or loan guarantees to or for related organization(s)				1d		Х			
e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)				1f		Х			
	g Sale of assets to related organization(s)				1g		Х			
h	h Purchase of assets from related organization(s)				1h		Х			
i	i Exchange of assets with related organization(s)				1i		Х			
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
I Performance of services or membership or fundraising solicitations for related organization(s)										
m					1m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses				1p	х				
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	r Other transfer of cash or property to related organization(s)				1r	х				
	s Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete th	is line, including covered r	elationships and transaction thresholds.						
	(a) (b)		(c)	(d)						
(a) (b) (c) (d)  Name of related organization Transaction type (a-s)						involved				
		,								
1) 2	ASOCIACION LA FE EN PRACTICA B		132,800.	SEE PART VII						
<b>2</b> ) <sup>2</sup>	ASOCIACION LA FE EN PRACTICA R		2,486,890.	SEE PART VII						
3)										
4)										
5)										

Yes No

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership