EXTENDED TO JULY 17, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning SI	EP 1, 2021 and	ending A	UG 31, 2022	
	Check if applicable:	C Name of organization			D Employer identifi	ication number
	Address change	FAITH IN PRACTICE				
	Name change	Doing business as			76-0415986	
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numbe	er
	Final return/	7500 BEECHNUT STREET	•	208	713-484-5555	5
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	14,105,996.
	Amende return	HOUSTON, TX 77074			H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: FENN.	MOCK		for subordinates	s? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
				or 527	If "No," attach a	a list. See instructions
		: ► WWW.FAITHINPRACTICE.ORG			H(c) Group exemption	on number 🕨
		organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 1994	M State of legal domicile; TX
	1 E	riefly describe the organization's mission or most	significant activities: PROVID	E VOLUNTE	EER SURGICAL,	
Governance	<u> </u>	EDICAL AND DENTAL CARE FOR THE POOR				
rna	2 (check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net as	sets.
o Ve	3 1	lumber of voting members of the governing body	(Part VI, line 1a)		3	18
		lumber of independent voting members of the gov				18
S	5 T	otal number of individuals employed in calendar y	ear 2021 (Part V, line 2a)		5	20
ZĘ.	6 T	otal number of volunteers (estimate if necessary)			6	1025
Activities &	7a⊺	otal unrelated business revenue from Part VIII, co	umn (C), line 12		7 <u>a</u>	0.
_	<u>b</u> N	let unrelated business taxable income from Form	990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
<u>a</u>	8 0	Contributions and grants (Part VIII, line 1h)			9,911,107.	11,173,155.
Revenue	9 F				0.	0.
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4,		416,126.	78,086.	
	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		-21,243.	-121,996.
		otal revenue - add lines 8 through 11 (must equal			10,305,990.	11,129,245.
	1	Grants and similar amounts paid (Part IX, column (2,392,302.	6,464,463.
		Benefits paid to or for members (Part IX, column (A			0.	0.
ë	15 8	alaries, other compensation, employee benefits (F			1,605,002.	2,166,652.
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), I			0.	0.
Ž	bΤ	otal fundraising expenses (Part IX, column (D), line	•		1 102 200	0.042.141
	''	Other expenses (Part IX, column (A), lines 11a-11d,			1,183,302.	2,043,141.
		otal expenses. Add lines 13-17 (must equal Part I			5,180,606.	
		levenue less expenses. Subtract line 18 from line	12		5,125,384.	454,989.
ts or				Ве	ginning of Current Year 14,021,764.	End of Year 14,156,615.
Assets	20 T	otal assets (Part X, line 16)			645,848.	732,546.
Net A	-	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from	lina 00		13,375,916.	13,424,069.
_	∄ 22	Signature Block	line 20		13,373,510.	13,424,005.
		ies of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the hest of m	v knowledge and helief it is
	-	and complete. Declaration of preparer (other than office				y kilowioago alia bolloi, it io
	,, 00004,	Variation property (carrot man carrot	1) 10 84004 011 411 1110111141011 01 11	or proparor	las any mismisage.	
Sig	ın İ	Signature of officer			Date	_
He		PENNY MOCK, CFO				
	.	Type or print name and title				_
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai		AROL L. SZWED, CPA, MST	CAROL L. SZWED, CPA, M	ST 0	5/09/23 if self-emplo	yed P01452273
Pre		Firm's name DOEREN MAYHEW	Firm's EIN ▶	36-4745545		
		Firm's address ONE RIVERWAY SUITE 1200				
_	[HOUSTON, TX 77056			Phone no.713	36221120
Ма	y the IR	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No
_						

Form 990 (2021) FAITH IN PRACTICE 76-0415986 Page 2
Part III | Statement of Program Service Accomplishments

ı aı	Otal Energy of the Control of the Co	Х
	Check if Schedule O contains a response or note to any line in this Part III	A
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 SURGICAL, MEDICAL, AND DENTAL 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	. 🔻
		res X No
	If "Yes," describe these new services on Schedule O.	
3		res 🗓 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 expens	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$9, 273, 306. including grants of \$6, 464, 463.) (Revenue \$	
4a)
	IN THE FISCAL YEAR ENDED AUGUST 31, 2022 FAITH IN PRACTICE VOLUNTEERS	
	SAW APPROXIMATELY 11,900 PATIENTS IN MEDICAL CLINICS AND PERFORMED OVER	
	1,200 SURGERY PROCEDURES. FAITH IN PRACTICE WAS ABLE TO PROVIDE AND FIT	
	WHEELCHAIRS FOR 1,663 PATIENTS. THE TOTAL FAIR MARKET VALUE OF DONATED	
	MEDICAL SUPPLIES, EQUIPMENT AND SERVICES IS \$10,160,248 WHICH INCLUDES	
	\$2,772,760 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.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 9,273,306.	
		000 ()

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76-0415986

Form 990 (2021) FAITH IN PRACTICE 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		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
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?	ı_u		
	•	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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Form 990 (2			Pa	age
Part IV	Checklist of Required Schedules	(continued)		
			Γ., Τ	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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	25a		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	25b		X
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	26		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	27		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	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
~4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					T
0-	First the growth and a small consequence and a figure W.O. Transmitted of Wasse and Toy Obstansiate	1			Yes	No
Za	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	20			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions					
За				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account acc			4a	Х	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	counts	s (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	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices pr	ovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requi	red			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Follows			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
9				8		
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	12b				
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	13b				
	Enter the amount of reserves on hand	13c				V
				14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incom	02	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	II ICOM	□ :	16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Ves " complete Form 6069					

Form 990 (2021) FAITH IN PRACTICE 76-0415986 Page **6**

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 18			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	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			
	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 filed ► NONE			
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) a	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	financ	ial	
	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			
	PENNY MOCK - 713-484-5555			
	7500 BEECHNUT STREET, SUITE 208, HOUSTON, TX 77074			

Form 990 (2021) FAITH IN PRACTICE 76-0415986 Page **7**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 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	box	not c , unle	Pos heck ss per	more rson i	than is both	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	In stit utional 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	60.00									
PRESIDENT & CEO				Х				155,451.	0.	14,500.
(2) THOMAS FLAHERTY, CPA	2.00									
TREASURER				Х		_		0.	0.	0.
(3) CARY MOORHEAD, MD	2.00									
CHAIR		Х		Х		_		0.	0.	0.
(4) SUSAN EYRE	2.00									
SECRETARY				Х		_		0.	0.	0.
(5) GARY WHITT	2.00									
DIRECTOR		Х						0.	0.	0.
(6) STEVEN RETZLOFF	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ROBERT MORROW, MD, MBA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) REV. W. MARTIN NICHOLAS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) PHILIP C. JOHNSON III, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL MCELROY	2.00									
DIRECTOR		Х						0.	0.	0.
(11) NORMAN LEWIS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ABIGAIL BERKMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JOSEPH F. LOPEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(14) KEVIN MANEMANN	2.00									
DIRECTOR		Х						0.	0.	0.
(15) JULIE EBERLY	2.00									
DIRECTOR		Х						0.	0.	0.
(16) BRIAN S. PARSLEY, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(17) STIRLING CRAIG, MD	2.00]								
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

(A) Name and title	(B) Average hours per	(do	not c	(C Posi heck r	C) ition	າ than ເ	one	(D) Reportable compensation	s (continued) (E) Reportable compensatio			(F) stimat	
	week (list any hours for related organizations below line)	tee or director		od a di			tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	d s SC/	com fi org an	other pensarom the anizar d relar anizat	ation ne tion ted
(18) MARK WOOLF, MD DIRECTOR	2.00	x						0.		0.			0.
(19) LOLA COKE, PHD DIRECTOR	2.00	x						0.		0.			0.
(20) JAMES F. BRUCE, MD DIRECTOR	2.00	x						0.		0.			0.
(21) JOHN M. ZERWAS, MD	2.00												
DIRECTOR (22) KENNETH J. WINE	2.00	Х						0.		0.			0.
DIRECTOR (23) MATTHEW POGODZINSKI, MD	2.00	Х						0.		0.			0.
DIRECTOR	2.00	х						0.		0.			0.
		1											
		_											
		-											
1b Subtotal								155,451.		0.		14	,500.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							>	0. 155,451.		0.		14	0. ,500.
2 Total number of individuals (including but compensation from the organization	t not limited to th						o re	eceived more than \$100,	000 of reportable	•			2
3 Did the organization list any former office	er, director, trust	ee. I	cev e	emple	ove	e. or	· hia	hest compensated empl	ovee on			Yes	No
line 1a? If "Yes," complete Schedule J fo	r such individual										3		х
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							•	•		4	х	
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," or rendered to the organization?									lual for services		5		x
Section B. Independent Contractors	ompiete Scriedui	2 J /	OF SL	JCTT L	Jers	OH							
1 Complete this table for your five highest the organization. Report compensation f	•								· · · · · · · · · · · · · · · · · · ·	pensat	tion fr	om	
(A) Name and busine		NO		<u> 19 </u>		<u> </u>		(B) Description of s		C	(Compe	C) nsatio	on .
								•			•		
2 Total number of independent contractor	,	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the orga	anization 🕨				(U							

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Form 990 (2021) FAITH IN PROPERTY FAITH IN PROPERTY FAITH IN PROPERTY OF THE P

		Check if Schedule O	onta	ains a respo	nse	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								, and a series		sections 512 - 514
ts ts	1 a	Federated campaigns		1a						
iran	b	Membership dues		1b						
Y,G	С	Fundraising events		1c		917,810.				
ar /	d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contri	butio	ons) 1e						
ion	f	All other contributions, gifts,	grant	s, and						
but		similar amounts not included	abov	re 1f		10,255,345.				
d d	g	Noncash contributions included in I	ines 1	a-1f 1g 5	<u>`</u>	7,387,578.				
a C	h	Total. Add lines 1a-1f				>	11,173,155.			
						Business Code				
ĕ	2 a									
Program Service Revenue	b									
Se	С									
am	d									
ogr	е									
<u>Ā</u>	f	All other program service	ever	nue						
	g	Total. Add lines 2a-2f								
	3	Investment income (includ	ing o	dividends, i	ntere	st, and				
		other similar amounts)				>	59,874.			59,874.
	4	Income from investment o	f tax	exempt bo	nd p	roceeds >				
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	2,833,7	82.					
	b	Less: cost or other basis								
ne		and sales expenses	7b	2,815,5						
ven	С	Gain or (loss)	7с	18,2	12.					
ther Revenue	d	Net gain or (loss)			. <u></u>		18,212.			18,212.
her	8 a	Gross income from fundraisir								
ŏ		including \$	17,	810. of						
		contributions reported on		•						
		Part IV, line 18			8a	39,185.				
		Less: direct expenses			8b	161,181.				
		Net income or (loss) from t			its_		-121,996.			-121,996.
	9 a	Gross income from gamine								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			<u></u>					
	10 a	Gross sales of inventory, le								
		and allowances			10a					
		Less: cost of goods sold			10b	<u> </u>				
	С	Net income or (loss) from s	sales	of invento	у	D				
2						Business Code				
Miscellaneous Revenue	11 a				_					
lan en	b				_					
Sev	С									
Σ		All other revenue								
		Total. Add lines 11a-11d					11 100 045	_		42.016
	12	Total revenue. See instruction	ns			>	11,129,245.	0.	0.	-43,910.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	se or note to any line in the (A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,464,463.	6,464,463.		
4	Benefits paid to or for members	2,222,222	.,,		
- 5	Compensation of current officers, directors,				
•	trustees, and key employees	601,312.	93,050.	248,048.	260,214
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	1,318,266.	884,765.	184,381.	249,120
8	Pension plan accruals and contributions (include	, ,	,	,	,
_	section 401(k) and 403(b) employer contributions)	32,481.	10,436.	10,390.	11,655
9	Other employee benefits	214,593.	47,846.	94,703.	11,655 72,044
0	Payroll taxes	,	·	·	·
1	Fees for services (nonemployees):				
а	Management				
b	Legal	-82.	-82.		
С	Accounting	30,000.		30,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,175.		14,175.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	130,747.	73,740.	57,007.	
12	Advertising and promotion				
13	Office expenses	52,851.	29,580.	20,871.	2,400
14	Information technology	87,820.	50,210.	18,805.	18,805
15	Royalties				
16	Occupancy				
17	Travel	22,796.	7,906.	4,436.	10,454
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,629.	5,629.		
20	Interest				
21	Payments to affiliates	246,931.	246,931.		
22	Depreciation, depletion, and amortization	25,356.	15,214.	5,071.	5,071
23	Insurance	14,179.		14,179.	
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	832,664.	832,664.		
b	MEDICAL & DENTAL SUPPLI	253,037.	253,037.		
С	STORAGE	104,635.	104,635.		
d	BANK CREDIT CARD CHARGE	82,815.	47,527.	30,398.	4,890
е	All other expenses	139,588.	105,755.	10,462.	23,371
25	Total functional expenses. Add lines 1 through 24e	10,674,256.	9,273,306.	742,926.	658,024
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)				

FAITH IN PRACTICE 76-0415986 Page **11**

Form 990 (2021)
Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,167,005.	1	967,446
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		8,807.	3	170,366	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	officer, director,				
		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
Assets		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			9,562,104.	8	10,762,102
ĕ	9	Donat del composito de la forma de la forma de la composito del composito de la composito de l			112,506.	9	95,727
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	496,044.			
	b	Less: accumulated depreciation	444,848.	236,041.	10c	51,196	
	11	Investments - publicly traded securities		2,926,302.	11	2,094,654	
	12	Investments - other securities. See Part IV, Iir		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		8,999.	15	15,12	
	16	Total assets. Add lines 1 through 15 (must e			14,021,764.	16	14,156,615
	17	Accounts payable and accrued expenses			177,703.	17	106,80
	18	Grants payable		18			
	19	Deferred revenue	468,145.	19	625,740		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
Ģ	22	Loans and other payables to any current or fo	ormer offic	er, director,			
<u>=</u>		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
Ë	23	Secured mortgages and notes payable to uni	related thi			23	
	24	Unsecured notes and loans payable to unrela	ated third	oarties		24	
	25	Other liabilities (including federal income tax,		1			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			645,848.	26	732,546
		Organizations that follow FASB ASC 958, or	heck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			12,997,144.	27	13,089,168
Ba	28	Net assets with donor restrictions			378,772.	28	334,901
nd		Organizations that do not follow FASB ASG					
<u>.</u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Asi	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,375,916.	32	13,424,069
_	33	Total liabilities and net assets/fund balances			14,021,764.	33	14,156,615

Form 990 (2021) FAITH IN PRACTICE 76-0415986 Page **12**

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			245.
2	Protal expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1	3		454,	989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	375,	916.
5	Net unrealized gains (losses) on investments	5	-	406,	836.
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	13	424,	069.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			$\overline{}$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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	X	
	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	c 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?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

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.

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

OMB No. 1545-0047

2021

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 5 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))

Schedule A (Form 990) 2021 FAITH IN PRACTICE 76-0415986 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	Боло 11, расы	oo oompioto i airi ii	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(=,) = = · ·	(3) = 2 · 2	(=, == : =	(-,	(=, ===:	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	10,592,736.	15,001,802.	8,822,863.	9,911,107.	11,173,154.	55,501,662.
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	10,592,736.	15,001,802.	8,822,863.	9,911,107.	11,173,154.	55,501,662.
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)						
	Public support. Subtract line 5 from line 4.						55,501,662.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	10,592,736.	15,001,802.	8,822,863.	9,911,107.	11,173,154.	55,501,662.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	61,134.	77,412.	60,075.	67,863.	59,874.	326,358.
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.)						FF 020 020
	Total support. Add lines 7 through 10		`				55,828,020.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	J	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	J1(c)(3)	. □
Sec	organization, check this box and stop ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			olumn (f))		14	99.42 %
15	Public support percentage from 2020					15	99.43 %
	33 1/3% support test - 2021. If the						,,,
	stop here. The organization qualifies						▶ [7]
b	33 1/3% support test - 2020. If the		~				······
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		Ť	-	•		\blacksquare
b	10% -facts-and-circumstances test	-		*			
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circle				-		▶ □
18	Private foundation. If the organization		-	•	• • •		▶ □

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Schedule A (Form 990) 2021 FAITH IN PRACTICE 76-0415986 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV 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?		
	A family member of a person described on line 11a above?	,	
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.	;	
Sec	tion B. Type I Supporting Organizations		Τ
		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.		
2	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,		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
			TNa
4	Wars a majority of the arganization's directors or trustees during the tay year also a majority of the directors	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)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
	<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	110
•	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?		
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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	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 Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	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).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	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.		
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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

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<u>Schedule A (Form 990) 2021</u> FAITH IN PRACTICE 76-0415986 Page **6**

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
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	Section 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 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS	rovide 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 t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 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-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization **Employer identification number** FAITH IN PRACTICE 76-0415986 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

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	ZIMMER BIOMET 345 EAST MAIN STREET WARSAW, IN 46580	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

FAITH IN PRACTICE

76-0415986

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	MEDICAL SUPPLIES AND INSTRUMENTS NEEDED TO PROVIDE KNEE AND HIP REPLACEMENT SURGERIES				
		\$4,649,520.	01/15/22		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

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Name of or	ganization			Employer identification number
FAITH IN	PRACTICE			76-0415986
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following lin charitable, etc., contributions of \$1,00	e entry. For organizat	(8), or (10) that total more than \$1,000 for the year ions Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No.			I	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee

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

FAITH IN PRACTICE

Employer identification number 76 - 0415986

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				•
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year >			•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation e	easements during the year
	> \$		-	
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.	-		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m) 4			. .
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

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 Buildings				
c Leasehold improvements		24,829.	9,098.	15,731.
d Equipment		255,777.	245,320.	10,457.
e Other		215,438.	190,430.	25,008.
Total. Add lines 1a through 1e. (Column (d) must equa	51,196.			

Schedule D (Form 990) 2021 FAITH IN PRACTICE 76-0415986 Page

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV line		7413300 Page C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		<u> </u>	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	-vear market value
	(b) Book value	(c) Motified of Valuation. Cook of ond o	your 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" or		11d. See Form 990, Part X, line 15.	
··	escription		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (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" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	25.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	•		roporto tho

Schedule D (Form 990) 2021

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

76-0415986

Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1				1	13,642,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-406,836.	-	
b	Donated services and use of facilities		2,772,670.	-	
С	Recoveries of prior year grants		161 101	-	
d	Other (Describe in Part XIII.)		161,181.		2 527 015
e	Add lines 2a through 2d			2e	2,527,015.
3	Subtract line 2e from line 1			3	11,115,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	14 176		
a	Investment expenses not included on Form 990, Part VIII, line 7b		14,176.	-	
b	Other (Describe in Part XIII.)				14 176
	Add lines 4a and 4b			4c	14,176.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tomente With	Evnenses ner E	5 Poturn	11,129,245.
Fai			Expenses per r	ietuiii.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin				12 502 021
1				1	13,593,931.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	2 772 670		
a	Donated services and use of facilities		2,772,670.	-	
b	Prior year adjustments			-	
C	Other losses		161,181.	-	
d	Other (Describe in Part XIII.)			00	2,933,851.
e	Add lines 2a through 2d			2e 3	10,660,080.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	10,000,000.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,176.		
a			11,170.	-	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	14,176.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18			5	10,674,256.
	t XIII Supplemental Information.	5.)			
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an X, LINE 2:			; Part X, li	ne 2; Part XI,
FIP	IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED A	S TAX EXEMPT			
PURS	UANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.				
FIP'	S MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN POSITIONS TAKE	N OR EXPECTED			
TO E	E TAKEN THAT WOULD HAVE A SIGNIFICANT IMPACT ON ITS FINAN	CIAL			
POSI	TION. FIP'S TAX RETURNS FOR THE PRIOR FOUR YEARS REMAIN S	UBJECT TO			
EXAM	INATION BY TAXING AUTHORITIES.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
SPEC	IAL EVENT DIRECT EXPENSES	161,181.			

Schedule D (Form 990) 2021 FAITH IN PRACTICE		76-0415986	Page 5
Schedule D (Form 990) 2021 FAITH IN PRACTICE Part XIII Supplemental Information (continued)			<u> </u>
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT DIRECT EXPENSES	161,181.		
	·		

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

TAITE	H IN	PRACTICE					76-0415986	
Par	t I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organiz	ation answered "	Yes" on
		Form 990, Part IV						
1	For gr			maintain record	ds to substantiate the amount of its gra	nts and other as	ssistance,	
					he selection criteria used to award the			Yes X No
	3	3 ,	3	,		3		
2	For ar	antmakers. Desc	ribe in Part V the	organization's r	procedures for monitoring the use of its	arants and other	er assistance outs	side the
		States.				g.a	2. 400.01400 04.10	
			ne following Part	I line 3 table ca	n be duplicated if additional space is n	eeded)		
		Region	(b) Number of		(d) Activities conducted in the region		ty listed in (d)	(f) Total
	()	, 9	offices	employees,	(by type) (such as, fundraising, pro-	, ,	ram service,	expenditures
			in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
				contractors	recipients located in the region)	of service(s	s) in the region	in the region
				in the region				+
						MEDICAL CUR	TONE C	
						MEDICAL, SURG	•	
CENTI	RAL A	MERICA	1	27	PROGRAM SERVICES	DENTAL SERVI	.CES	7,008,280.
								+
								+
								
3 a	Subtot	tal	1	27				7,008,280.
b	Total f	rom continuation						
	sheets	to Part I	0	0				0.
		(add lines 3a						
	and 3b		1	27				7,008,280.

132071 12-20-21

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

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) IRS code section and EIN (if applicable)	(c) Region	(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	66,000.	WIRE	0.		COST
			DONATIONS TO					
		CENTRAL AMERICA	HOSPITALS	66,480.	CHECK	0.		COST
			HOSPITAL BUILDING					
		CENTRAL AMERICA	EXPANSION	21,376.	WIRE	0.		COST
			HOSPITAL BUILDING OPERATING ROOM					
		CENTRAL AMERICA	EXPANSION	100,000.	WIRE	0.		COST

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	· <u></u>
3	Enter total number of other organizations or entities	

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 additional space is needed.									
(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.	WIRE		TRAVEL TO/FROM HOSPITALS	COST		
MEDICAL, SURGICAL, AND DENTAL SUPPLIES	CENTRAL AMERICA	0	0.	N/A		MEDICAL, SURGICAL, AND DENTAL SUPPLIES	COST		
MEDICAL, SURGICAL, AND DENTAL SUPPLIES	CENTRAL AMERICA	0	0.	N/A		MEDICAL, SURGICAL, AND DENTAL SUPPLIES	OTHER		
GUATEMALAN VOLUNTEER SUPPORT	CENTRAL AMERICA	0	34,792.	WIRE	0.		COST		

76-0415986

Schedule F (Form 990) 2021 FAITH IN PRACTICE
Part IV Foreign Forms

Page 4

	1 5 5 5 3 11 5 1 11 5		
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		
	,	Yes	X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	res	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		
		Yes	X No
	Certain Foreign Corporations (see Instructions for Form 5471)	res	LA 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		
		Yes	X No
	Fund (see Instructions for Form 8621)	res	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		
		Yes	X No
	Foreign Partnerships (see Instructions for Form 8865)	res	III NO
6	Did the organization have any energtions in arrelated to any beyontting countries during the tay year?		
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	ĽX 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 \$2,678,784 AND DONATED FACILITIES OF

\$93,886 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 AND DENTAL SUPPLIES WERE VALUED AT FMV IN THE AMOUNT OF

\$7,387,578 PER THIRD PARTY DONOR CORPORATIONS INCLUDING THOSE DONATIONS

LISTED ON SCHEDULE B. PROFESSIONAL MEDICAL SERVICES WERE BASED UPON

MEDICAL CPT CODE SYSTEM.

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

2021

Open to Public Inspection

Name of the organization	DAGET GE					76-041598	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ne 17		
required to complete this part		icu i	C3 OI	Tromiso, raitiv, ii	110 17	7. 1 OIIII 330 LZ	mers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations 	e Solicita	tion of	non-g gover	overnment grants nment grants			
d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individuals.	or oral agreement with any individual art VII) or entity in connection with p	(includ	ling of	ficers, directors, trust undraising services?		Yes	
compensated at least \$5,000 by the			9				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal			>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2021 FAITH IN PRACTICE 76-04159										
Pa	ırt I									
		of fundraising event contributions and gro				ts greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			ANNUAL GALA	WOMEN'S LUNCHEON	NONE	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
ne			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	844,311.	112,684.		956,995.				
Re	•	Gross recorpts								
	2	Less: Contributions	817,776.	100,034.		917,810.				
	3	Gross income (line 1 minus line 2)	26,535.	12,650.		39,185.				
	4	Cash prizes								
"	5	Noncash prizes								
JSes		Dent/facility costs								
фе <u></u>	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
)irec	′	Toda and beverages								
	8	Entertainment								
	9	Other direct expenses		43,041.		161,181.				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	161,181.				
_		Net income summary. Subtract line 10 from li				-121,996.				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	T		T	1				
ę			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				billigo/progressive billigo		coi. (a) throught coi. (c)				
Вe	1	Grace royanya								
	•	Gross revenue								
"	2	Cash prizes								
Expenses										
per	3	Noncash prizes								
ct E										
Direc	4	Rent/facility costs								
_	5	Other direct expenses								
		Valuata au lab au	Yes %		Yes %					
	ь	Volunteer labor	No	│∟∟ No	│ No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•					
	·	Birect expense summary. And lines 2 timeagn	10 III 00Idiliii (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _							
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No				
b	If "	No," explain:								
	_									
40		and the support of th	andred arrest to the t							
		ere any of the organization's gaming licenses re			year?	Yes No				
i.	111 "	Yes," explain:								
	_									
1320	32 10	-21-21			Sche	dule G (Form 990) 2021				

Sch	ledule G (Form 990) 2021 FAITH IN PRACTICE /	0-0415	986	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13	а	%
b	n outside facility	13	b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\Box	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$\$\$ \ \text{and the 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (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)

Department of the Treasury

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FAITH IN PRACTICE

Employer identification number 76-0415986

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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 X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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			
	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			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	155,451.	0.	0.	4,736.	9,764.	169,951.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	_
		арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribt	ilion ai	Hounts	<u> </u>
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	X	6	11,381.	SEE PT. II OF SC	н м		
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							
15	Real estate - Residential							
16	Real estate - Commercial	Х	2	93,886.	SEE PT. II OF SC	н м		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X		7,387,578.	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 organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 8283	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	tions?	31	Х	
32a	Does the organization hire or use third parties or	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is ched	cked,			
	describe in Part II.							
ЦΔ	For Danerwork Reduction Act Notice see t	ha Inetruct	ione for Form 990)	Schodule N	I (Earn	000	2021

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:
SECURITIES - PUBLICLY TRADED - DONATIONS OF STOCK WERE VALUED AT THE
CLOSING PRICE ON THE TRADE DATE. 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 M, PART I, LINE 32B:
FAITH IN PRACTICE'S BROKER, TANGLEWOOD WEALTH MANAGEMENT, SELLS THE
DONATIONS OF STOCK GIVEN TO FAITH IN PRACTICE.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization FAITH IN PRACTICE 76-0415986 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:

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

Schedule O (Form 990) 2021

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

Name of the organization	Employer identification number
FAITH IN PRACTICE	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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

FAITH IN PRACTICE

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

76-0415986

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	I	I	l l			
of disregarded entity		foreign country)				entity		
Part II Identification of Related Tax-Exempt Org organizations during the tax year.	anizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	e or more related tax-ex	empt		
(a)	(b)	(c)	(d)	(e)	(f)	0	g) 512(b)(13)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	conf	trolled	
				501(c)(3))		Yes	No	
ASOCIACION LA FE EN PRACTICA	MEDICAL ASSISTANCE &							
7A AVENIDA NORTE #65	SUPPORT TO UNDERSERVED							
ANTIGUA, GUATEMALA	PEOPLE OF GUATEMALA	GUATEMALA		PF	N/A		Х	

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

Schedule R (Form 990) 2021 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.

	organisations treated to the arrivation of the transfer of the contract of the											
(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 foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u></u> اد	
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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) Primary activity	(c) Legal domicile (state or foreign country)	(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	ent	Citally:	
		,						Yes	No	

Schedule R (Form 990) 2021 FAITH IN PRACTICE 76-0415986

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 rela	ated organizations listed ir	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		Х			
h	h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)				1i		Х			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
-1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organization	on(s)			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)										
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
	Other transfer of cash or property to related organization(s)				1r	Х				
s	Other transfer of cash or property from related organization(s)				1 s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this	s line, including covered re	elationships and transaction thresholds.						
		(b) Fransaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
		71 . ()								
1) 2	ASOCIACION LA FE EN PRACTICA	В	66,000.	SEE PART VII						
2) ²	ASOCIACION LA FE EN PRACTICA	R	1,710,312.	SEE PART VII						
3)										
4)										
5)										

Page 3

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) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021