#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form 990

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

A	or th	and and a secondar year, or tax year beginning	ending		
В	Check If applicable	C Name of organization		D Employer identific	cation number
	Addre	JUSTFAITH MINISTRIES, INC.			
	Name	Doing business as		20-1	377228
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final ratum	224 WOODBINE ST			429-0865
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	584,311.
	Amen	LOUISVILLE, KY 40208		H(a) Is this a group re	
	Application	F Name and address of principal officer:SUSIE TIERNEY			? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
17	Гах∙ех	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 527		list. (see instructions)
<u>J \</u>	<b>Nebsi</b>	te: WWW.JUSTFAITH.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: KY
Pa	art I	Summary			Otato of logal comment. TET
d)	1	Briefly describe the organization's mission or most significant activities: ${ t JUST}$	FAITH	MINISTRIES	FORMS
& Governance	Ì	INFORMS AND TRANSFORMS PEOPLE OF FAITH B	Y OFFE	RING PROGRA	MS AND
rna Lu	2	Check this box I if the organization discontinued its operations or dispose	sed of more	than 25% of its not as	sets
ove				3	21
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	20
S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	****************	5	10
ığ.	6	Total number of volunteers (estimate if necessary)	*******	6	356
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		- D	
٨	Ь	Net unrelated business taxable income from Form 990-T, line 38		7a 7b	0.
		Not on the section of the section in contract in only 330 1, line 50			0.
	8	Contributions and grants (Part VIII, line 1h)	<u></u> ⊢	Prior Year 409,582.	Current Year
Revenue	9	Program service revenue (Part VIII, line 2g)			464,450.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,925.	55,925.
Ä	11	Other reverse (Part VIII, column (A), lines 5, 4, and 70)		638.	713.
	40	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,601.	7,291.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		486,746.	528,379.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	*******	<u> </u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	*********	445,198.	<u>457,289.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
X		Total fundraising expenses (Part IX, column (D), line 25)  126, 6			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,581.	138,634.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		611,779.	<u>595,923.</u>
_ w	19	Revenue less expenses. Subtract line 18 from line 12		<125,033.	<67,544.;
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		583,764.	509,936.
	21	Total liabilities (Part X, line 26)		31,809.	25,525.
쿊	22	Net assets or fund balances. Subtract line 21 from line 20		<u>551,955.</u>	484,411.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	, correc	it, and complete. Declaration of preparer (other than officer <del>) is based o</del> n all information of w	hich prepared	has any knowledge.	
		m. 7 -		X 4/3	4/19
Sig	n	Sighature of officer		<b>Date</b>	•
Her	e	SUSIE TIERNEY, EXECUTIVE DIRECTOR			
_		Type or print name and title			
		Print/Type preparer's name  Preparer's signature		Date Check	PTIN
Paid		JEFFREY K MCCAFFREY		4/30/9 self-employ	m P00938853
	parer	Firm's name DEMING MALONE LIVESAY & OSTROFF	PSC	Firm's EIN	61-1064249
Use	Only	Firm's address 9300 SHELBYVILLE RD STE 1100			
_		LOUISVILLE, KY 40222-5187		Phone no. (5	02)426-9660
May	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
8320	01 12-3	11-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2018)

Form	m 990 (2018) JUSTFAITH MINISTRIES, INC.		2
Ра	art III Statement of Program Service Accomplishments		_
_	Check if Schedule O contains a response or note to any line in this Part	<u> </u>	]
1	briefly describe the organization's mission:		Т
	JUSTFAITH MINISTRIES FORMS, INFORMS AND	TRANSFORMS PEOPLE OF FAITH BY	
	OFFERING PROGRAMS AND RESOURCES THAT SU COMPASSIONATE COMMITMENT TO BUILD A MOD	STAIN THEM IN THEIR	_
	SOUTH CONTINUES TO BOILD A MOR	E JUST AND PEACEFUL WORLD.	_
2	Did the organization undertake any significant program services during the year	or which were not listed on the	_
	prior Form 990 or 990-EZ?	Yes X No	
	If "Yes," describe these new services on Schedule Q.	LITES LAIN	٥
3	Did the organization cease conducting, or make significant changes in how it	conducts, any program services?	_
	If "Yes," describe these changes on Schedule O.	Tes AN	0
4	Describe the organization's program service accomplishments for each of its t	hree largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	t of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	74	
4a	( Table 1 and 1 an	) (Revenue \$	)
	IN 2018, APPROXIMATELY 1,575 INDIVIDUAL	S IN GROUPS ACROSS THE COUNTRY	, ,
	PARTICIPATED IN JUSTPAITH MINISTRIES' F	ROGRAMMING. PARTICIPANTS	_
	STUDIED AND WERE FORMED BY THE COMPASSI	ON TRADITION ARTICULATED BY THE	_
	SCRIPTURES, THE CHURCH'S HISTORICAL WIT	NESS, THEOLOGICAL INOUIRY, AND	_
	CHURCH SOCIAL TEACHING. MANY INDIVIDUA	LS EXPERIENCED A CONVERSION,	_
	INTEGRATING THEIR PERSONAL SPIRITUALITY	WITH ACTS OF SERVICE TO THE	_
	POOR AND VULNERABLE IN THEIR CHURCH AND	IN THE COMMUNITY AT LARGE.	_
	PREVIOUS SURVEYS INDICATED THAT OVER 90	* OF PARTICIPANTS HAVE AN	_
	INCREASED UNDERSTANDING OF ISSUES RELAT	ED TO POVERTY, HAVE AN INCREASED	<u></u>
	COMPASSION FOR THE POOR AND VULNERABLE, INVOLVED IN SOME SORT OF SERVICE.	AND ARE COMMITTED TO BECOMING	_
	DORL OF BERVICE.		_
4b	(Code:) (Expenses \$ including grants of \$	) /a	<u> </u>
	The state of the s	) (Revenue \$	. )
			-
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			_
4c	10		_
46	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
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			_
4d	Other program services (Describe in Schedule O.)		_
	(Expenses \$ Including grants of \$	) (Revenue \$	
4e		) frescribe a	
		Form <b>990</b> (201	8)

# Form 990 (2018) JUSTFAITH MINISTRIES, INC. Part IV Checklist of Required Schedules

4	Is the examination described in a series and (19)		Yes	No
Ĺ	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
•	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization appears in labeling solicities.	3_		X
•	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.			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			٠,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		Į "
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8_		
	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	bid the organization, directly or through a related organization, hold assets in temporarily restricted and owners assets as	8		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		Δ,
	as applicable.		li	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X line 12 that is 5% or more of its test			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	bid 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		X
d	bid 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	_	X
e	bit the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		:	
h	***************************************	12a	X	
U	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities extends the Market Research			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule E. Beste Land IV.			
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_16_		<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		1	••
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	40	[	37
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
	complete Schedule G, Part III	امرا		v
20a	bio the organization operate one or more hospital facilities? If "Yes." complete Schedule H	19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
332003	12-31-18		990 /	

Form 990 (2018) JUSTFAITH MINISTRIES, INC. 20-1377228 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 X 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 X 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ..... d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If \*Yes, \* complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

	100	440		,
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Π
	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?			$\Box$
	If "Yes," complete Schedule R, Part V, line 2	36		lх
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Ιx
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IDS Filings and Toy Compliance	1 00	1 42	

Part	Statements Regarding Other IRS Filings and Tax Compli	апсе
	Check if Schedule O contains a response or note to any line in this Part V	
		******************************

	And the second		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 in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	

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Form 990 (2018)

JUSTFAITH MINISTRIES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			110
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	76		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ga		-21
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	- 22
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	00	_	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	100		
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.	108		_
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170	<del>                                     </del>	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	5	_	
		Form	990	(2018)

Form 990 (2018)

JUSTFAITH MINISTRIES, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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			1-43-1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 21	_	res	NO
	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 in Schedule O.			
ь	F=4-140.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?			
3	officer, director, trustee, or key employee?	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	bid 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	- 1	X
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:	75	-	
а	The governing body?		7,	
Ь	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_8b	_ <u>X</u>	
•	organization's mailing address? (f *Ven * newide the new and a title of the state o			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<del>080</del>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Post and the second sec		Yes	No
าบล	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1 1 1 1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	^	
	in Schedule O how this was done	40.	· •	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	_13	X	
15	Did the process for datermining componentian of the following powers in the following	14	Х	
10	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?			
a	The organization's CEO, Executive Director, or top management official	15a	_X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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		X
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		
<u>Sec</u>	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶KY			
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)	c ooks		
	for public inspection. Indicate how you made these available. Check all that apply.	s only)	avana	ible
19	The care is a second of the control			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	1 finan	cial	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION - 502-429-0865 224 WOODBINE ST. LOUISVILLE KV 40208			
832006	3 12-31-18	Form	990	(2018)

#### 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 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 and/or Box 7 of Form 1099-MISC) 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.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			_ (0	C)	npei		(D)	(E)	(F)
Name and Title	Average	l de		Pos	itior	than		Reportable	Reportable	Estimated
	hours per	box	, unle	as pe	rson	s bot	h an	compensation	compensation	amount of
	week	_	cer an	dad	irecto	x/trus	tee)	from	from related	other
	(fist any hours for	irect						the	organizations	compensation
	related	e or d	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
20	organizations	hustee or director	Institutional trustee		2	Highest compensated employee		(***271033**(*130)	**	organization and related
	below	Individual	nggo	=	Key employee	estro	=			organizations
	line)	- PE	整	Officer	Key	E E	Former			
(1) ED BOENISCH	1.00									
BOARD MEMBER		X						0.	0.	0
(2) CLAIRE V. BROOME	1.00		-							
BOARD MEMBER		X						0.	0.	0
(3) CLAUDIA BROWN	1.00									
BOARD MEMBER		X						0.	0.	0
(4) JIM CARNEY	1.00									
SECRETARY		X		X				0.	0.	0
(5) ADRIENNE DIRECTO	1.00		"-							
BOARD MEMBER		X						0.	0.	0
(6) MARY DOUCETTE	1.00									
BOARD MEMBER		X						0.	0.	0
(7) PJ EDWARDS	1.00			١.						
BOARD MEMBER		X						0.	0.	0
(8) TRICIA HOYT	2.00									
CO-CHAIR_		X		X	<u> </u>			0-	0.	0
(9) JACK JEZREEL	2.00	]	İ							
FOUNDER		X						24,410.	0.	732
(10) NEBU KOLENCHERY	1.00				1					
SOARD MEMBER		X						0.	0.	0
(11) PAUL MANDELL	1.00	]								
BOARD MEMBER		X						0.	0.	0
(12) COLLEN MAYER	1.00									
SOARD MEMBER		X						0.	0.	0
(13) JEAN MCCARTHY	1.00									
BOARD MEMBER		X			L			0.	0.	0
(14) BRUCE MLAKAR	1.00	] _			_					
BOARD MEMBER		X						0.	0.	0
(15) DENNIS O'DONNELL	1.00		1				_			
BOARD MEMBER		X						0.	0.	0
(16) RON SCHAEFER	2.00									
CO-CHAIR		X		X	L			0.	0.	0
(17) LYLE SCRITSMIER	1.00									
PREASURER		X	1	X	1		1	0.	0.	0

Form **990** (2018)

(F)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

0

Form 990 (2018)

Form 990 (2018) JUSTFAITH MINISTRIES, 20-1377228 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (A) (C) Unrelated Revenue excluded from tax under sections 512 - 514 Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues ..... c Fundraising events ..... 10 d Related organizations ..... e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 464,450 9 Noncash contributions included in lines 1a-1f; \$\_ 35,542 Total. Add lines 1a-1f 464,450 Business Code Program Service 2 a FEES: REGIS./W'SHOPS 900099 55,925 55,925 All other program service revenue ..... g Total. Add lines 2a-2f 55,925 Investment income (including dividends, interest, and other similar amounts) 713 713 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_ a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ..... a 62,899 b Less: cost of goods sold \_\_\_\_\_ b 55,932. Net income or (loss) from sales of inventory 6,967. 6.967 Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 324 324

0.

528.

324

379

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

216

Form 990 (2018) JUSTFAITH MINISTRIES,
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	,	
7b	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	The second of th		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	goneral expenses	expenses
	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			10	
	organizations, foreign governments, and foreign	}			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	134,332.	95,599.	19,367.	19,366
6	Compensation not included above, to disqualified				10,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	241,368.	124,653.	57,813.	58,902.
, 8	Pension plan accruals and contributions (include			<u> </u>	20,302
	section 401(k) and 403(b) employer contributions)	15,593.	8,624.	3,456.	2 512
9	Other employee benefits	38,002.	22,175.	7,842.	3,513, 7,985,
10	Payroll taxes	27,994.	16,371.	5,770.	
11	Fees for services (non-employees);			3,770.	5,853
а	Management	İ			
b					
C		8,700.		8,700.	
d		07,000		0,/00.	
е					<del> </del>
f	Investment management fees	*			
9		19			
	column (A) amount, list line 11g expenses on Sch O.)	36,248.	26,286.	F.C.2	
12	Advertising and promotion	57.	20,200.	563.	<u>9,399</u> .
13	Office expenses	23,059.	13,484.	4 750	57.
14	Information technology	9,542.	5,580.	4,752.	4,823.
15	Royalties		3,360.	1,967.	1,995.
16	Occupancy	8,963.	E 241	1 040	
17	Travel	10,848.	5,241.	1,848.	1,874.
18	Payments of travel or entertainment expenses	10,040.	6,344.	2,236.	2,268.
	for any federal, state, or local public officials			İ	
19	Conferences, conventions, and meetings	14,807.	0 650		
20	Interest	14,007	8,659.	3,052.	3,096.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11 027	6.000		
23		11,837. 1,738.	6,922.	2,440.	<u>2,475.</u>
24	Other expenses, Itemize expenses not covered	1,/30.	1,017.	358.	363.
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	3/2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	9,315.	5,447.	1 020	1 0 4 0
b	LICENSES AND FEES	2,567.	J, 221.	1,920.	1,948.
С		611.	357.	126	2,567.
d		342.	200.	126.	128.
е	All other expenses			70.	72.
25	Total functional expenses. Add lines 1 through 24e	595,923.	346 050	100 000	465 55
26	Joint costs. Complete this line only if the organization	333,343.	346,959.	122,280.	126,684.
_	reported in column (B) joint costs from a combined			달	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
82204	0 12-31-18				

Form 990 (2018)

		Check if Schedule O contains a response or note to a		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		477,986.	_1	434,740
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		9,377.	3	
	4	Accounts receivable, net		4,065.	4	112
	5	Loans and other receivables from current and former	officers, directors,			
		trustees, key employees, and highest compensated e		2	.	
		Part II of Schedule L	***************************************		5	
	6	Loans and other receivables from other disqualified po	ersons (as defined under			<u>-</u> _
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 50		}		
Sign		employees' beneficiary organizations (see instr). Comp			_6	
455etS	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use		53,269.	8	41,259
	9	Prepaid expenses and deferred charges		4,474.	9	3,919
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	70,638.			
	ь	Less: accumulated depreciation10b		34,593.	10c	29,906
	11	Investments · publicly traded securities		×	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	583,764.	16	509,936
	17	Accounts payable and accrued expenses		31,809.	17	25,525
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former office	ers, directors, trustees,			
		key employees, highest compensated employees, and				
Liacillues		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	to related third			
		parties, and other liabilities not included on lines 17-24				
		Schedule D	· · · · · · · · · · · · · · · · · · ·		25	
	26	Teach Relitation And Consultation to the		31,809.	26	25,525
		Organizations that follow SFAS 117 (ASC 958), che	ck here X and			
S		complete lines 27 through 29, and lines 33 and 34.				
Net Assets of Fund balances	27	Unrestricted net assets		457,977.	27	459,911
<u> </u>	28	Temporarily restricted net assets		93,978.	28	24,500
₽	29	Permanently restricted net assets	7.00000		29	
2		Organizations that do not follow SFAS 117 (ASC 95				
5		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
2	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
	32	Retained earnings, endowment, accumulated income			32	
Z	33	Total net assets or fund balances		551,955.	33	484,411
- 1	34	Total liabilities and net assets/fund balances		583,764.		509,936

	n 990 (2018) JUSTFAITH MINISTRIES, INC. 20-	1377228	P:	ana 12
12	reconciliation of Net Assets			ago IZ
	Check if Schedule O contains a response or note to any line in this Part XI			
1				
2	Total expenses (must equal Part VIII, column (A), line 12)	52	8,3	<u>379.</u>
3	Total expenses (must equal Part IX, column (A), line 25)	59	5,9	23.
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund halonous at hacitains of the size in the si	<u>&lt;6</u>	7,5	544.
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	55	1,9	955.
6	Net unrealized gains (losses) on investments  5  Donated services and use of facilities			
7		80		
8				
9	Prior period adjustments Other changes in not receive a fund half-			
10	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))			_
Pa	rt XII Financial Statements and Reporting	48	4,4	11.
				201 201
_	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
	If the organization changed its grethod of accounting from a principle fro	i		
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
	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:	}		
Ь				
	Were the organization's financial statements audited by an independent accountant?	2b	X	<u> </u>
	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:			
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 figure is extended and advantaged a			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aud	lit		
ь	Act and OMB Circular A-133?	3a		X
-	and the organization and ago the required audit of audits? If the organization did not undergo the required and	ia I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

Inspection

**Employer identification number** JUSTFAITH MINISTRIES, 20-1377228 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 1 🛛 🖠 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). 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 in 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,

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other In your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes above (see instructions) Total

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

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

20-1377228 Page 2

Schedule A (Form 990 or 990-EZ) 2018 JUSTFAITH MINISTRIES, INC. 20-13772

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.)

Se	Section A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2014	(ь) 2015	(c) 2016	(4) 0017	4-1-0040		
	Gifts, grants, contributions, and	(2)	(b) 2013	(0) 2010	(d) 2017	(e) 2018	(f) Total	
	membership fees received. (Do not	1						
	include any "unusual grants.")	1232826.	773.271.	345.737.	409 582	464,450.	2225066	
2	Tax revenues levied for the organ-				402,302.	404,450.	<u>3225866.</u>	
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities			-			(9)	
	furnished by a governmental unit to				(4)			
	the organization without charge							
4	Total. Add lines 1 through 3	1232826.	773,271.	345,737.	409,582.	464,450.	3225866.	
5	The portion of total contributions				20373021	202,230.	3223000.	
	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,			10				
	column (f)		20				595,613.	
_6	Public support. Subtract line 5 from line 4.						2630253.	
Sec	ction B. Total Support						2030233.	
	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	1232826.	773,271.	345,737.	409,582.	464,450.	3225866.	
8	Gross income from interest,						3223000.	
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	409.	438.	441.	638.	713.	2,639.	
9	Net income from unrelated business					7 2 3 4	2,000.	
	activities, whether or not the							
	business is regularly carried on		<u> </u>					
10	Other income. Do not include gain			-				
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	The second secon						3228505.	
12					5.54 5 ; 19.64 (2003)	12	612,403.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	IX Vear as a section	n 501/c)(3)	012/2001	
	organization, check this box and ston	here						
Sec	ration of Compatibility of Fubil	ic anhhour Let	rcentage					
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	81.47 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14	(500		15	83.86 %	
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	ore check this ho	v and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>►</b> ▼	
Ь	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			1990/87	
17a	1076 -tacts-and-circumstances test	t - 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more	
	7a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a <sub>l</sub>	publicly supported	organization			
b	10% -Tacts-and-circumstances test	t - 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts and circui	mstances" test, ch	eck this box and :	stop here. Explain	in Part VI how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	л did not check a l	<u>box on line 13, 16а</u>	<u>a, 16b, 17a, or 17b</u>	, check this box a	nd see instructions		
	Schedule A (Form 990 or 990-EZ) 2018							

### 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 falled 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	ciow, picase com	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					10,20.0	(1) 10(0.1
	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		500				
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						22
4	Tax revenues levied for the organ-		33				·
	ization's benefit and either paid to		- 27 - 27				
	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 5.)			- 2			
Sec	ction B. Total Support				77		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 1 3 4 5
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	:					
11	Net income from unrelated business activities not included in 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ay year as a socia	n 501(a)(3) a	l
_	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	***************************************		***************************************	
	Public support percentage for 2018 (			column (fi)		15	%
16	Public support percentage from 2017	Schedule A, Part	t III, line 15	VII Tennana		16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20				KATHARA	17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	ifies as a publicly :	supported organiz	ation	
b	33 1/3% support tests - 2017. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<b>D</b>
	832023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018						

#### Part IV Supporting Organizations

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

Section A	A. All	Supporting	Organiza	tions
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- 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.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

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Part IV   Supporting Organizations (continued)	28 F	Pa	Pag
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (b) below, the governing body of a supported organizations 11b A family member of a person described in (a) above? 1.  A 35% controlled entity of a person described in (a) above? 1.  A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a. b., or c, provide detail in Part VI. 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organizations 11b Cection B. Type I Supporting Organization 11b Cection B. Type I Supporting Organization 11b Cection B. Type I Supporting Organization 11b Cection B. Type I Supported Organization 11b Cection B. Type I Supported Organization 11b Cection B. Type I Supported Organization 11b Cection B. Type I Supported Organization 11b Cection B. Type I Supported Organization 11b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. Type II Supporting Organization 21b Cection B. All Type II Supporting Organization 21b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection B. All Type II Supporting Organization 31b Cection 31b Cection B. All Type II Supporting Organization 31b Cection  1		. 1	
a A person who directly or indirectly controls, either alone or together with persons described in (t) and (c) below, the governing body of a supported organization?  b A family member of a person described in (e) above?  A 55% controlled entity of a person described in (e) above?  A 55% controlled entity of a person described in (e) are (b) above?  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization personal described in the organization and the organization and the organization and the organization and the organization and the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the berefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization of If "Ves," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization (if "Ves," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  2 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 directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of the support provided during the provided organization's tax year, (i) a written notice describing the type and amount	Yes	Tes :	
below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entitly of a person described in (a) dor (b) above? If "Yes" to e. b. or c, provide detail in Part VI.  11b  Section B. Type I Supporting Organizations  I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of 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 organizations and what conditions or restrictions, if any spepile or to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the trust that the supported organization and what conditions or restrictions, if any spepile or such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of If "Yes," explein in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  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 annangement of the supporting Organizations  1 Did the organization provide to each of its supported organization(s)? If 'No.' describe in Part VI how control or annangement of the supporting Organization is provided organization (a) in the supported organization (b) the controlled or managed the supported organization or support organization in the supported organization is provided organization in the supported organization is provided organization in the supported organization is officers, directors, or trustees either (i) appointed or decicted by the support			
b. A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VL.  110 Section B. Type I Supporting Organizations  1 Did the directors, rustees, or membership of one or more supported organizations have the power to regularly appoint or detail at least a majority of the organization or directors or trustees at all times during the tax year. If I "No," describe he Part VI how the supported organizations (effective) operated, supervised, or controlled the organization starities, if the organization had more than one supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organization of If "Yes," explain in Part V how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of part (explain) in Part V how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organizations  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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the supported organization's or trustees of each 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 directors or trustees of each of the organization's directors or trustees of each of the organization's.  1 Were a majority of the organization's directors or trustees of the date of notification, and (is) cooles of the organization's tax year, (i) a co			
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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, supervised, or controlled the supporting organizations.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's governing 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 in Part VI how the organization maintained a close and continuous working relationship with the supported organization's supported organization's naive a significant voice in the organization is the repart.  3 Section E. Type III Functionally Integrated Supporting Organizations.  5 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). In the organization is the parent of each of its supported organizations. Complete line 3 below.  1 Check the box next to the method that the organization was resp			
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	NC.		20-1377228 Page 6
- 3/2 Control of the state o	g Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain	in Part VI.) See instructions. A
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
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	<u> </u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		54.0
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		
B Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		<u>- ·</u>	
instructions for short tax year or assets held for part of year):			)
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount,			
see instructions)	4	8	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	<del>_</del>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional		ed Type III supporting o	manization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 JUSTFAITH MINISTRIES, INC. 20-1377228 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 From 2013 b From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

art VI	(Form 990 or 990 EZ) 2018 JUSTFAITH MINISTRIES, INC.	20-1377228 Pag
ait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
_	(See instructions.)	dditional information.
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of the organization		Employer identification number
	JUSTFAITH MINISTRIES, INC.	20-1377228
Organization type (checi		20 20 7 7 22 0
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	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	n is covered by the General Rule or a Special Rule.	
Note: Only a section 50 i	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule, See instructions,
General Rule		
For an organizat property) from a	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribu	ling \$5,000 or more (in money or tor's total contributions.
Special Rules		
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the arr EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or ec uelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of th	lucational purposes, or for the
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because the, etc., contributions totaling \$5,000 or more during the year	I more than \$1,000. If this box ous, charitable, etc.,
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E	3 (Form 990, 990-F7, or 990-PF)
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 it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	s Form 990-PF, Part I, line 2, to
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedu	ule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule	В	(Form	990,	990-EZ,	or	990-PF	(2018)
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	nization	

Employer identification number

COSIF.	ALTH MINISTRIES, INC.		<u> 1377228</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,255.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s <u>15,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
6	1-18	s20,075.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
350402 11-08	1-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

ame of org	ganization		Employer identification numb
USTFA	ITH MINISTRIES, INC.		20-1377228
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 contributio	(d)
7		\$10,0	Person X Payroll S Noncash Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type of contributio
8		\$ 1.0,0	Person X Payroll  Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)  Type of contribution
<u>9</u> .		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
10		\$10,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
11		\$ 14,9	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
			Person Payroll

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Noncash (Complete Part II for noncash contributions.) Name of organization

Employer identification number

## JUSTFAITH MINISTRIES, INC.

20-1377228

Part II	Noncash Property (see instructions). Use duplicate copies of P		-13/1220
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MARKETABLE SECURITIES		
		\$\$.	03/23/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	RENTAL SPACE		
		\$\$.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d)
art I		(See instructions.)	Date received
	18		90, 990-EZ, or 990-PF) (2

	8 (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>						
Name of o	rganization	ý.	Employer identification number						
JUSTF.	AITH MINISTRIES, INC.		20-1377228						
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	<ul> <li>through (e) and the following line en charitable, etc., contributions of \$1,000 or</li> </ul>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1011									
	=								
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		4.5							
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZiP + 4	Relationship of transferor to transferee						
360									
200									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7IP ± 4	Polationship of transfers to transfers						
		IN SIE TY	Relationship 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number JUSTFAITH MINISTRIES. TNC

Pa	t ! Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts Complete With a
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(a) and and other addodnes
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	writing that the assets held in donor advised	funde
	are the organization's property, subject to the organization's	exclusive legal control?	No.
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	Yes No
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other numose cor	Merina
	impermissible private benefit?	de lieur, et loi dily chief pui pose coi	Yes No
Pai	t II Conservation Easements. Complete if the on	ganization answered "Yes" on Form 990. Part	IV line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Treservation of a continue	instolic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	concentration annual and the last
	day of the tax year.		
а	Total number of conservation easements		Held at the End of the Tax Year  2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	20
	listed in the National Register	and the state of a factorio of bottore	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	Canization during the tay
	year >	of the original contract of the original origina	gameation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		21
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	yation easements during the year
	<b>&gt;</b>	and the state of t	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	sessements during the year
	<b>▶</b> \$		dustrictus during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	MAN(A
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	stement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
<u> </u>	conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	***************************************	<b>&gt; \$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<u></u> ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018
832051	10-29-18		· · · · · · · · · · · · · · · · · · ·

	dule D (Form 990) 2018 JUSTFAI	TH MINISTR	IES,	INC.			20-1	377228	3 Page	2
Ра	rt III   Organizations Maintaining (	Collections of A	rt, His	torical T	reasures, o	r Other	Similar Ass	ets/contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	are a sign	ificant use of it	ts collection	items	_
	(check all that apply):									
а	Public exhibition			Loan or exc	change progra	ms				
b	Scholarly research	•	• 🔲	Other						
C	Preservation for future generations						-			_
4	Provide a description of the organization's c	ollections and expla	in how th	ney further t	the organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit	or receive donations	of art, hi	storical trea	asures, or othe	r similar as	sets			
-	to be sold to raise funds rather than to be m	aintained as part of	the orga	ліzation's с	offection?		17656	Yes		lo
Pa	rt IV Escrow and Custodial Arrar	i <b>gements.</b> Compl	ete if the	organizatio	on answered "	Yes" on Fo	rm 990, Part I	V, line 9, or		<u> </u>
	reported an amount on Form 990, Pa	irt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as:	sets not ind	cluded			
	on Form 990, Part X?							Yes		0
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:						_
								Amount		_
C	Beginning balance						1c			_
d	Additions during the year						1d			_
ė	Distributions during the year						1e			_
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for (	escrow or c	ustodial accou	unt liability	?	Yes	□ N	o
Do	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has beer	provided on l	Part XIII				
Pai	t V Endowment Funds. Complete		nswered	"Yes" on F						
		(a) Current year	(b) P	rior year	(c) Two years	s back (d)	Three years bac	k (e) Four	years bac	<u>k</u>
	Beginning of year balance									
	Contributions									_
	Net investment earnings, gains, and losses									
d	Grants or scholarships	ů.								_
e	Other expenditures for facilities									_
	and programs						187			
f	Administrative expenses		<u> </u>							_
g	End of year balance									_
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (	a)) held as:					_
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%	_							
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administer	red for the	organization			
	by:	_						Γ	Yes N	
	(i) unrelated organizations	1.000	202.03.03.0376					3a(i)	163 14	_
	(ii) related organizations							3a/iii		_
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule Ri			******************	3b		_
4	Describe in Part XIII the intended uses of the	organization's ende	owment	funds.			***************************************	00		_
Par	t VI Land, Buildings, and Equipn	nent.			1.7		*			
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. :	See Form 990	. Part X. lin	e 10.			
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	value	—
		basis (investi		1 1 7 20	(other)		ciation	(a) book	value	
1a	Land								<del></del> -	—
b	Buildings			,						
C	Leasehold improvements			1	2,886.		2,577.	1 (	309	_
d	Equipment				7,752.	2	8,155.		,597	
	Other				,		10,200		וכניי	-
Total	, Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X. colur	nn (A) line	10c)			2.0	000	-
			. ,, , , ,	( <i>D)</i> , III16	100./		0-1		906	-
							Schedu	ıle D (Form	990) 20	18

	dule D (Form 990) 2018 JUSTFAITH MINISTRIES, INC.	20-1	377228 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	604,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments  2a	-	
b	Donated services and use of facilities	<u>-</u>	
- 6	Recoveries of prior year grants 2c	-	
d e	Other (Describe in Part XIII.)  Add lines 2s through 2d  55,932	<b>-</b>	
3	Add lines 2a through 2d	2e	<u>76,007.</u>
4	Subtract line 2e from line 1	3	528,379.
7	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
-	Add lines 4a and 4b	┥.	
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	<u> </u>
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	5 Potum	528,379.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i netuli	l.
1	Total expenses and losses per audited financial statements	1	671,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0/1,930.
а	Donated services and use of facilities		
b	Prior year adjustments 2b	-	
C	Other losses 2c	<b>⊣</b>	
ď	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d		76,007.
3	Subtract line 2e from line 1	3	595,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		323,223.
а	Investment expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIII.)	<b>┤</b>	
¢	Add lines 4a and 4b	4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	595,923.
Pai	t XIII Supplemental Information.		
Provi lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X,	line 2; Part XI,
	and a second sec	_	
PAI	RT X, LINE 2:		
<u>J U2</u>	STFAITH MINISTRIES, INC. IS EXEMPT FROM FEDERAL, KENTUCKY	AND :	LOCAL
INC	COME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED 1	UNDER	INTERNAL
REV	ENUE CODE SECTION 501(C)(3). JUSTFAITH MINISTRIES, INC.	FILE	S
	FORMATIONAL TAX RETURNS WITH THE U.S. FEDERAL JURISDICTION	•	
	TUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME F		
	_		
AC'	CIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-E	<u>XEMPT</u>	PURPOSE
MA:	BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MA	NAGEM	ENT DOES
NO:	BELIEVE THAT THE ORGANIZATION HAS UNRELATED BUSINESS IN	COME	FOR THE
YE	ARS ENDED DECEMBER 31, 2018 AND 2017.		

832054 10-29-18

AS OF DECEMBER 31, 2018 AND 2017 JUSTFAITH MINISTRIES,

INC. DID NOT HAVE

Schedule D (Form 990) 2018

Part XIII   Supplemental Information (continued)	20-1377228 Page 5
ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX	
NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS	
THEN ENDED.	FOR THE TEARS
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	55,932.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	55,932.
	-
	660
	33
	Schoolule D (Form 000) 0040

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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.

Open to Public Inspection

Schedule M (Form 990) 2018

Name	of the organization					Employer identi	ficatio	n nur	nber
	JUSTFAITH MI	<u>NISTR</u> I	ES, INC.			20-13			
Par	t I Types of Property								*
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII,	d on	(d) Method of det noncash contribut			s
1	Art - Works of art								
2	Art - Historical treasures					<u>- · · · · · · · · · · · · · · · · · · ·</u>	-		
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	2	35.	543 F2	IR MARKET	7721	नगर	
10	Securities - Closely held stock			33,	313111	TIL PHILLIP	V PI	1015	
11	Securities - Partnership, LLC, or						-		
	trust interests								
12	Securities · Miscellaneous				_				
13	Qualified conservation contribution -		·-			. <u>.</u>			
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate · Other								
18	Collectibles	<u> </u>							
19	Food inventory					<del> </del>			
20	Drugs and medical supplies			-					
21	Taxidermy								
22	Historical artifacts			-					
23	Scientific specimens								
24	Archeological artifacts		-	-			-		
25		<b></b>	<u>                                     </u>						
26	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
27	,	<del></del>		<u> </u>					
28	Other ()			<u> </u>					
29			<u> </u>						
28	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gementL	29				
20-	During the year did the accessory			Wo		f		Yes	No
₃∪a	During the year, did the organization receive b								
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period	7					30a		X
	If "Yes," describe the arrangement in Part II.	р м						-	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard	contributio	ns?	31		X
32a	Does the organization hire or use third parties								
	contributions?	***************************************					32a		X
	If "Yes," describe in Part II.				117	5.5			
33	If the organization didn't report an amount in o	column (c) fo	or a type of proper	ty for which column	(a) is checke	ed,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	90.		Schedule M	(Form	9901	2015

832141 10-18-18

(Form 990) 2018	JUSTFAITH	MINISTRIES	INC.	20-1377228	Page
is reporting in Part this part for any ac	Information. P. I, column (b), the niditional information	rovide the information in umber of contributions in .	equired by Part I, lines 30 the number of items reco	Ob, 32b, and 33, and whether the organiza eived, or a combination of both. Also com	ition plete
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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

QU 10
Open to Public

Inspection

OMB No. 1545-0047

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

DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization

PART I,

LINE 1

JUSTFAITH MINISTRIES, INC.

Employer identification number 20-1377228

RESOURCES THAT SUSTAIN THEM IN THEIR COMPASSIONATE COMMITMENT TO BUILD A MORE JUST AND PEACEFUL WORLD. FORM 990, PART VI, SECTION B, LINE 11B: JUSTFAITH MINISTRIES ENGAGES ITS AUDITING FIRM TO PREPARE THE IRS FORM 990, USING INFORMATION GATHERED FROM THE ANNUAL AUDIT AS WELL AS SUPPLEMENTAL INFORMATION PROVIDED BY JUSTFAITH MINISTRIES' BUSINESS MANAGER. UPON COMPLETION, THE BUSINESS MANAGER REVIEWS THE DRAFT FORM AND MAKES AMENDMENTS AND/OR CORRECTIONS, IF NECESSARY. THE DRAFT FORM IS THEN PASSED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THIS COMMITTEE AND THE EXECUTIVE DIRECTOR REVIEW THE FORM AND MAKE AMENDMENTS AND/OR CORRECTIONS. IF NECESSARY. THE COMMITTEE APPROVES THE FINAL DRAFT OF THE FORM; IT IS PASSED TO THE EXECUTIVE DIRECTOR FOR HER A COPY OF THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AS SOON AS POSSIBLE.

IN APRIL OF EACH YEAR, OFFICERS, DIRECTORS, AND EMPLOYEES ARE DISTRIBUTED A
COPY OF THE CONFLICT OF INTEREST POLICY AND, ON THE FORM ATTACHED, STATE
WHETHER OR NOT THEY BELIEVE THEY HAVE A CONFLICT AND, IF SO, WHAT THEY
BELIEVE THE NATURE OF THAT CONFLICT TO BE. THE EXECUTIVE COMMITTEE OF THE
BOARD REVIEWS EACH OFFICER'S, DIRECTOR'S AND EMPLOYEE'S STATEMENT AND TAKES

OUESTIONS ABOUT THE FORM AT THE FIRST MEETING AFTER THE FORM IS

DISTRIBUTED, USUALLY WITHIN TWO MONTHS OF ITS DISTRIBUTION.

ACTION TO INVESTIGATE AND, IF NECESSARY, RESOLVE THE CONFLICT

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

Schedule O (F

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

MEMBERS ARE AFFORDED AN OPPORTUNITY TO ASK

Employer identification number 20-1377228

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS PERFORMS A REVIEW OF THE EXECUTIVE DIRECTOR'S

COMPENSATION PERIODICALLY. THE EXECUTIVE COMMITTEE OF THE BOARD CHARGES THE
GOVERNANCE COMMITTEE TO RESEARCH EXECUTIVE DIRECTOR COMPENSATION LEVELS FOR
ORGANIZATIONS OF SIMILAR SIZE, REVENUE AND MISSION, BOTH LOCALLY AND
NATIONALLY. THE GOVERNANCE COMMITTEE PERFORMS THIS RESEARCH, COMPILES THE
INFORMATION, AND PASSES IT TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE

COMMITTEE REVIEWS THIS INFORMATION, SETS THE LEVEL OF COMPENSATION, AND
REPORTS IT TO THE REMAINDER OF THE BOARD. THE RESEARCH AND THE PROCESS ARE
DOCUMENTED AT THE TIME IT IS PERFORMED; THE PROCESS TAKES APPROXIMATELY TWO
MONTHS TO COMPLETE. AS THE ORGANIZATION DOES NOT COMPENSATE OTHER BOARD
OFFICERS AND HAS NO KEY EMPLOYEES AS DEFINED BY THE IRS, A PROCESS FOR
DETERMINING THE COMPENSATION FOR OTHER OFFICERS AND STAFF MEMBERS IS NOT
NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19:

DUSTFAITH MINISTRIES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

REQUESTS CAN BE MADE BY MAIL, EMAIL, TELEPHONE OR IN PERSON. IF A REQUEST IS MADE BY MAIL, EMAIL OR TELEPHONE, A COPY OF THE REQUESTED DOCUMENT IS FORWARDED TO THE INDIVIDUAL MAKING THE REQUEST. IF A REQUEST IS MADE IN PERSON, A COPY IS MADE AVAILABLE TO THE INDIVIDUAL FOR HER/HIS INSPECTION.

IF SHE/HE WISHES TO TAKE A COPY WITH HER/HIM, A COPY IS PROVIDED.