## Form **990**

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

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For th	e 2023 calendar year, or tax year beginning	an	d ending				
В	Check if applicat	C Name of organization			D Employer ide	ntificat	ion number	
	Addre	• UUSTFAITH MINISTRIES,	INC					
Ļ	chan		20-137	7228	}			
	Initial return Final return	1717 ATTTAND 3372	delivered to street address)	Room/suite	E Telephone nui		65	
	termi		nd ZIP or foreign postal code	1207 22	G Gross receipts \$	<i>y</i> 00	648,748.	
Г	Amer	ded TOTTCTTTTT TO ANDOO	a za or loroign postar code		H(a) Is this a grou	un rotur		
F	Appli		SIE TIERNEY		for subordin			
	pendi	SAME AS C ABOVE			H(b) Are all subording			
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	) or 527			. See instructions	
	Websi		7 (1100) (1101) [ ] 4041 (4)(1	701 327	H(c) Group exem			
			Association Other	I Year			tate of legal domicile: KY	
	art I	Summary		I E TOUT	ZIOIMANON, 200	-1 101 0	tate of logal dollifolis, 202	
	1	Briefly describe the organization's mission or mo	st significant activities: CREA	TING T	RANSFORMA	LIVE	PROGRAMS	
92		THAT INSPIRE ACTION TO A						
ē	2	Check this box if the organization disc						
Š	3	Number of voting members of the governing bod				3	20	
Ğ	4	Number of independent voting members of the g				4	19	
eg V3	5	Total number of individuals employed in calendar	r year 2023 (Part V, line 2a)			5	11	
įį	6	Total number of volunteers (estimate if necessary	<i>d</i>			6	302	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, o	column (C), line 12			7a	0.	
_	b	Net unrelated business taxable income from Forr	n 990-T, Part I, line 11			7b	0.	
					Prior Year		Current Year	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			643,83		551,341.	
eur	9				65,40		55,404.	
Revenue	10	Investment income (Part VIII, column (A), lines 3,	4, and 7d)		3,570		13,463.	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)		21,31		12,679.	
	12	Total revenue - add lines 8 through 11 (must equa			734,12		632,887.	
	13	Grants and similar amounts paid (Part IX, column				0.	0.	
	14	Benefits paid to or for members (Part IX, column				0.	0.	
9	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		678,373		1 2 2 2 2 2 2	
Expenses	16a	Professional fundraising fees (Part IX, column (A),	, line 11e)		(	).	0.	
Š	b	Total fundraising expenses (Part IX, column (D), li						
ш	l ''	Other expenses (Part IX, column (A), lines 11a-11	d, 11f-24e}		243,313		229,763.	
		Total expenses. Add lines 13-17 (must equal Part			921,686		922,014.	
	19	Revenue less expenses. Subtract line 18 from line	e 12		-187,559	$\overline{}$	-289,127.	
IS OF				Beg	inning of Current Ye		End of Year	
Net Assets Fund Balan	20		***************************************		821,182		522,328.	
et A	21	Total liabilities (Part X, line 26)			139,813		130,086.	
Z <sub>1</sub>	22 Irt	Net assets or fund balances. Subtract line 21 from Signature Block	n line 20		681,369	<i>.</i>	392,242.	
_		· · · · · · · · · · · · · · · · · · ·	- 1-1-1-1					
		lties of perjury, I declare that I have examined this return t, and complete. Declaration of preparer (other than office				r my kno	wiedge and delief, it is	
1100,	COLLEC	tack to the second at the prepared to the than one	cer) is based off all information of w	nich preparer i	- /:	24		
Sigr		Signature of officer JACK J. JEZREE	- 4		5/6/ Date	27		
Sigi Her		SUSIE TIERNEY, EXECUTIVE			Buto			
, 101		Type or print name and title	DIRECTOR					
		Print/Type preparer's name	Preparer's signature	D:	ate Check		PTIN	
Paid		CHRISTINE N KOENIG	CHRISTINE N KOE		1/25/24 self-er		P01022180	
	arer	Firm's name DEMING MALONE LIV		PSC	Firm's EIN		1064249	
	Only	Firm's address 9300 SHELBYVILLE			THIN S CITY	~ <del>**</del>		
_		LOUISVILLE, KY 40			Phone no	(502	)426-9660	
May	the IF	S discuss this return with the preparer shown ab			1		X Yes No	

	990 (2023) JUSTFAITH MINISTRIES, INC 20-1377228 Page	2
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	_
	JUSTFAITH MINISTRIES CREATES TRANSFORMATIVE PROGRAMS THAT INSPIRE	
	ACTION TO ADDRESS THE ROOT CAUSES OF INJUSTICE WHILE SERVING WITH	
	LOVE.	_
		_
2	Did the executation undertake and in 15 and an arrival to the second of	_
4	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	٥
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 534,226. including grants of \$ ) (Revenue \$ 68,083.	_
	JUSTFAITH MINISTRIES INSPIRES JUSTICE-DRIVEN COMMUNITIES ADVANCING	
	PEACE, RACIAL EQUITY, AND A SUSTAINABLE WORLD. IN 2023, APPROXIMATELY	_
	1,500 INDIVIDUALS PARTICIPATED IN A JUSTFAITH MINISTRIES' SMALL-GROUP	_
	PROGRAM THAT HELPED TO DEEPEN THEIR FAITH, INVITE LEARNING, AND INSPIRE	_
	SOCIAL ACTION. PARTICIPANTS IN OUR PROGRAMS WERE BETTER PREPARED TO DO	_
	JUSTICE IN THEIR LOCAL COMMUNITIES AND BEYOND. PREVIOUS PARTICIPANT	_
		_
	SURVEYS INDICATED THAT OVER 90% OF PARTICIPANTS INCREASED THEIR	_
	UNDERSTANDING OF AND INVOLVEMENT WITH ISSUES RELATED TO POVERTY, RACIAL	_
	JUSTICE, AND ENVIRONMENTAL JUSTICE.	_
		_
		_
		_
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
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		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses 534, 226.	_
	Form 990 (202)	3)

## Form 990 (2023) JUSTFAITH MINISTRIES, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	<del>                                     </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2_	Х	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ĺ		l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,		調體	
	as applicable.		ALC:	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Į		
	domestic government on Part IX, column (A), line 17 // "Yes." complete Schedule I. Parts I and II	21		X
	10.21.02	E	മമവ 🕫	0000

Form 990 (2023) JUSTFAITH MINISTRIES, INC
Part IV | Checklist of Required Schedules (continued)

	(continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			v
	Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		$\vdash$
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	Halley.	1966	BEN S
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? if			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  f			v
00	"Yes," complete Schedule L, Part IV	28c 29	Х	X
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	41	$\vdash$
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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?	333		$\vdash$
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\Box$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	ŀ		
	Note: All Form 990 filers are required to complete Schedule O	38	X	
ral	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	19-52-5	162	140
b	0	A STATE		10.57
c		NA.		
	(gambling) winnings to prize winners?	10	Х	
	4 10 04 20	Бания	000	(2023)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
-	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	_		₹.,
ı.	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b	C(1000)	avenue.
7	Organizations that may receive deductible contributions under section 170(c).	2000	L. Cont	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	and the second s	7.		х
-4	AS NO. 11	7c	0000	9940340
e	the ryes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	EQUAL D	X
f		7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		41
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100	MASS.	規制が
	sponsoring organization have excess business holdings at any time during the year?	8	takes n	William Control
9	Sponsoring organizations maintaining donor advised funds.		5693	No. of the
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	SECURIOR S	SECOND SECOND
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1000	1000
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		装装	
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	5.7%		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ZPAR.		20000
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	175 CHE II	Design Service
	Note: See the instructions for additional information the organization must report on Schedule O.			
Ь	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	97-19		
	Enter the amount of reserves on hand		芸術権	N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	4=		х
	excess parachute payment(s) during the year?	15	Second.	28/50/16/
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16	Wind St	X
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16	55593	(8)S(8)
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	and their	Walley .	
**	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Sest.	B. CEE	
			006	

20-1377228 JUSTFAITH MINISTRIES, INC Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? /f "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 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 X 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions, 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a ..... 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION - 502-429-0865

1717 ALLIANT AVE, LOUISVILLE, 40299 332006 12-21-23

Form 990 (2023)

#### INC Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year, List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organiza  (A)	(B)	Γ			<del></del>			(D)	(E)	(F)	
Name and title	Average	L		Pos	ition	1		Reportable	Reportable	Estimated	
	hours per	box	not di , unle	sa per	son i	s both	nan	compensation	compensation	amount of	
	week	$\vdash$	cer an	dad	recto	r/trus	tee)	from	from related organizations	other	
	(list any	director						the		compensation	
	hours for	8	45 G3			sated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		ė.	Dens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	ra F	poug		ploy	i i	_	1099-NEO)		organizations	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) SUSIE TIERNEY	40.00	_	-		_						
EXECUTIVE DIRECTOR		1		x				84,972.	0.	4,487	
(2) JACK JEZREEL	30.00		П								
FOUNDER		1 x	$\lfloor \rfloor$			L	L	30,841.	0.	925	
(3) MARY BETH BEEBE	2.00										
BOARD MEMBER		X						0.	0.	0	
(4) ALECIA BREWSTER	2.00										
BOARD MEMBER		X						0.	0.	0	
(5) JIM CARNEY	2.00										
BOARD MEMBER		Х						0.	0.	0	
(6) TOM COSTELLO	2.00										
BOARD MEMBER		X	Ш					0.	0.	0	
(7) CRIS FISCHER	2.00										
BOARD MEMBER		X	Ш					0.	0.	0	
(8) BOB HUNTER	2.00										
BOARD MEMBER		X	Ш			Щ		0.	0.	0	
(9) MARK LEVOTA	2.00										
BOARD MEMBER		Х	Щ	$\Box$		Ш		0.	0.	0	
(10) C, MICHAEL LITZAU	4.00										
TREASURER		Х		X		Ш		0.	0.	0	
(11) JAMIE LOGGINS-EVANS	2.00								_		
BOARD MEMBER		Х				Ш		0.	0.	0	
(12) VICKIE VERNON LOTT	2.00	10							_	_	
BOARD MEMBER		Х		_				0.	0.	0 .	
(13) JOHN RITTER	4.00	_		_						_	
SECRETARY		Х		Х		Щ		0.	0.	0.	
(14) LYLE SCRITSMIER	2.00										
BOARD MEMBER	4 00	X		4		$\vdash \vdash$		0.	0.	0.	
(15) MONICA SMITH	4.00	, ,								•	
CO-CHAIR	0.00	X		X	-	$\square$		0.	0.	0	
(16) JULIE STONE	2.00	, ,							ا ۾	•	
BOARD MEMBER	0.00	Х			_			0.	0.	0	
(17) VIRGINIA TANAWONG	2.00	[ , , ]									
BOARD MEMBER		X						0.	0.	Form 990 (202	

332007 12-21-23

Form 990 (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hi	ghe	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do		Pos Pos heck ss per	itior more rson i	then	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	from from organiz and rel organize	the ation ated	
(18) DEBBIE WEATHERSPOON CO-CHAIR	4.00	x	_	x	×		-	0.	(	).		0.	
(19) AUDREY DOUGLAS-COOKE BOARD MEMBER	2.00	,,						,		T			
(20) GABRIELLE MORTIS	2.00	Х		H	_	-	$\vdash$	0.		+		0.	
BOARD MEMBER		x						0.	(	).		0.	
(21) JOHN TRAMONTIN	2.00						Г						
BOARD MEMBER		X	Н	Н				0.	(	).		0.	
			H				_			+			
				$\dashv$		_				$\bot$		•	
										$\bot$			
- Fig. 1			Ш							$\perp$			
1b Subtotal							15.	115,813.	C		5,4	112.	
c Total from continuation sheets to Part VII	, Section A						Ç1	0.		).	0.		
d Total (add lines 1b and 1c)								115,813.			5,4	112.	
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listed	d ab	ove)	) wh	o re	ceived more than \$100,0	300 of reportable			0	
							28			Total Control	Yes	No	
3 Did the organization list any former officer,			-		-		_		-	250	10 1225	X	
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	<i>ich individual</i> m of reportabli	a co	mne	nsat	ion	and	oth	er compensation from th	ne organization	3			
and related organizations greater than \$150										. 4	100000	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	any	unre	late	d organization or individ	ual for services				
rendered to the organization? If "Yes." comp Section B. Independent Contractors	olete Schedule	Jfc	or su	ch p	erso	on.				. 5	<u> </u>	X	
Complete this table for your five highest cor	nnensated ind	anar	nden	it co	ntra	ctor	s th	at received more than \$	100,000 of comper	sation	from		
the organization. Report compensation for t													
(A) Name and business	address	NC	NE					(B) Description of se	ervices	Com	(C) pensati	on	
	<u>.</u>												
							$\top$						
	· · ·						$\dagger$						
							$\dagger$	ě.					
							$\dagger$						
2 Total number of independent contractors (in	-	t lim	ited	to t	hose		ed a	above) who received mo	re than			4	
\$100,000 of compensation from the organiz	auOH				v				15734	BUT TOTAL	CONTRACTOR OF THE PARTY	ontonies / I	

JUSTFAITH MINISTRIES, INC Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Unrelated Total revenue from tax under sections 512 - 514 function revenue business revenu Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b Membership dues 1b c Fundraising events 10 d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 551,341. 1f 34,040. 9 Noncash contributions included in lines 1a-1f 19 | \$ 551,341. h Total. Add lines 1a-1f **Business Code** 2 a REGSTN FEES, WORKSHOPS 900099 55,404. 55,404. f All other program service revenue ..... 55,404. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 13,463. 13,463. other similar amounts) 3,00 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis and sales expenses Other Revenue 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ \_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 28,509. and allowances 15,861. b Less: cost of goods sold 12,648. 12,648. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a OTHER 900099 31. 31. d All other revenue ..... Total, Add lines 11a-11d 31.

0.

632,887.

12 Total revenue. See instructions

68,083.

# Form 990 (2023) JUSTFAITH MINISTRIES, INC Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must compl		<del></del>	nplete column (A).	
_	Check if Schedule O contains a respons		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				The state of the second
2	Grants and other assistance to domestic	1			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			2	
	trustees, and key employees	121,224.	60,612.	28,718.	31,894
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	422,254.	254,173.	85,583.	82,498
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,641.	6,450.	2,141.	2,050
9	Other employee benefits	99,156.	57,664.	20,746.	20,746
10	Payroll taxes	38,976.	22,606.	8,185.	8,185
11	Fees for services (nonemployees):	2.5		225 10 945 In	
а	Management				
b	· ·	,			
С	Accounting	10,500.	6,090.	2,205.	2,205
	Lobbying				100
e					
f	Investment management fees				
g				E1	
	column (A), amount, list line 11g expenses on Sch O.)	88,825.	51,519.	18,653.	18,653
12	Advertising and promotion	2,100.	2,100.	4	
13	Office expenses	52,250.	30,304.	10,973.	10,973
14	Information technology	16,418.	9,522.	3,448.	3,448
15	Royalties				125-27-37-57-5
16	Occupancy	27,647.	16,035.	5,806.	5,806.
17	Travel	6,890.	3,996.	1,447.	1,447.
18	Payments of travel or entertainment expenses				10-200-2
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,415.	5,461.	1,977.	1,977.
20	Interest	,	, = 1	0	
21	Payments to affiliates				1/1/30
22	Depreciation, depletion, and amortization	983.	571.	206.	206.
23	Insurance	2,786.	1,616.	585.	585.
24	Other expenses, Itemize expenses not covered				
•	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EDUCATION AND TRAINING	6,395.	3,709.	1,343.	1,343.
b	LICENSES AND FEES	2,972.		2,972.	Y 100 T
C	MISCELLANEOUS	1,866.	1,082.	392.	392
d	BOOKS AND RESOURCES	716.	716.		- 10000000
	All other expenses				- 122
25	Total functional expenses. Add lines 1 through 24e	922,014.	534,226.	195,380.	192,408
26	Joint costs. Complete this line only if the organization	/	332,233	-11 8	
	reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_	1 12-21-23			X 10	Form <b>990</b> (2023

			any line in this Part X	(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing		351,263.	1	102,597
	2	Savings and temporary cash investments		288,865.	2	263,814
	3	Pledges and grants receivable, net		10,000.	3	10,000
	4	Accounts receivable, net	413.	4	10,000	
	5	Loans and other receivables from any current or for			6203562A 656	A CONTROL OF THE PARTY OF THE P
		trustee, key employee, creator or founder, substanti				
		controlled entity or family member of any of these pe			5	
	6	Loans and other receivables from other disqualified		24 A 5 5 6 C C C C C C C C C C C C C C C C C		6 / Commission (MCC)
	ľ	under section 4958(f)(1)), and persons described in s		English State of Stat	6	CONTRACT CONTRACTOR
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	34,492.	8	27,240	
Y S	9	D 11	6,550.	9	3,983	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	119,807.			
	h	Less: accumulated depreciation	71,880.	47,558.	10c	47,927
	11	Investments - publicly traded securities	7170001	27,5501	11	41,041
	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	82,041.	15	66,767	
	16	Total assets. Add lines 1 through 15 (must equal lin		821,182.	16	522,328
	17	Accounts payable and accrued expenses		57,772.	17	63,319
	18	Grants payable	37,772	18	00/010	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
ا	22	Loans and other payables to any current or former o			SERVICE STATE	
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe			22	
֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unrelated			23	
- 1	24	Unsecured notes and loans payable to unrelated this			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17:				
-		of Schedule D	, ,	82,041.	25	66,767
	26	Total liabilities, Add lines 17 through 25		139,813.		130,086
П		Organizations that follow FASB ASC 958, check h	ere X			
ivel Assets of Fund Balances		and complete lines 27, 28, 32, and 33.	_			
	27	Net assets without donor restrictions		497,808.	27	258,817
	28	Net assets with donor restrictions		183,561.	28	133,425
3		Organizations that do not follow FASB ASC 958, o		Cartagan Caladia		Committee of
-		and complete lines 29 through 33,				
5	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipm			30	
1	31	Retained earnings, endowment, accumulated income			31	
	32	Total net assets or fund balances		681,369.	32	392,242
- 1	33	Total liabilities and net assets/fund balances		821,182.	33	522,328

Form 990 (2023)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

JUSTFAITH MINISTRIES, INC Employer identification number 20-1377228

Pε	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.													
The	organ	ization is not a private found					1							
1		A church, convention of ch					1KAYD.							
2		A school described in sect					200							
3		A hospital or a cooperative		•		YKV 1YAYI	iii)-							
4	Ħ	A medical research organiz					= -	the hospital's name						
7		city, and state:	ation operated in co	njunotion with a nospital	described	1 111 3 <del>0</del> 0410	M Trojuji iji Ajimji Linei	tile nospital s name,						
				(1			4-176-3							
Þ	ш	An organization operated for		liege or university owner	or operat	ed by a go	overnmental unit describ	ea in						
		section 170(b)(1)(A)(iv). (0		75										
6		A federal, state, or local go	-				• •							
7	X													
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operat	ed in conju	unction with a land-grant	college						
		or university or a non-land-												
		university:				- 15	_							
10		An organization that norma	illy receives (1) more	than 33 1/3% of its supr	ort from o	ontributio	ns, membership fees, an	d gross receipts from						
		activities related to its exer												
		income and unrelated busin		•				*						
		See section 509(a)(2), (Co		(1005 Section 5 1 1 tax) it	JIII DUSIII 16	ssos acqui	Ted by the organization	21101 00110 00, 1370.						
11				بالمارية بما فممة مع دامرة	fab. Can	aaadlaa 50	00(-1/4)							
	H	An organization organized			-									
12		An organization organized												
		more publicly supported or	-					Check the box on						
		lines 12a through 12d that												
а														
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting						
	_	organization. You must o	complete Part IV, Se	ctions A and B.										
b			anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving						
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported						
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.						
		its supported organization						•						
d		Type III non-functionally						zation(s)						
-		that is not functionally int												
								ve11633						
		requirement (see instruct												
e		Check this box if the orga					Type I, Type II, Type III							
		functionally integrated, or		nally integrated supporti	ng organiz	ation.								
t		r the number of supported of												
g	Prov	vide the following information			L first in the error	aniantinei Betad		1 4.0 4						
	1	i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the organi	ing document?	(v) Amount of monetary	(vi) Amount of other						
		Organization		above (see instructions))	Yes	No	support (see Instructions)	support (see instructions)						
					1									
Tete	, I			The state of the state	Report of	Estato Station								
Tota	10		CONTRACTOR OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	THE RESERVE AND ADDRESS.	CONTRACTOR !	1	I .						

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20-1377228 Page 2

P	Support Schedule for						
	(Complete only if you checke				n failed to qualify i	under Part III. If the	organization
Se	fails to qualify under the test	s listed below, plea	se complete Part I	II.)			
_	indar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(4) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(B) 2020	(c) 2021	(d) 2022	[e] 2023	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	529,217.	737,443.	839,050.	643,835.	551,341.	3300886.
2	Tax revenues levied for the organ-	323,227	73774431	033,0301	043,0331	331,311	3300000:
_	ization's benefit and either paid to						
	or expended on its behalf				50		
3	The value of services or facilities					₩. (C	
	furnished by a governmental unit to				1	127	
	the organization without charge						
4	Total. Add lines 1 through 3	529,217.	737,443.	839,050.	643,835.	551,341.	3300886.
5	The portion of total contributions		<b>加金铁塔特别</b>			The state of	
	by each person (other than a				41		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						488,443.
6	Public support, Subtract line 5 from line 4.		CANCELLO CONTRACTOR		PERSONAL PROPERTY.		2812443.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	529,217.	737,443.	839,050.	643,835.	551,341.	3300886.
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties,						
	and income from similar sources	829.	2,257.	1,144.	3,570.	13,463.	21,263.
9	Net income from unrelated business	[ ]					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		Day 15 to 15	But has a little or the state of the state of			0000440
11	Total support. Add lines 7 through 10		民办是主义是代码。				3322149.
12	Gross receipts from related activities,	,	*			12	491,904.
13	First 5 years. If the Form 990 is for the	_		•			
Sar	organization, check this box and stor						
	ction C. Computation of Publi						04 66 4
14	Public support percentage for 2023 (I					14	84.66 %
15	Public support percentage from 2022					15	84.16 %
IOa	33 1/3% support test - 2023. If the c						
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o					or more, shock thi	
i)	and stop here. The organization qual				iiii 15 is 33 1/3%	OF THOIS CHECK THE	s nox
	with arob tiers, the digatifation digi	πισο αο α μυυμυίν δ	apported organiza	uvi1			

Schedule A (Form 990) 2023

17a 10% -facts-and-circumstances test - 2023. 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

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## Schedule A (Form 990) 2023 JUSTFAITH MINISTRIES, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						•
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				W.	i	
	are not an unrelated trade or bus-						
	iness under section 513	1					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			]			
	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge		i				
6	Total. Add lines 1 through 5						
7 a	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			HICKORP PRINTS			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						i
	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 on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
_	check this box and stop here	***************************************					
	ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						100
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						' is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a l	box on line 14, 19a	ı, or 19b, check th	nis box and see ins		
3202	3 12-21-23					Schedule A	(Form 990) 2023

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2	(2/5)	
3a		
3b	SEAR SEAR	
3c		11
48		1.7
4b	(14834) 2445-1	
4c		
5a		
5b 5c		
6		
7		
8		
9a 9b	R. W.	F(-76)
9c		
10a 10b	No. 1	

332025 12-21-23

3b Schedule A (Form 990) 2023

3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3

4

5

Schedule	Α	(Form	990)	2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

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

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

	USTFAITH MINISTRIES, INC	20-1377228
Organization type (check	one);	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1 contributor, durir	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and og the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F Z, line 1. Complete Parts I and II.	that received from any one
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a get the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (each) instead of the contributor name and address), II, and III.	ientific,
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000. If this box is, charitable, etc., eceived <i>nonexclusively</i>
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	
	ng requirements of Schedule B (Form 990).	,
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Employer identification number

JUSTFATTH	MINISTRIES.	TNC

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 contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <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
3		\$ 25,227.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,000.	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
5		\$11,643.	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
323452 12-26-	23	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization

Employer identification number

## JUSTFAITH MINISTRIES, INC

20-1377228

000111	TITE MINIDIKIBO, INC		0-13//220
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	2.

INGINIE UI C	organization			Employer identification number
JUSTF.	AITH MINISTRIES, INC			20-1377228
Part III		ions to organizations described in section	n 501(c)(7), (8), or (10) th	nat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. o	once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
1 4111				
ŀ				
1		(e) Transfer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
			<u></u>	
ĺ			<del></del>	
(a) No.		1		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			-	
			-	
Ì		(e) Transfer of gift	<u> </u>	
		-		
}	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			-	
		(e) Transfer of gift		
		(e) transfer or gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
		·		
(a) No. from Part !	(b) Purpose of gift	(c) Use of gift	(d) Dono	ription of how gift is held
Part!	(0) 1 - 1,000 01 3111	(0,000 01 911)	(u) Desc	inputori or now girt is nero
			-	
			-	
_				
		(e) Transfer of gift		
	Transferee's name, address, ar	nd 7IP ± 4	Relationship of trac	afavas ta tananafava
ľ		WEIF TY	nelationship of traf	sferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

JUSTFAITH MINISTRIES, INC

Employer identification number 20-1377228

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fun	ids
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	<sup>7</sup> , line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>—</b>		
c	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	3000 3 <u>- 1</u> 8
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above		paramy paramy
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes the
Dat	organization's accounting for conservation easements.	And Distance I Transcript on Other S	Number Assets
	t III Organizations Maintaining Collections of		olmilar Assets.
4	Complete if the organization answered "Yes" on Form		
Та	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub	,	nce of public
	service, provide in Part XIII the text of the footnote to its finan		
р	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		provide
	the following amounts required to be reported under FASB AS		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	tor horm 990.	Schedule D (Form 990) 2023

	dule D (Form 990) 2023 JUSTFAI  rt III Organizations Maintaining C	TH MINISTR	IES,	INC	acturae o	r Other	Simila	20-13	77228	Page 2
3	Using the organization's acquisition, access								<u>(continu</u>	red)
•	collection items (check all that apply).	ion, and other record	is, check	any or the i	ollowing tria	it ittake sig	milicanti	use of its		
а	Public exhibition		a $\square$	Loan or exc	hange progr	am				
b	Scholarly research				nango progr					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ev further th	e organizati	on's exemi	ot purpo	se in Part	XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements Comple	ete if the	organization	answered "	'Yes" on Fo	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_	<b>-</b>	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:			·		A	
	Destruction to de						+		Amount	
G	Beginning balance						1c			
a	Additions during the year						1d			
f	Distributions during the year									
	Ending balance	orm 900 Part V line	21 for a		étadial agas	unt linbilite	<u>_1f</u>		Yes	No
	If "Yes," explain the arrangement in Part XIII.						/ · · · · · · ·		J Tes	H NO
	t V Endowment Funds Complete if									
	0011,510.011	(a) Current year		rior year	(c) Two yea		d) Three v	ears back	(e) Four y	ears back
1a	Beginning of year balance		(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)				(0):00:5	
b	Contributions									
C	Net investment earnings, gains, and losses					-+				
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a)	held as:					
а	Board designated or quasi-endowment		_%		•					
b	Permanent endowment	%	_							
C	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held an	d administer	red for the			_	
	organization by:									es No
	(i) Unrelated organizations?		······						3a(i)	
	(ii) Related organizations?								3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Sc	hedule R?					3b	
4 Do	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.						
rai	Land, Buildings, and Equipm		S David IV	E 44- O		D-AV-E	- 10			
	Complete if the organization answered							.		
	Description of property	(a) Cost or o		(b) Cost	1		umulate eciation	a	(d) Book	value
10	Land	***	11011()	basis (	otrierj	uepr	ociation	1.393		<del></del>
	Land				-	100	and the property	SENEY.	- · ·	
C C	Buildings									
	Equipment			11	9,807.	•	71,88	30.	Δ7	,927.
	Other				,,,,,,,,,		, 1, 00	-	- I	, , , , ,
Total	, Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X. line 10	oc. calumn i					47	,927.
				The property of the last of th						

	INISTRIES, II	NC :	20-1377228 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives	100 40		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<u> </u>	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	9 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	<u></u>		
(6)		1	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OPERATING LEASE RIGHT-OF-U	SE-ASSET		66,767.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		66,767.
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability		•••	(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	S		66,767.
(3)		<u>.</u>	
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) ... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

(7) (8)

66,767.

AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES INFORMATIONAL TAX RETURNS WITH THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT

THE ORGANIZATION HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED

DECEMBER 31, 2023 AND 2022.

AS OF DECEMBER 31, 2023 AND 2022 THE ORGANIZATION DID NOT HAVE ANY ACCRUED

## SCHEDULE M (Form 990)

Department of the Treasury

nternal Revenue Service

#### **Noncash Contributions**

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.

OMB No. 1545-0047

QUZ3
Open to Public Inspection

Name of the organization

Employer identification number

JUSTFAITH MINISTRIES, INC 20-1377228 Types of Property (a) (b) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... X 5 34,040. FAIR VALUE Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens ..... 23 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA 332141 09-11-23

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	<b>JUSTFAITH</b>	MINISTRIES,	INC	_	20-1377228	Page 2
Part II	Supplemental is reporting in Part	Information. Polyments in the Institute of the Information of the Info	rovide the information umber of contributions	required by , the numbe	Part I, lines 30b, 32b, and or of items received, or a co	33, and whether the organiza ombination of both. Also com	ation plete
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Schedule M (Form 990) 2023

332142 09-11-23

## SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

JUSTFAITH MINISTRIES, INC

Employer identification number 20-1377228

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHILE SERVING WITH LOVE.

FORM 990, PART VI, SECTION B, LINE 11B: JUSTFAITH MINISTRIES ENGAGES ITS AUDIT 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. DIRECTORS AS SOON AS POSSIBLE. MEMBERS ARE AFFORDED AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE FORM AT THE FIRST MEETING AFTER THE FORM IS DISTRIBUTED, USUALLY WITHIN TWO MONTHS OF ITS DISTRIBUTION.

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

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

ACTION TO INVESTIGATE AND, IF NECESSARY, RESOLVE THE CONFLICT.

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

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** JUSTFAITH MINISTRIES, INC 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: JUSTFAITH 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.