_{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 **2023**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ΑI	For the	2023 calendar year, or tax year beginning $AUG 1$, 2023 and ending	ng J	UL 31, 2024	
В	Check if applicable	C Name of organization		D Employer identif	cation number
Г	Addres	FAITHFUL GIVE			
	Name change	Doing business as		92-11818	16
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room 4500 CROSSINGS BLVD 301	/suite	E Telephone number 717 – 669 –	
	termin- ated			G Gross receipts \$	737,108.
	Amend return	LANCASTER, PA 17601		H(a) Is this a group r	eturn
	Applica tion pendin			for subordinates	
_		SAME AS C ABOVE	T 507	H(b) Are all subordinates i	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or E	<u> 527</u>	•	list. See instructions
	Websit		Voor	H(c) Group exemption	on number M State of legal domicile: PA
		Summary	. Year C		VI State of legal doffliche, FA
		Briefly describe the organization's mission or most significant activities: TO PROV	TDE	SUPPORT FO	ıR
Activities & Governance	' :	FAITH-BASED CHRISTIAN ORGANIZATIONS THAT HO	LD TD	BIBLICAL BE	LIEFS
naı	-	Check this box if the organization discontinued its operations or disposed of			
Ş.		Number of voting members of the governing body (Part VI, line 1a)		l _	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			6
Š		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			0
λţ		Total number of volunteers (estimate if necessary)			0
Ċţ	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		70,321.	737,108.
		Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		70,321.	-
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	645.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)		2 020	702 506
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,828. 3,828.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,493.	
_ <	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ense Sance	20 -	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	66,579.	9,370.
ASS(Ball	20	Fotal assets (Part X, line 16)		86.	0.
	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		66,493.	9,370.
P	art II	Signature Block		00, 200	270.00
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	y knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which pr			,
Sig	n i	Signature of officer		Date	
Hei		STEVEN BUCKLEN, TREASURER			
	İ	Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai	d	DANIEL T. MASSEY DANIEL T. MASSEY	1	1/27/24 if self-employ	P00695866
Pre		Firm's name WALZ GROUP		Firm's EIN 2	3-2489722
Use	Only	Firm's address PO BOX 5555			
		LANCASTER, PA 176065555		Phone no. 71	7-392-8200
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	Λ
1	Briefly describe the organization's mission: FAITHFUL GIVE MANIFESTS THE BLESSING OF THE GOSPAL OF JESUS CHRIST BY	
	PERSONIFYING JESUS' LOVE IN LOCAL COMMUNITIES, CONNECTING BIBLICALLY	
	FAITHFUL DONORS AND ORGANZIATIONS SO THEY CAN JOYFULLY PARTNER	
	TOGETHER IN GODS AMAZING WORK AND PROVIDIING VENUES TO SUPPORT LOCAL	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 791,223. including grants of \$) (Revenue \$)
	CONNECTED 53 BIBLICAL ORGS TO DONORS.	
41-		`
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 791,223.	

Form 990 (2023) FAITHFUL GIV. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		х
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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	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?			37
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		┢┸
D	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 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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) FAITHFUL GIVE Part IV 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			х
04-	Schedule J	23		
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			
		24a		х
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
-	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			
	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				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

023) FAITHFUL GIVE 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	2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	,			37		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X		
	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		0-		х		
	any contributions that were not tax deductible as charitable contributions?		6a		Λ		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5				
Ū	to file Form 8282?	io roquirou	7с		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b				
10	Section 501(c)(7) organizations. Enter:	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	44.					
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a					
D		11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	u				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. –		3,7		
	excess parachute payment(s) during the year?		15		X		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	h in a new nO			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X		
17	If "Yes," complete Form 4720, Schedule O.	tivition					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.		/-				
	n res, complete ronn coos.						

Form 990 (2023) FAITHFUL GIVE 92-1181816

Part VI Governance, Management, and Disclosure. For each "Yes" response to line 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.

	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	5		
	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	5		
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
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		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(5)	s)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, a	nd finai	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			
	STEVE S. BUCKLEN - 717-669-4926			
	1002 LITITZ PIKE BOX 133, LITITZ, PA 17543			

Form 990 (2023) FAITHFUL GIVE 92-1181816 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot r/trus	h an tee)	compensation	compensation	amount of	
	week (list any	-	_					from the	from related organizations	other compensation	
	hours for	direct				- - - -		organization	(W-2/1099-MISC/	from the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al trus	onal tr		loyee	comb		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) DAVID KIEFFER	6.00	드	드	5	₹.	포등	요				
PRESIDENT		x		x				0.	0.	0.	
(2) LYNETTE MORALES	2.00							•	•		
VICE - PRESIDENT		х		х				0.	0.	0.	
(3) STEVEN S BUCKLEN	4.00										
TREASURER		Х		х				0.	0.	0.	
(4) JAMES ADAMS	3.00										
SECRETARY		Х		Х				0.	0.	0.	
(5) KURT WEAVER	2.00										
DIRECTOR AT LARGE		Х						0.	0.	0.	
(6) SARAH TARNOWSKI	2.00							_	_	_	
DIRECTOR AT LARGE		Х						0.	0.	0.	
		_									
		-									
		1									
		1									
		1									
		1									

332007 12-21-23 Form **990** (2023)

Fai	Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>/ees</u>	, an	a H	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					h an	(D) Reportable compensation from	Reportable compensation from related		am	(F) timate ount o	
		(list any hours for related organizations below line)			Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI 1099-NEC)	ns SC/	comp fro orga and	pensat om the anization I relate nization	e on ed
			-											
				\vdash							\dashv			
			_											
			<u></u>						0					0
1b c	Subtotal Total from continuation sheets to Part V								0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								0.	1000 of roportab	0.			0.
_	compensation from the organization	iot iiiiiited to ti		11516	su a	DOV	e) wi	10 11	eceived more than \$100	,,000 of reportati	——		V	0
3	Did the organization list any former officer,			кеу є	emp	loye	e, o	hig	phest compensated emp	oloyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for convicos		4		X
	rendered to the organization? If "Yes," com								ed organization or maiv		· 	5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in			ent c	ont	racto	ors t	that received more than	\$100 000 of cor	mpens:	ation fr	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NC	ONE	Ξ				(B) Description of s	ervices	С	(C omper) Isation	1
								\dashv						
2	Total number of independent contractors (i		ot li	 mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation					U						200 (0	

92-1181816

Form 990 (2023) FAITHFUI
Part VIII Statement of Revenue

			Chack if Schodula O	contr	nine a roc	nonco	or note to any lin	o in this Dart VIII			
			Check if Schedule O	JOHLA	airis a res	ponse	or note to any iiri	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
										business revenue	
40 1											sections 512 - 514
nts Ints	1	а	Federated campaigns		1a	1					
ام م ا			Membership dues)					
ts,		С	Fundraising events		1c	:					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d	<u> </u>					
in,		е	Government grants (contr	ibuti	ons) 1e	:					
흔띪		f	All other contributions, gifts,	grant	s, and						
ᅙᇎ			similar amounts not included	abov	/e 1f		737,108.				
털		g	Noncash contributions included in	lines	1a-1f 1g	\$					
g g		h	Total. Add lines 1a-1f					737,108.			
							Business Code				
ဗ္ပ	2	а									
ا ہ چَ		b									
אַ בַּו		С									
eve		d									
Program Service Revenue		е									
₫		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (include								
	4		Income from investment of								
	5		Royalties								
					(i) Re		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u> -							
	7		Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e e			and sales expenses	7b							
Revenue			Gain or (loss)	7с							
Re		d	Net gain or (loss)								
ther			Gross income from fundraising								
₹			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			. 8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	raising ev	/ents					
	9	а	Gross income from gamin	g ac	tivities. S	ee					
			Part IV, line 19			. 9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activit	ties					
	10	а	Gross sales of inventory, I	ess i	returns						
			and allowances			10a	·				
			Less: cost of goods sold								
			Net income or (loss) from								
s							Business Code				
o o	11	а									
ane inu		b									
Miscellaneous Revenue		С									
Ĭä.		d	All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue See instruction					737.108.	0.	0.	0.

Form 990 (2023) FAITHFUL GIVE Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	. , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C) I	(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		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
•	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F7.6	F 7 C		
7	Other salaries and wages	576.	576.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	69.	69.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	······				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 222			
	column (A), amount, list line 11g expenses on Sch 0.)	1,292.	646.	646.	
12	Advertising and promotion	1,814.	1,814.		
13	Office expenses	345.		345.	
14	Information technology	2,236.	1,118.	1,118.	
15	Royalties				
16	Occupancy				
17	Travel	144.		144.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	DISTRIBUTIONS TO CAUSES	740,880.	740,880.		
b	481(A) ADJUSTMENT	44,914.	44,914.		
С	EVENT EXPENSES	1,206.	1,206.		
d	INSURANCE	755.		755.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	794,231.	791,223.	3,008.	0.
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)				
33201	0 12-21-23				Form 990 (2023)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 21,579. 9,370. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 45,000. Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 66,579. 9,370 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 86. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 9,370. 66,493. Net assets without donor restrictions 27 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 66,493. Total net assets or fund balances 32 32 66,579. 33 Total liabilities and net assets/fund balances

Form 990 (2023) FAITHFUL GIVE 92-1181816 Page 12

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			08.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-57,123				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	6,4	93.			
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
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: X Cash 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	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		FAIT	HFUL GIVE					9	2-1181816
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(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)(i	ii).		
4		A medical research organiz	. •				•	(iii). Enter	the hospital's name,
		city, and state:	·						·
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	nit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	,	·	, ,			
6		A federal, state, or local go		nental unit described in :	section 17	70(b)(1)(A))(v).		
7	X	An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi). (C			Ü			Ü	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g							
		university:		,					
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con					-	-	
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	irry 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 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			egrated. A supporting	g organization operated	in connec	tion with,	and functional	ly integrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d			y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organi	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	l an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
		er the number of supported o	•						
<u>g</u>		vide the following information			(iv) Ic the orac	ınization listed	1 (-) (L (1) A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See III		Support (See mondonorio)
Tota	u .						I		I

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.)

560	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")				70,321.	737,108.	807,429.
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				70,321.	737,108.	807,429.
	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)						123,404.
6	Public support. Subtract line 5 from line 4.						684,025.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		. ,	,	ŻÓ,321.	(e) 2023 737,108.	807,429.
	Gross income from interest,				-	-	-
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ĭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						807,429.
	Gross receipts from related activities,	. etc. (see instructi	ons)			12	<u> </u>
	First 5 years. If the Form 990 is for the		,				-
	organization, check this box and stor						X
Sec	tion C. Computation of Publ						
14	Public support percentage for 2023 (line 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2023. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ¹	I7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and st	t op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s

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

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

Se	ction A. Public Support	ciow, picase com	piete i dit ii.,				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	<u> </u>	1	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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					+	
	Total. Add lines 1 through 5			-		1	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)					1	
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization			•		•	

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		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
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		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
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	instructio	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		
	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
C	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (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 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome 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-functio	nally integrate	d Type III supporting ord	anization (see

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 FAITHFUL GIVE			9	2-1181816 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	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 t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		I	10	· · · · ·
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
С	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

[1 4.1 11]	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAITHFUL GIVE

Employer identification number 92-1181816

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERS, EDUCATE COMMUNITY MEMBERS, ADVANCE JESUS' MISSION (MATTHEW
28:18-20) AND CELEBRATE GOD'S PROVISION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE OFFICER AND BOARD MEMBERS REVIEW THE 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE PROVIDED UPON REQUEST.
FORM 990, PART XII, LINE 1:
ACCOUNTING METHOD IS BEING CHANGED FROM ACCRUAL TO CASH, PLEASE SEE
EXPLANATION ON FORM 3115