$_{\text{Form}}\,990$

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 2	022 calendar year, or tax year beginning and	ending		
3 Ch	neck if plicable:	C Name of organization		D Employer identific	cation number
Х	Address change	FAITH IN PLACE			
	Name change	Doing business as		36-45407	56
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin-		4TH FL	312-733-	
	ated Amended	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60615		G Gross receipts \$	2,515,319
	Ireturn Applica- Ition	F Name and address of principal officer: REV . BRIAN SAUDER		H(a) Is this a group re for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
Ta	ax-exem	ppt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ' '	list. See instructions
	ebsite:			H(c) Group exemption	
		ganization: X Corporation Trust Association Other	L Year	of formation: 2003 N	A State of legal domicile; I
Pa		Gummary	COURDI	TEO	
ချွင်	1 Br	iefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O.	
Activities & Governance	2 Ch	neck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ecete
ove				3	1:
5		umber of independent voting members of the governing body (Part VI, line 1b)			1:
20		otal number of individuals employed in calendar year 2022 (Part V, line 2a)			3
		otal number of volunteers (estimate if necessary)		6	
ACL	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
-	b Ne	et unrelated business taxable income from Form 990 T, Part I, line 11	······		0
			_	Prior Year	Current Year
Revenue		ontributions and grants (Part VIII, line 1h)		2,675,058.	2,337,946 129,671
Š		ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		276.	129,671
2		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,388.	47,552
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,861,204.	2,515,319
7		rants and similar amounts paid (Part IX, column (A), lines 1-3)		158,475.	381,000
1		enefits paid to or for members (Part IX, column (A), line 4)		0.	0
2	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,260,414.	1,784,852
Expenses	16a Pr	elaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) of essional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 216, 40		0.	0
X.	b To	otal fundraising expenses (Part IX, column (D), line 25)	08.		
"	17 00	ner expenses (Part IX, column (A), lines 11a-11d, 111-24e)		413,494.	568,993
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,832,383.	2,734,845
S	19 Re	evenue less expenses. Subtract line 18 from line 12		1,028,821.	-219,526 End of Year
Balances	20 To	otal assets (Part X, line 16)	-	2,934,051.	2,845,582
Ba		otal liabilities (Part X, line 16)		78,651.	68,992
Fund		et assets or fund balances. Subtract line 21 from line 20		2,855,400.	2,776,590
_		Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
ue,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	, , , , , , , , , , , , , , , , , , , ,	1
	Is	ignature of officer		Date	12.23
ign Iere		EV. BRIAN SAUDER, EXECUTIVE DIRECTOR		bato	
1616		ype or print name and title			
	P	rint/Type preparer's name Preparer's signature	,	Date Check	PTIN
aid	S	TEVEN LOMBARDO Steen hombard	1	1/03/23 if self-employ	P01584928
гер		irm's name HEGRE, MCMAHON & SCHIMMEL, LLC		Firm's EIN 4	5-3950334
se	Only F	irm's address 600 ENTERPRISE DRIVE, STE 109			
_		OAK BROOK, IL 60523		Phone no. 31	2.345.6200
		discuss this return with the preparer shown above? See instructions			X Yes No
3200	1 12-13-2 S.E.	LHA For Paperwork Reduction Act Notice, see the separate instructive SCHEDULE O FOR ORGANIZATION MISSEON S		איזוא ריטאייידיאיזיא	Form 990 (2022
31		144871 FIP 2022.04030 FAITH I			FIP 1
2 1	103	1440/1 FIF 2022.04030 FAITH 1	IN PLA	CE	FIP

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FAITH IN PLACE IS A MULTIFAITH, ENVIRONMENTAL NONPROFIT (501C3)
	ORGANIZATION. THE MISSION IS TO EMPOWER PEOPLE OF DIVERSE FAITH AND
	SPIRTUALITIES TO BE LEADERS IN ADVANCING ENVIRONMENTAL AND RACIAL
	JUSTICE, PROVIDING RESOURCES TO EDUCATE, CONNECT, AND ADVOCATE FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	7 71 0
	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 \$
	ADVOCACY - THE ORGANIZATION WORKS WITH FAITH PARTNERS ACROSS ILLINOIS
	TO ADVOCATE FOR URGENT ISSUES WHICH NEED ATTENTION AND ACTION IN ORDER
	TO PROTECT OUR EARTH. PROGRAMS OFFERED INCLUDE:
	FAITHFUL CITIZEN WORKSHOPS - THE ORGANIZATION CONDUCTS TWO-HOUR
	WORKSHOPS WHERE PEOPLE OF FAITH CAN LEARN ABOUT AND DISCUSS ENGAGING
	WITH POLICYMAKERS. THE ORGANIZATION ALSO IDENTIFIES AND REVIEWS WAYS
	PEOPLE OF FAITH CAN PARTICIPATE IN THE ADVOCACY PROCESS CONSISTENT WITH
	THE TENETS OF THEIR FAITH.
	STATEHOUSE ADVOCACY DAY - EVERY SPRING, THE ORGANIZATION WORKS CLOSELY
	WITH COALITION MEMBERS AND SENDS A DELEGATION OF FAITHFUL CITIZENS TO
	ADVOCATE FOR ISSUES WHICH WILL PROTECT OUR EARTH.
4b	(Code:) (Expenses \$ 692,100 • including grants of \$ 239,500 •) (Revenue \$
	SUSTAINABLE FOOD AND LAND USE - FAITH IN PLACE (THE ORGANIZATION) WORKS
	WITH FAITH PARTNERS ACROSS ILLINOIS TO HELP SUSTAIN FOOD AND LAND. A
	NUMBER OF PROGRAMS ARE OFFERED INCLUDING:
	NATIVE PLANT GARDENS - THE ORGANIZATION PROVIDES ASSISTANCE AND SUPPORT
	IN THE SOURCING AND INSTALLATIONS OF PLANTS FOR NUMEROUS NATIVE PLANT
	AND BUTTERFLY GARDENS ON THE PROPERTIES OF THEIR FAITH PARTNERS THROUGH
	THE STATE.
	VEGETABLE GARDENS - THE ORGANIZATION'S STAFF GIVE GUIDANCE AND PROMOTE
	THE EFFORTS OF PEOPLE OF FAITH TO GROW FOOD IN SMALL NEIGHBORHOOD
	GARDENS. SUCH GARDENS PROVIDE LOCALLY GROWN PRODUCE AND, AT THE SAME
	TIME, BUILD A SENSE OF COMMUNITY. ONE OF THE GARDENS IS SHARED BY A
	CHRISTIAN AND A MUSLIM FAITH PARTNER IN URBANA. THE TOMATOES AND THE
4c	(Code:) (Expenses \$ 507,453. including grants of \$ 81,500.) (Revenue \$ 62,494.
	ENERGY & CLIMATE CHANGE - THE ORGANIZATION WORKS WITH FAITH PARTNERS
	ACROSS ILLINOIS TO HELP THEM REDUCE THEIR CARBON FOOTPRINT. A COUPLE
	OF SPECIFIC PROGRAMS ARE OFFERED. THESE INCLUDE:
	ENERGY AUDITS - THE ORGANIZATION'S STAFF WORK WITH SKILLED VOLUNTEERS
	AND TRUSTED LOCAL ORGANIZATIONS TO HELP REDUCE GREENHOUSE GAS EMISSIONS
	AT HOUSES OF WORSHIP AND HOMES. THIS PROCESS STARTS WITH AN ENERGY
	AUDIT, A KEY FIRST STEP FOR LAYING OUT A COMPREHENSIVE ROADMAP FOR
	ENERGY CONSERVATION.
	SMART ENERGY EDUCATION - THE ORGANIZATION'S STAFF BRING MATERIALS TO
	HOUSES OF WORSHIP, OFTEN DURING A FELLOWSHIP TIME, SO THAT INDIVIDUALS
	CAN BETTER UNDERSTAND INCENTIVES, REBATES, HOURLY PRICING, AND
	ALTERNATIVE SUPPLIERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 348,371 • including grants of \$ 60,000 •) (Revenue \$ 47,082 •)
4e	Total program service expenses 2,305,915.
•	Form 990 (202)
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Form 990 (2022) FAITH IN PLACE 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	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 Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
40	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	Х	37
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		х
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	11.0		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
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	
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

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Partiv	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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	<u> </u>		
02		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
J-7	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		_ <u>-</u> -
	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?			
-	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			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	000	

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Form **990** (2022)

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

			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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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		Α.
_	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	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		22
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"T		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL, WI, IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GINNIE JUDD - 708-837-2815			
	5416 S. CORNELL AVENUE, 4TH FLOOR, CHICAGO, IL 60615			

Form 990 (2022) FAITH IN PLACE 36-4540756 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l			C)		iout	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	heck ss pe id a d	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) REV. BRIAN SAUDER	40.00							106 003	•	
PRESIDENT & EXECUTIVE DIRE		Х		Х				106,083.	0.	0.
(2) DAVID JOHNSON	2.00	X		x				0.	0.	0.
(3) REV. RESHORNA FITZPATRICK	2.00	^		Δ				0.	0.	0.
SECRETARY	2.00	X		x				0.	0.	0.
(4) RADWA WAHBA	2.00	^		Δ				0.	0.	<u> </u>
TREASURER	2.00	x		x				0.	0.	0.
(5) JOE BOWLING	2.00	 								
DIRECTOR		Х						0.	0.	0.
(6) COREY COSCIONI	2.00									
DIRECTOR		Х						0.	0.	0.
(7) REV. EILEEN SHANLEY-ROBERTS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CAROLINE WILLIAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SODIQA WILLIAMS	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(10) GWENDOLYN WEBB	2.00	. ,							0	0
DIRECTOR	2.00	Х						0.	0.	0.
(11) ANNETTE JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(12) KAREN J. LEWIS	2.00							· ·	•	•
DIRECTOR; FORMER VICE CHAIR	2,00	x						0.	0.	0.
(13) REV. NICHOLAS UTPHALL	2.00							•	•	•
DIRECTOR		х						0.	0.	0.
(14) JERRY R. ZABRONSKY, PH.D	2.00									
DIRECTOR		Х						0.	0.	0.
(15) RABBI ALAN COOK	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
					_		_			
		1								
					<u> </u>	<u> </u>	L			- 000

	990 (2022) FAITH IN									36-45	407	756	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	ss pe	ition more rson	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estination amount	mated ount of ther ensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		froi orgar and	m the nization related izations
	Ochred								106,083.		0.		0.
С	Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A							0. 106,083.	0,000 of reportable	0.		0.
	compensation from the organization								·			- 1	es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors	•				•			•			5	Х
1	Complete this table for your five highest co										pensa	tion fro	om
	the organization. Report compensation for (A) Name and business			enai ONI		vitn	or w	itnir	n the organization's tax (B) Description of s	,	Co	(C) empens	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis	stec	d above) who received m	nore than		orm O	90 (2022)
											Г	OHIH 3	- (CUCC)

232008 12-13-22

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Form	1 990	(2022) FAITH IN PLACE	E			36-4540	756 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lir			(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
3rar Iour		Membership dues 1b					
ts, (c	Fundraising events1c					
Giff	c	d Related organizations 1d					
ns, Sim		* ` '	105,001.				
atio er S	f	All other contributions, gifts, grants, and	000 045				
Contributions, Gifts, Grants and Other Similar Amounts			232,945.				
no.		Noncash contributions included in lines 1a-1f		2,337,946 .			
9	r	1 Total. Add lines 1a-1f	Business Code	2,337,940.			
o l	2 a	PROGRAM FEES	900099	82,589.	82,589.		
Š		REIMBURSEMENTS FROM FA	900099	47,082.	47,082.		
Ser							
am							
Program Service Revenue	•						
Ā	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		129,671.			
	3	Investment income (including dividends, intere	est, and	4.50			4-0
		other similar amounts)		150.			150.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real					
	•		(ii) Personal				
		a Gross rents 6a 6b 6b					
		D Less: rental expenses 6b C Rental income or (loss) 6c					
		d Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
venue		and sales expenses 7b					
) Se		Gain or (loss) 7c					
r Ā		d Net gain or (loss)					
Other	8 8	a Gross income from fundraising events (not					
٥		including \$ of					
		contributions reported on line 1c). See Part IV, line 188a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold 10b					
-		Net income or (loss) from sales of inventory					
snc	11 a	SUBLEASE INCOME	Business Code 90002	46,247.	46,247.		
nec		OTHER INCOME	900099	1,305.	1,305.		
ella		·		=,333	=,::31		
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d		47,552.			
	12	Total revenue. See instructions		2,515,319.	177,223.	0.	150.

232009 12-13-22

Part IX Statement of Functional Expenses

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	201 000	201 000		
	and domestic governments. See Part IV, line 21	381,000.	381,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	106,082.	97,782.	8,300.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,433,972.	1,178,575.	96,120.	159,277
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,876.	23,932.	1,958.	2,986 10,524
9	Other employee benefits	101,758.	84,334.	6,900.	10,524
10	Payroll taxes	114,164.	94,616.	7,741.	11,807
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	27,858.		27,858.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	187,552.	160,065.	10,884.	16,603
12	Advertising and promotion				
13	Office expenses	32,003.	27,208.	2,309.	2,486
14	Information technology				
15	Royalties				
16	Occupancy	46,406.	38,462.	3,145.	4,799
17	Travel	43,916.	42,667.	461.	788
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,209.	10,908.	3,817.	484
20	Interest	859.		859.	
21	Payments to affiliates		4 = 4 = 4		
22	Depreciation, depletion, and amortization	6,918.	1,766.	4,932.	220
23	Insurance	30,501.	25,095.	4,165.	1,241
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 0.)				
а	YOUTH STIPENDS	64,208.	64,144.	25.	39.
b	COMMUNICATIONS	30,441.	29,572.	374.	495
c	PROFESSIONAL DEVELOPMEN	23,664.	19,633.	1,596.	2,435
d	GREEN TEAM SUMMIT	15,769.	59.	15,703.	7
-	All other expenses	43,689.	26,097.	15,375.	2,217
25	Total functional expenses. Add lines 1 through 24e	2,734,845.	2,305,915.	212,522.	216,408
26	Joint costs. Complete this line only if the organization	, , , , , , ,	, -,-	, -	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-13-22				Form 990 (2022

Form 990 (2022) Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	ote to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,510,017.	1	2,132,446
2	Savings and temporary cash investments		605,767.	2		
3	Pledges and grants receivable, net		620,787.	3	498,364	
4	Accounts receivable, net		64,212.	4	10,477	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2 7	Notes and loans receivable, net				7	
7 8 8	Inventories for sale or use				8	
4 9	Prepaid expenses and deferred charges			5,960.	9	11,646
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	50,986.			
b	Less: accumulated depreciation	10b	45,656.	11,199.	10c	5,330
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	e 11			13	
14	Intangible assets		11111	14	1.0-	
15	Other assets. See Part IV, line 11			116,109.	15	187,319
16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	2,934,051.	16	2,845,582
17	Accounts payable and accrued expenses	30,113.	17	16,164		
18	Grants payable		18			
19	Deferred revenue			0.	19	7,483
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
<u>g</u> 22	Loans and other payables to any current or for					
[trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of the		_		22	
23	Secured mortgages and notes payable to unre				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	es 17-24)	. Complete Part X	48,538.	0.5	45,345
00	of Schedule D			78,651.	25	68,992
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			70,031.	26	00,992
ß	and complete lines 27, 28, 32, and 33.	ieck ner				
2 27	Net assets without donor restrictions			736,057.	27	1,153,707
27	Net assets with donor restrictions			2,119,343.	28	1,622,883
20	Organizations that do not follow FASB ASC			2,113,343.	20	1,022,003
Ē	and complete lines 29 through 33.	900, CHE	ck liele			
5 29	Capital stock or trust principal, or current funda	c			29	
30	Paid-in or capital surplus, or land, building, or e				30	
8 30 8 31	Retained earnings, endowment, accumulated i				31	
27 28 29 30 31 32 31 32 32 31 32 32 31 32 32 31 32 32 31 32 32 31 32 32 31 32 32 31 31 31 31 31 31 31 31 31 31 31 31 31	Total net assets or fund balances			2,855,400.	32	2,776,590
_						2,845,582
33	Total liabilities and net assets/fund balances			2,934,051.	33	2,845,

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,51	<u>5,3</u>	<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,73		
3	Revenue less expenses. Subtract line 2 from line 1	3		-21		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	, 85	<u>5,4</u>	00.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		14	0,7	16.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	,77	6,5	90.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Open to Public Inspection

Name of the organization

FATTH IN PLACE

Employer identification number

			H IN PLACE					00-4540/50
Pa	rt I	Reason for Public	Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4		A medical research organiz					•	the hospital's name.
-		city, and state:	,	,			(,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	hed in
٠		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог ороги	iou by u g	overnmental and accom	50 0 III
6			· · · · · · · · · · · · · · · · · · ·	nontal unit described in	coetion 17	70/6\/4\/4\	(u)	
_	X	A federal, state, or local go	-					l public described in
′	21	An organization that norma		iniai part of its support i	rom a gov	emmentai	unit or from the general	i public described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 12 /O				
8	H	A community trust describe						
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the collec	ge or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	aving
		control or management of	=					-
		organization(s). You mus			·			
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organizatio						,
d		Type III non-functionally						ization(s)
-		that is not functionally int						• •
		requirement (see instruct	-		•		=	
е		Check this box if the orga						
·		functionally integrated, or					r type i, type ii, type iii	
f	Ente	er the number of supported of						
'		ride the following information						
<u>9</u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	·	organization		(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	100	140		
Tota	ıl							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,607,757.	1,343,500.	2,189,598.	2,513,751.	2,337,946.	9,992,552.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,607,757.	1,343,500.	2,189,598.	2,513,751.	2,337,946.	9,992,552.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,140,848.
6	Public support. Subtract line 5 from line 4.						8,851,704.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,607,757.	1,343,500.	2,189,598.	2,513,751.	2,337,946.	9,992,552.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		4,944.	2,270.	276.	150.	7,640.
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.)	9,341.	955.	110.	177,695.	47,552.	235,653.
11							10,235,845.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	673,355.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	86.48 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	83.50 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schodulo A	Form 990) 2022

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
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 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.)						<u> </u>
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))			%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	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						
b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, ch	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
F		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
<u></u>		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	Na
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to dapported organizations in Too, december in Edit Francisco played by the organization in this regard.	- Ju		

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

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
	on D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tooriente	<u> 100/</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j				
′	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FAITH IN PLACE

Employer identification number 36-4540756

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	d 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 he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	rring
_	impermissible private benefit?			
Par		•	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat		I	
	Preservation of land for public use (for example, recrea	ation or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
С.	Number of conservation easements on a certified historic sti			2c
d	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·		
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the orgai	nization during the tax
	year			
4	Number of states where property subject to conservation ea		ion bandling of	
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		nd enforcing conservati	
Ü	otali and volunteer riodis devoted to monitoring, inspecting	, nandling of violations, at	id emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year
•	,	aming or monantine, and on	raramg aarraarramarra	accome accoming and year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requiremen	ts of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	r research in furtherand	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 tre		·	provide
	the following amounts required to be reported under FASB ${\it A}$			
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

Pai	ort III Organizations Maintaining C	Collections of Art, His	torical Treasures, o	or Other S	Similar Ass	sets(continued)
3	Using the organization's acquisition, access	on, and other records, chec	k any of the following tha	t make sign	ificant use of	its
	collection items (check all that apply):					
а	Public exhibition	d \square	Loan or exchange progra	am		
b	Scholarly research		Other			
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explain how tl	ney further the organizati	on's exempt	t purpose in P	art XIII.
5	During the year, did the organization solicit of					
	to be sold to raise funds rather than to be m	aintained as part of the orga	nization's collection?			Yes No
Pai	rt IV Escrow and Custodial Arran	gements. Complete if the	e organization answered	"Yes" on Fo	rm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other as	sets not inc	luded	_
	on Form 990, Part X?				[Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
С	Beginning balance				1c	
d					1d	
е	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 custodial acco	ount liability?	·L	Yes No
	If "Yes," explain the arrangement in Part XIII					
Pai	rt V Endowment Funds. Complete					
		(a) Current year (b) F	Prior year (c) Two year	rs back (d)	Three years bad	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g						
2	Provide the estimated percentage of the cur		g, column (a)) held as:			
а	Board designated or quasi-endowment					
b		%				
С		%				
	The percentages on lines 2a, 2b, and 2c sho					
3а	Are there endowment funds not in the posse	ession of the organization the	at are held and administe	ered for the		
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza					3b
4	Describe in Part XIII the intended uses of the		funds.			
Pai	Land, Buildings, and Equipm		/ line 44 - One Farme 000	Doub V. Book	- 40	
	Complete if the organization answere		l			
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu		(d) Book value
		basis (investment)	basis (other)	depred	Jiation	
_	Land					
b	9		23,293.	<u> </u>	2,426.	867.
	Leasehold improvements		27,693.		3,230.	4,463.
d			41,093.		J, 43U.	4,403.
	Other		mn (P) line 10a)		+	5,330.
LOTA	ar Acculhes la Infolion le (Collimb Id) MUST é	SOUAL FORD 990 PART X COIDE	nn ioi iine iuci			J,JJU.

Schedule D (Form 990) 2022 FAITH IN PLA	CE	30	-4540756 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 000 Port IV line	11h Coo Form 000 Port V line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(b) Book value	(c) meaned of valuation, cost of one	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	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)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DEPOSITS	CIIDDENIII DOI	OFFI ON	2,471
(2) PLEDGES RECEIVABLE, NET OF	CURRENT POR	RTION	24,848. 160,000
			TOU, UUU,
(3) CONTRIBUTIONS RECEIVABLE			
(4)			·
(5)			

Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.					
Part X	Other Liabilities.				

(7) (8)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATION	2,394.
(3)	SUBLEASE LIABILITY	3,485.
(4)	ACCRUED VACATION	38,179.
(5)	PAYROLL LIABILITIES	1,287.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,345.

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) 2022

187,319.

Pa	rt XI Reconciliation of Revenue per Audited Financia	al Statements With	Revenue per Returr).
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	nts	1	2,656,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	5			
b	***************************************		140,716.	
С	. , , ,			
d	7	2d		140 516
е	• • • • • • • • • • • • • • • • • • • •			140,716.
3	Subtract line 2e from line 1		3	2,515,319.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	7	4b		0
_C	Add lines 4a and 4b			0. 2,515,319.
D2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XII Reconciliation of Expenses per Audited Financi			
Га			Expenses per netu	111.
_	Complete if the organization answered "Yes" on Form 990, Part	•	1.1	2,734,845.
1	Total expenses and losses per audited financial statements		1	2,734,043.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
C C				
d	,		20	0.
е 3	• • • • • • • • • • • • • • • • • • • •			2,734,845.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			27731731
а		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			2,734,845.
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			7, IIIC 2, 1 art 71,

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization							Employer identification number
FAITH IN	PLACE						36-4540756
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	
criteria used to award the grants or assi	istance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to recipient that received more than	_				ganization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
FAITH IN PLACE ACTION FUND							
5416 S. CORNELL AVENUE, 4TH FLOOR							
CHICAGO, IL 60615	36-4837466	501C(4)	60,000.	0	воок		GENERAL OPERATIONS
			, ,				ENHANCING RESILENCE,
A JUST HARVEST							INNOVATION AND
7649 N. PAULINA ST							SUSTAINABLE
CHICAGO, IL 60626	36-4381962	501C(3)	7,000.	0.	воок		TRANSFORMATION OF THE
ALL SAINTS PARISH							
704 N. FIRST AVENUE							THRIVING FAITH COMMUNITY
EVANSVILLE, IN 47710	35-2533982	501C(3)	9,468.	0.	воок		GRANT
ALL SOULS UNITARIAN CHURCH,							
INDIANAPOLIS - 5805 E. 56TH ST							THRIVING FAITH COMMUNITY
INDIANAPOLIS, IN 46226	35-0941103	501C(3)	14,515.	0.	воок		GRANT
BLOOMINGTON JEWISH COMMUNITY, INC							
3750 E. THIRD ST							THRIVING FAITH COMMUNITY
BLOOMINGTON, IN 47401	35-1151656	501C(3)	6,780.	0.	воок		GRANT
CATHOLIC CHARITIES OF THE							ENHANCING RESILENCE,
ARCHDIOCESE OF CHICAGO - PO BOX							INNOVATION AND
7154 C/O SARAH OGLE - CAROL							SUSTAINABLE
STREAM, IL 60197	36-2170821	1	7,000.	0.	BOOK		TRANSFORMATION OF THE
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				

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

3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
37-0811347	501C(3)	8 464	0	BOOK		NATURE-CLIMATE GRANT
37 0011317	3010(3)	0,101.		Poor		ENHANCING RESILENCE,
						INNOVATION AND
						SUSTAINABLE
83-4167805	501C(3)	7 000	0	BOOK		TRANSFORMATION OF THE
03 4107003	5010(37	7,000.	Ŭ.	Dook		INTERPOLATION OF THE
37-6000023	501C(3)	10 000	0	BOOK		SOLAR PROJECT GRANT
07 0000020	,	20,000.	•			
35-0868059	501C(3)	15 000	0	BOOK		THRIVING COMMUNITY GRANT
	,					ENHANCING RESILIENCE,
						INNOVATION & SUSTAINABLE
						TRANSFORMATION OF THE
36-3402520	501C(3)	7 000	0	BOOK		REGIONAL FOOD SYSTEM
00 0102020	0010(0)	7,000.	•			ENHANCING RESILIENCE,
						INNOVATION & SUSTAINABLE
						TRANSFORMATION OF THE
32-0549752	501C(3)	17 000.	0.	ВООК		REGIONAL FOOD SYSTEM
	,					ENHANCING RESILIENCE,
						INNOVATION & SUSTAINABLE
						TRANSFORMATION OF THE
47-2610587	501C(3)	7 000.	0.	ВООК		REGIONAL FOOD SYSTEM
	(- ,	1,700.	•			ENHANCING RESILIENCE,
						INNOVATION & SUSTAINABLE
						TRANSFORMATION OF THE
36-2212703	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
	, , ,	1,122.		-		ENHANCING RESILIENCE,
						INNOVATION & SUSTAINABLE
						TRANSFORMATION OF THE
27-2978949	501C(3)	7,000.	0	воок		REGIONAL FOOD SYSTEM
	(b) EIN 37-0811347 83-4167805 37-6000023 35-0868059 36-3402520 47-2610587 36-2212703	(b) EIN (c) IRC section if applicable 37-0811347 501C(3) 83-4167805 501C(3) 37-6000023 501C(3) 35-0868059 501C(3) 36-3402520 501C(3) 47-2610587 501C(3)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 37-0811347 501c(3) 8,464. 83-4167805 501c(3) 7,000. 37-6000023 501c(3) 10,000. 35-0868059 501c(3) 15,000. 36-3402520 501c(3) 7,000. 47-2610587 501c(3) 7,000. 36-2212703 501c(3) 7,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 37-0811347 501C(3) 8,464. 0. 83-4167805 501C(3) 7,000. 0. 37-6000023 501C(3) 10,000. 0. 35-0868059 501C(3) 15,000. 0. 36-3402520 501C(3) 7,000. 0. 47-2610587 501C(3) 7,000. 0. 36-2212703 501C(3) 7,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 37-0811347 501C(3) 8,464 0.800K 83-4167805 501C(3) 7,000 0.800K 37-6000023 501C(3) 10,000 0.800K 35-0868059 501C(3) 7,000 0.800K 36-3402520 501C(3) 7,000 0.800K 47-2610587 501C(3) 7,000 0.800K 36-2212703 501C(3) 7,000 0.800K	If applicable Cash grant noncash assistance (book, FMV, appraisal, other)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	appraisal, other)		
							ENHANCING RESILIENCE,
LIONS MATH & SCIENCE CHRISTIAN							INNOVATION & SUSTAINABLE
ACADEMY - 1011 PORTER STREET -							TRANSFORMATION OF THE
WAUKEGAN, IL 60085	36-4240926	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
LUTHERAN SCHOOL OF THEOLOGY AT							INNOVATION & SUSTAINABLE
CHICAGO - 5416 S. CORNELL AVENUE,							TRANSFORMATION OF THE
4TH FLOOR - CHICAGO, IL 60615	36-2246704	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
MAPLE PARK UNITED METHODIST CHURCH							INNOVATION & SUSTAINABLE
11705 SOUTH ELIZABETH ST							TRANSFORMATION OF THE
CHICAGO, IL 60643	36-2814318	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
MOST BLESSED TRINITY PARISH ROMAN							INNOVATION & SUSTAINABLE
CATHOLIC CHURCH - 450 KELLER							TRANSFORMATION OF THE
AVENUE - WAUKEGAN, IL 60085	80-0432313	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
NEW ECLIPSE COMMUNITY ALLIANCE							INNOVATION & SUSTAINABLE
715 W. 51ST STREET							TRANSFORMATION OF THE
CHICAGO, IL 60609	46-3151464	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
PAOLI MENNONITE FELLOWSHIP							
2589 N. COUNTY RD 100 W				_			THRIVING FAITH COMMUNITY
PAOLI, IN 47454	35-1662254	501C(3)	9,650.	0.	воок		GRANT
							ENHANCING RESILIENCE,
PENTECOSTAL CHRUCH OF HOLINESS							INNOVATION & SUSTAINABLE
1444 S. KELLER							TRANSFORMATION OF THE
CHICAGO, IL 60623	44-5574497	501C(3)	9,500.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
PRECIOUS BLOOD MINISTRY OF							INNOVATION & SUSTAINABLE
RECONCILIATION - 5114 S. ELIZABETH							TRANSFORMATION OF THE
ST - CHICAGO, IL 60609	37-1447869	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
PRINCE OF PEACE UNITED METHODIST							INNOVATION & SUSTAINABLE
CHURCH - 1400 ARLINGTON HEIGHS							TRANSFORMATION OF THE
ROAD - ELK GROVE VILLAGE, IL 60007	36-2688935	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM

Part II Continuation of Grants and Other	er Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENHANCING RESILIENCE,
QUINN CENTER OF ST. EULALIA							INNOVATION & SUSTAINABLE
815 LEXINGTON ST.				_			TRANSFORMATION OF THE
MAYWOOD, IL 60153	36-2170993	501C(3)	7,000.	0.	BOOK		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
SIKH RELIGIOUS SOCIETY							INNOVATION & SUSTAINABLE
1280 WINNETKA STREET							TRANSFORMATION OF THE
PALATINE, IL 60067	36-4048422	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
SOUTH SHORE UNITED METHODIST							INNOVATION & SUSTAINABLE
CHURCH - 7350 SOUTH JEFFERY							TRANSFORMATION OF THE
BOULEVARD - CHICAGO, IL 60049	36-2235171	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
ST. AGATHA CATHOLIC CHURCH							INNOVATION & SUSTAINABLE
3147 W. DOUGLAS BLVD.							TRANSFORMATION OF THE
CHICAGO, IL 60623	36-2170923	501C(3)	7,000.	0,	,		REGIONAL FOOD SYSTEM
							ENHANCING RESILIENCE,
ST. PAUL'S LUTHERAN CHURCH							INNOVATION & SUSTAINABLE
824 N. LEWIS AVENUE							TRANSFORMATION OF THE
WAUKEGAN, IL 60085	36-2355080	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
ST. PETER'S UNITED CHURCH OF							
CHRIST - 905 S. RUSSELL ST							
CHAMPAIGN, IL 61821	37-0759981	501C(3)	7,143.	0.	воок		CLIMATE GRANT
			, , , , , ,				ENHANCING RESILIENCE,
STONE TEMPLE MISSIONARY BAPTIST							INNOVATION & SUSTAINABLE
CHURCH - 3622 W. DOUGLAS BLVD -							TRANSFORMATION OF THE
CHICAGO, IL 60623	36-4158998	501C(3)	7,000.	0	ВООК		REGIONAL FOOD SYSTEM
	1 1200330		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
UNITARIAN UNIVERSALIST CHURCH							
2120 N. FEE LANE							THRIVING FAITH COMMUNITY
BLOOMINGTON, IN 47408	35-1104081	501C(3)	10,106.	0.			GRANT
	35 225 250		100.	,			ENHANCING RESILIENCE,
VERNON PARK CHURCH OF GOD							INNOVATION & SUSTAINABLE
1975 EAST JOE ORR RD							TRANSFORMATION OF THE
LYNWOOD, IL 60411	36-2639196	5010(3)	7,000.	n	, BOOK		REGIONAL FOOD SYSTEM
	30 2033130	P = 10 (3 /	7,000.	l	, 2001		REGIONAL FOOD SISIEM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENHANCING RESILIENCE,
EST SUBURBAN TEMPLE HAR ZION							INNOVATION & SUSTAINABLE
040 NORTH HARLEM AVENUE	26 0050520	F01 (7/2)	T 000				TRANSFORMATION OF THE
IVER FOREST, IL 60305	36-2258538	501C(3)	7,000.	0.	воок		REGIONAL FOOD SYSTEM
TNDGOD DADY DVANGELIGAL LUMUDDAN							ENHANCING RESILIENCE,
INDSOR PARK EVANGELICAL LUTHERAN HURCH - 2619 EAST 76TH STREET -							INNOVATION & SUSTAINABL TRANSFORMATION OF THE
HICAGO, IL 60649	36-2169189	501C(3)	7,000.	0	воок		REGIONAL FOOD SYSTEM
	1						

36-4540756 FAITH IN PLACE Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2:

THE BOARD MEMBERS REVIEW AND APPROVE ALL GRANTS PROVIDED TO ORGANIZATIONS.

THE ORGANIZATIONS SIGN AN AGREEMENT BEFORE FUNDS ARE RELEASED AND NEED TO

SUBMIT A REPORT AT THE END OF THE REPORTING PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A JUST HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILENCE, INNOVATION AND

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM.

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILENCE, INNOVATION AND SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: EDEN RESTORATION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILENCE, INNOVATION AND SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD NEWS COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION & SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE UNITED CHURCH OF SAUK VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: IGLESIA SANIDAD Y PODER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: IMMANUEL LUTHERAN CHRUCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION & SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT SOLIDARITY DUPAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

Part IV | Supplemental Information

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

LIONS MATH & SCIENCE CHRISTIAN ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN SCHOOL OF THEOLOGY AT CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: MAPLE PARK UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION & SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

MOST BLESSED TRINITY PARISH ROMAN CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW ECLIPSE COMMUNITY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: PENTECOSTAL CHRUCH OF HOLINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PRECIOUS BLOOD MINISTRY OF RECONCILIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

PRINCE OF PEACE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: QUINN CENTER OF ST. EULALIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SIKH RELIGIOUS SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH SHORE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGATHA CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &

SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S LUTHERAN CHURCH

Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT
NAME OF ORGANIZATION OR GOVERNMENT:
STONE TEMPLE MISSIONARY BAPTIST CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT
NAME OF ORGANIZATION OR GOVERNMENT: VERNON PARK CHURCH OF GOD
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT
NAME OF ORGANIZATION OR GOVERNMENT: WEST SUBURBAN TEMPLE HAR ZION
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT
NAME OF ORGANIZATION OR GOVERNMENT:
WINDSOR PARK EVANGELICAL LUTHERAN CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING RESILIENCE, INNOVATION &
SUSTAINABLE TRANSFORMATION OF THE REGIONAL FOOD SYSTEM GRANT

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

FAITH IN PLACE

Part I Questions Regarding Compensation

Employer identification number 36-4540756

	<u> </u>		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel **Mark Travel** **A Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		l

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 FAITH IN PLACE 36-4540756 Page 3

Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 1A: THE ORGANIZATION PROVIDES HOUSING ALLOWANCES TO THEIR EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS A LICENSED AND ORDAINED PASTOR. SECTION 107 OF THE INTERNAL REVENUE CODE PERMITS LICENSED MINISTERS SUPPORTING AND SERVICING A MISSION OF THE LICENSING DENOMINATION TO EXCLUDE FROM GROSS INCOME A HOUSE ALLOWANCE PAID TO THEM AS TOTAL COMPENSATION. THE BOARD OF DIRECTORS ADOPTED AND VOTES ON A RESOLUTION FOR THE ALLOWANCE ON A YEARLY BASIS. PART I, LINE 3: THE BOARD APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FAITH IN PLACE

Employer identification number 36-4540756

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAITH IN PLACE IS A MULTIFAITH, ENVIRONMENTAL NONPROFIT (501C3)

ORGANIZATION. THE MISSION IS TO EMPOWER PEOPLE OF DIVERSE FAITH AND

SPIRITUALITIES TO BE LEADERS IN ADVANCING ENVIRONMENTAL AND RACIAL

JUSTICE, PROVIDING RESOURCES TO EDUCATE, CONNECT, AND ADVOCATE FOR

HEALTHIER COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALTHIER COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RELATIONSHIPS THAT GROW THERE ARE TREASURED BY BOTH FAITH COMMUNITIES.

CONGREGATIONAL-SUPPORTED AGRICULTURE (CSA) - CSA IS A CONGREGATIONALLY

SUPPORTED FARM IN WHICH MEMBERS PURCHASED "SHARES" IN THE PROJECT, WORK

THE GARDEN AND KNOW THE FARMER. THE ORGANIZATION'S PARTNER CSA COMMITS

TO DONATE AT LEAST 10% OF THE HARVEST TO A LOCAL FOOD PANTRY. THE

ORGANIZATION HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING CSAS.

THE RACIALLY AND CULTURALLY DIVERSE CONGREGATIONS REGULARLY SHARE

INFORMATION AND EXPERTISE. TOGETHER THEY DONATE TONS OF FOOD TO LOCAL

FOOD BANKS, FOSTER COMMUNITY ENGAGEMENT, AND TRAIN PEOPLE WITH NEW

SKILLS.

HABITANT RESTORATION - THE ORGANIZATION PROVIDES OPPORTUNITIES FOR THE
YOUTH AND ADULT MEMBERS OF THE FAITH PARTNERS TO ENGAGE IN STEWARDSHIP
ACTIVITIES THAT BOTH PROTECT AND RESTORE THE NATIVE LANDSCAPE.

JUST EATING CURRICULUM - THE CURRICULUM EXPORES INTERSECTION OF FOOD

AND FAITH AND HOW TO NURTURE HEALTHY BODIES, HEALTHY COMMUNITIES, AND A

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization FAITH IN PLACE Employer identification number 36-4540756

HEALTHY ENVIRONMENT.

MIGRATION & ME - THIS PROGRAM FOCUSES ON CONSERVATION AND STEWARDSHIP

THAT ENGAGES COMMUNITIES OF FAITH IN SHARING THEIR OWN PERSONAL

MIGRATION STORIES. THESE STORIES CONNECT TO THE MIGRATION OF MONARCH

BUTTERFLIES, BIRDS, AND OTHER SPECIES, WHO ALSO NEED NOURISHMENT,

RESTING PLACES, AND CARE UPON THEIR ARRIVAL IN ILLINOIS.

WINTER FARMERS' MARKETS - EACH WINTER, FROM NOVEMBER THROUGH MARCH, THE

ORGANIZATION PARTNERS WITH FAITH COMMUNITIES TO HOST A SERIES OF INDOOR

FARMERS' MARKETS. THE FARMERS' MARKETS PROVIDE AN ADDITIONAL SOURCE OF

INCOME FOR LOCAL VENDORS DURING THE OFF-SEASON, PROMOTE SUSTAINABLE

FARMING METHODS AND ECONOMIC JUSTICE FOR REGIONAL FARM FAMILIES,

ENCOURE HEALTHY, WHOLESOME EATING, AND SUPPORT THE BUILDING OF

RELATIONSHIPS BETWEEN PROCEDURES AND CUSTOMERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION'S EXPERTS EXPLAIN HOW TO TAKE ADVANTAGE OF THESE

PROGRAMS TO SAVE MONEY AND MAXIMIZE ENERGY EFFICIENCY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH ECO-AMBASSADORS - THE ORGANIZATION PROVIDES ENVIRONMENTAL

EDUCATION DURING THE SUMMER FOR THEIR BELOVED YOUTH. FOR AGES RANGING

FROM 14-18, APPLICATIONS ARE ACCEPTED AT THE BEGINNING OF EVERY SUMMER

FROM THEIR FAITH PARTNERS TO SEND A YOUTH REPRESENTATIVE FROM THEIR

HOUSE OF WORKSHIP TO JOIN THE ORGANIZATION'S STAFF TO PUT THEIR FAITH

INTO ACTION. STAFF WORK WITH YOUTH TO LEARN ABOUT ENVIRONMENTAL

ISSUES, LEADERSHIP DEVELOPMENT, AND OUTREACH METHODS. FIELD TRIPS TO

SEE ENVIRONMENTAL EDUCATION IN ACTION IS A KEY PART OF THE PROGRAM. BY

THE END OF THE SUMMER PROGRAM, THE ECO-AMBASSADORS ARE EMPOWERED TO

Schedule O (Form 990) 2022 Page 2

Name of the organization FAITH IN PLACE

Employer identification number 36-4540756

WORK AND PROVIDE LEADERSHIP WITH EXISTING GREEN TEAMS AT THEIR FAITH

COMMUNITIES. TRAINING INCLUDES EDUCATION, CONNECTION, AND ADVOCACY IN

ALL OF THE ORGANIZATION'S PROGRAM AREAS.

EXPENSES \$ 348,371. INCLUDING GRANTS OF \$ 60,000. REVENUE \$ 47,082.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND OFFICERS OF THE

BOARD OF DIRECTORS BEFORE BEING FILED.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IS MONITORED

ANNUALLY.

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

THE BOARD OF DIRECTORS REVIEW THE PERFORMANCE ASSESSMENT OF THE EXECUTIVE

DIRECTOR ANNUALLY AND DETERMINES THE COMPENSATION LEVEL.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FOR INSPECTION UPON REQUEST AT THE OFFICE.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND THE OPERATIONS

AND FINANCE DIRECTOR ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

OF ITS COMBINED FINANCIAL STATEMENTS AND THE SELECTION OF AN

232212 10-28-22 Schedule O (Form 990) 2022

232212 10-28-22 Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 36-4540756 FAITH IN PLACE

Part I Identification of Disregarded Entities. Comp	-	res officiality, line s	J.				
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)				Direct controlling entity	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organizati	on answered "Yes" on Form 990	D, Part IV, line 34, l	because it had one	e or more related tax-e	xempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
FAITH IN PLACE ACTION FUND - 36-4837466							
1100 E. 55TH ST. AC-1 CHICAGO, IL 60615	SOCIAL WELFARE	ILLINOIS	501(C)				х

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

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
	organizations trouted as a partitional partitional desired tax your.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets		ortionate tions?	Code V-LIBI	Gene	ral or	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.254				Yes	No
									<u> </u>
-									

Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or	more re	elated organizations listed i	n Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
	b Gift, grant, or capital contribution to related organization(s)				1b	X					
	c Gift, grant, or capital contribution from related organization(s)				1c		X				
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)				1e		X				
							X				
f Dividends from related organization(s)											
g Sale of assets to related organization(s)											
h	h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)											
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
							X				
k Lease of facilities, equipment, or other assets from related organization(s)											
Performance of services or membership or fundraising solicitations for related organization(s)											
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х					
0	Sharing of paid employees with related organization(s)				10	Х					
							X				
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses											
							X				
r Other transfer of cash or property to related organization(s)											
s	s Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete th	nis line, including covered r	elationships and transaction thresholds.							
(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining amount inv											

60,000.BOOK В (1) FAITH IN PLACE ACTION FUND 4,767.BOOK (2) FAITH IN PLACE ACTION FUND Q (3) FAITH IN PLACE ACTION FUND 35,678.BOOK 0 6,637.BOOK (4) FAITH IN PLACE ACTION FUND N (5) (6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(1	h)	(i)	(j)	(H	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Perce	entaç
of entity		(state or foreign	related, unrelated, lexcluded from tax under	partners 501(c) orgs)(3) .?	total	end-of-year	alloca	tions?	amount in box 20 Fof Schedule K-1	partn	owne	ershi
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	10	
				\vdash	\dashv			_			\vdash		
					\dashv						\vdash	-	
				\vdash	\dashv			_				_	
				\vdash	_			_			\vdash	_	
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