PUBLIC DISCLOSU

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Form 990

DISCLOST COPY - STATE REGISTRATION . 050580
Return or 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	= 2022 calendar year, or tax year beginning $$ JUL $$ $$ JUL $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	JUN 30, 2023					
В	Check if applicab	C Name of organization	D Employer identif	ication number				
1	applicab	e:	, ,					
[Addre	FAITH COMMUNITY PHARMACY INC.						
F	Name chang		61-13789	14				
F	Initial return	Number and street (or P.O, box if mail is not delivered to street address) Room/s	· ·					
F	Final	601 WAGHINGTON AVE	859-426-					
_	Ireturn termin ated		G Gross receipts \$					
	Amen refurn	ded NEWDODM VV 41071		H(a) Is this a group return				
	Applie		for subordinate					
	pendi	SAME AS C ABOVE	H(b) Are all subordinates					
$\overline{}$	Tay.ev			a list. See instructions				
	Websi		H(c) Group exemption					
				M State of legal domicile; KY				
	art i	Summary	ear or formation. 2002	We otate or legal domicie, xex				
نتا		Briefly describe the organization's mission or most significant activities: THE MISS	TON OF FATTH	COMMINITARY				
ė	1	PHARMACY IS TO PROVIDE FREE MEDICATIONS FOR C						
Governance								
er.	2	Alice to a second and a second as a second	10	1				
õ	3							
প্র	4			1				
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		35				
ŧï	6	- 1		 				
Ąc	/a	Net unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	+				
	<u>D</u>	Net unrelated business taxable income from Form 990-1, Part 1, line 11	Prior Year	Current Year				
<u>re</u>		Cantributions and grants (Dort VIII line 1h)	4,846,128.	3,883,266.				
	8	Contributions and grants (Part VIII, line 1h)	7,500.	500.				
Revenue	9	Program service revenue (Part VIII, line 2g)	7,491.					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,356.	94,960.				
	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,931,475.	3,983,472.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,852,394.	3,315,832.				
	ł	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,032,394.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	334,200.	383,557.				
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	334,200.	383,337.				
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 40,391.	V •	U .				
꿃	D		632,898.	428,689.				
-	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,819,492.	4,128,078.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	111,983.					
		Revenue less expenses, Subtract fine 18 from line 12	Beginning of Current Year	-144,606. End of Year				
Net Assets or			1,046,656.	994,323.				
258	20	Total assets (Part X, line 16)	26,247.	90,820.				
et A	21	Total liabilities (Part X, line 26)	1,020,409.	903,503.				
<u> </u>	22 art II	Net assets or fund balances. Subtract line 21 from line 20	1,020,409.	303,303.				
		4	amounts and to the heat of m					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		y knowledge and belief, it is				
uue	, correc	t, and complete, Department of preparer (other than officer) is based on an information of which preparer	irei nas any knowledge.					
۵.		Signature of officer	Date					
Sig			Dato					
Her	е	AARON BROOMALL, EXECUTIVE DIRECTOR Type or print name and title						
			Date Check	PTIN				
De!-		Print/Type preparer's name Preparer's signature	1 1					
Paid		ADAM M. DAVEY ADAM M. DAVEY	10/24/23 self-emplo					
	arer	Firm's name VONLEHMAN & COMPANY INC.		1-0905417				
use	Only	Firm's address 810 WRIGHT'S SUMMIT PARKWAY, SUITE 30		EO \ 221 2200				
		FORT WRIGHT, KY 41011	Phone no. (8	59) 331-3300_ X Yes No				
wia\	/ tne if	RS discuss this return with the preparer shown above? See instructions		X Yes No				

Form	990 (2022) FAITH COMMUNITY PHARMACY INC.	61-1378914	Page 2
	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: THE MISSION OF FAITH COMMUNITY PHARMACY IS TO PROVIDE FR	EE MEDICATIO	NS
	THE MISSION OF FAITH COMMONITY PHARMACT IS TO PROVIDE IN	MOT AFFORD	
	FOR CHRONIC ILLNESSES TO PEOPLE IN OUR COMMUNITY WHO CAN	NOI AFFORD	
	THEM.		
2	Did the organization undertake any significant program services during the year which were not listed on the	r	
	prior Form 990 or 990-EZ?	Yes	X 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?	Yes	X No
J	If "Yes," describe these changes on Schedule O.		
	If Yes, describe these changes on schedule 0.	massurad hu aynansas	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	· nd
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	is, the total expenses, a	a iu
	revenue, if any, for each program service reported.		007
4a	(Code:) (Expenses \$ 4,002,652. including grants of \$ 3,315,832.) (Rever	nue \$	007.
	THE DUADWACY COLLECTS AND DISPENSES DONATED AND PURCHASE	D MEDICATION	<u> 15 - </u>
	FROM JULY 1, 2022 TO JUNE 30, 2023, THE PHARMACY PROVIDE	D 844 PATIEN	ITS
	WITH 19,701 THREE-MONTH PRESCRIPTIONS VALUED AT \$3,315,8	31.57	
4b	(Code:) (Expenses \$	nue \$)
	/code		
			· · · · · · · · · · · · · · · · · ·

	\ In		,
4c	(Code:) (Expenses \$	und \$	
	The same of the sa		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,002,652.	,	
			000

Form **990** (2022)

Form	990 (2022) FAITH COMMUNITY PHARMACY INC. 61-1378	914	P	age 3
Par	t IV Checklist of Required Schedules		Yes	No
			res	NU
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
	If "Yes," complete Schedule A	2	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	 2	72	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u>^</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		X
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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	<u> </u>	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	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	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			
,0	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
* 1	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
а		11a	X	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
a		11b]	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	, , , , ,		
С		110		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1		
d		11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	+
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a	 	+
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	┿┈┈	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	 	┿
b				ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
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	ļ	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			
	1c and 8a? If "Yes." complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
		F	agn	(2022

L	(continued)	-	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		-155	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		,	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
_	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_		<u>X</u> _
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		<u>X</u> _
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	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		X
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			v
	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):			İ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		X
	"Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations: If Yes, Complete Schedule N, Fart I			
32		32		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Γ
34	Part V, line 1	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?	}	1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pa	rt 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	3440. F	1	
	: I	·	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(0000
23200	4 12-13-22	Form	1 230	(2022)

61-1378914 FAITH COMMUNITY PHARMACY INC. Form 990 (2022) 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ----Organizations that may receive deductible contributions under section 170(c). 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 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 X 7¢ to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a 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? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X 16 is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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.

Form 990 (2022) FAITH COMMUNITY PHARMACY INC. 61-1378914 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	tion A. Governing Body and Management			
	1 1 1 1 2		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12 14 15			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			T.
	officer, director, trustee, or key employee?	2		<u> </u>
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_		<u>X</u>
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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:	22	17 VIII.	: Well
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	<u> X</u>	
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	<u> </u>	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	ļ	
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	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 4	4314	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	X	
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	<u> </u>
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	<u> </u>
	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.	15		
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			ļ
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection, indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	THE ORGANIZATION - 859-426-7837			
	601 WASHINGTON AVE. , 100, NEWPORT, KY 41071			vanoa

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

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

- 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 ne	l .	(C)						(D)	(E)	(F)
(A)	(B) Average			Posi	ition			Reportable	Reportable	Estimated
Name and title	hours per	(do	not of	neck r	nore son i	than c s both	one Lan	compensation	compensation	amount of
	week	offi	cer an	da di	recto	r/trus	ee)	from	from related	other
4	(list any	ctor						the	organizations	compensation
	hours for	r dire				pei	ŀ	organization	(W-2/1099-MISC/	from the
	related	tae o	ustee		_	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	Haal Ir		loyee	comp		1099-NEC)		and related
	below	ndividual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line) 40.00	Ĕ	<u> </u>	j0	\$_	포를	œ.			
(1) AARON BROOMALL	40.00	1		Х		l		101,658.	0.	5,350.
EXECUTIVE DIRECTOR (2) MATTHEW MONDAY	1.00	-	-	23		-		202,000.		
TREAS.(TO 12/22); CHAIR(STARTED 1/23)	1.00	x		x		1	1	0.	0.	0.
(3) JOAN WURTENBERGER	1.00		-		 					
BOARD CHAIR (7/1/22-12/31/22)	2.00	x		х	Į			0.	0.	0.
(4) KELLY EPPLEN, PHARMD	1.00				Ι					
VICE CHAIRPERSON (1/1/23-6/30/23)		х		Х			Ì	0.	0.	0.
(5) BRIDGET GO	1.00		Ι''''							
TREASURER (1/1/23-6/30/23)		Х		Х				0.	0.	0.
(6) JENNIFER PANEPINTO	1.00									_
SECRETARY (7/1/22-12/31/22)		X	l	Х	<u> </u>			0.	0.	0.
(7) ERIN PROCTOR	1.00								_	
SECRETARY (1/1/23-6/30/23)		X		Х				0.	0.	0.
(8) GABY BATSHOUN	1.00									
BOARD OF DIRECTORS	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1_	0.	0.	0.
(9) ED BUECHEL	1.00									_
BOARD OF DIRECTORS		Х		_	<u> </u>	ļ	ļ	0.	0.	0.
(10) JIM CAHILL	1.00	┨								0.
BOARD OF DIRECTORS		X	<u> </u>	ļ	ļ	╀	┞	0.	0.	0.
(11) JON CONNOR	1.00								0.	0.
BOARD OF DIRECTORS		X	1	ļ_	-	<u> </u>	1	0.	V .	0.
(12) DR. TODD COOK	1.00	┨							0.	0.
BOARD OF DIRECTORS	1	X	-	┡	<u> </u>	_	-	0.	<u> </u>	0.
(13) DR. BRADLEY EILERMAN	1.00	١		1				0.	0.	0.
BOARD OF DIRECTORS	1 00	X	ـــ	1	-	┼	┦	ļ <u>"</u>	V .	0.
(14) DR. EPHESE MOISE	1.00	┦.,			1			0.	0.	0.
BOARD OF DIRECTORS	1 00	X	ļ <u>.</u>	┼		+	╀┈	<u> </u>	<u> </u>	
(15) NICK PHARO	1.00	٠,						0.	0.	0.
BOARD OF DIRECTORS	1 00	X	+	-	┼—	+-	+-	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
(16) DR. ROBERT TRACY	1.00	٠,						0.	0.	0.
BOARD OF DIRECTORS	1 00	X	-	┼	-	+	1-	<u> </u>	<u> </u>	
(17) KATE BRANDY	1.00	$d_{\mathbf{x}}$						0.	0.	0.
BOARD OF DIRECTORS		14	1					0.	<u> </u>	= 000,0000

Form 990 (2022) FAITH COM	MUNITY	PH	AR	MA	<u>CY</u>	I.	NC	•	<u>61-13</u>	189	14	Page •
Part VII Section A. Officers, Directors, Trus									s (continued)			
(A)	(B)			(C				(D)	(E)		(F))
Name and title	Average			Posi	tion			Reportable	Reportable		Estima	ated
Maine and title	hours per					than o s both		compensation	compensation	n	amou	nt of
	week	1 60 1					ee)	from	from related		oth	er
	(list any	į						the	organizations	3	compen	sation
	hours for	E E				·g		organization	(W-2/1099-MIS	C/	from	the
	related	ee or	stee		İ	insat		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	trus	ᄪ		уее	1 0 m		1099-NEC)			and re	
	below	Individual trustee or director	Institutional trustee	is i	mpk	ast c	Jer				organiz	ations
	line)	Indiv	JI SE	Officer	Key 4	Highest compensated employee	Feff					
(18) ALEX CARDOSI	1.00											
BOARD OF DIRECTORS		X						0.		0.		0.
(19) HEATHER JANSEN	1.00											
BOARD OF DIRECTORS		Х	1					0.		0.		0.
BOARD OF DIRECTORD		+==			-							
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	<u> </u>	┸	i .	1	<u> </u>	<u></u>	L	101,658.		0.	5	350.
1b Subtotal								0.		0.	<u> </u>	0.
c Total from continuation sheets to Part V	ii, Section A							101,658.		0.		350.
d Total (add lines 1b and 1c)								<u> </u>			, د	330.
Total number of individuals (including but r	ot limited to th	nose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	•		1
compensation from the organization											1.77	1
										Г	Ye	s No
3 Did the organization list any former officer	, director, trust	tee, i	key (emp	loye	e, or	hig	hest compensated emp	loyee on			1
line 1a? If "Yes," complete Schedule J for s										L	3	X
4 For any individual listed on line 1a, is the s	um of reportab	ie co	מרחכ	ensa	ition				he organization			
and related organizations greater than \$15										[4	X
	o,oco. //)es	, ou nest	ion f	rons	ลกv	Hinte	elati	ed organization or individ	dual for services			
											5	X
rendered to the organization? /f "Yes." con	npiete Schedu	le J	or s	ucn,	pers	on_			<u> </u>		<u> </u>	
Section B. Independent Contractors								to a service of the s	100 000 of com	nannati	on from	
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	rs u	nat received more than s	s rou,ooo or comp	Jei (pat)	01110111	
the organization. Report compensation for	the calendar y	ear	endi	ng v	/ith e	or wi	thir		ear.		40)	
(A)				_				(B) Description of s	onione	C	(C) ompensa	ition
Name and business	address	N	ON.	ĸ				Description of	ei Aicez		mponse	
							-					
									į			
									1			
								<u> </u>	41		. ,	
2 Total number of independent contractors (not li	mite	d to			itec	i above) who received m	ore than			
\$100,000 of compensation from the organ	ization					0						
											Form 99	N E (AAAA)

Form	മെറ	(2)	022) FAITH COMMUNIT	Y PHARM	ACY INC.		61-1378	914 Page 9
Par			Statement of Revenue					
		_	Check if Schedule O contains a response or	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	o d e	All other contributions, gifts, grants, and similar amounts not included above Noncesh contributions included in lines 1a-1f Total. Add lines 1a-1f		3,883,266.			
			UC STUDENT TRAIN/ROTAT	Business Code 456110	500.	500.		
Program Service Revenue	C							
Prograi Re	•	e f	All other program service revenue		500.			
	3	_	Total. Add lines 2a-2f Investment income (including dividends, interes other similar amounts)	et, and	13.			13.
	4 5		Income from investment of tax-exempt bond pro-					
	ŀ	b	Gross rents 6a 6b 6c 6c				en de la constitución de la cons	
	7 :	а	Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities 7a 15,931.	(ii) Other				
Revenue		С	Less: cost or other basis and sales expenses 7b 11,198. Gain or (loss) 7c 4,733.		4,733.		:	4,733.
Other Re	8 :	а	Net gain or (loss) Gross income from fundraising events (not including \$ 43,557. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b	135,431.	4,733.			
	9	c a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	8,480. 3,470.	88,443.			88,443.
:		С	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a		5,010.			5,010.
			Less: cost of goods sold 10b Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	a b	MISCELLANEOUS INCOME	900099	1,507	1,507.		
Miscell			All other revenue Total, Add lines 11a-11d		1,507			00 100
	12	_	Total revenue. See instructions	<u> </u>	3,983,472	2,007.	0.	98,199. Form 990 (2022

22 Advertising and promotion	Section	n 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other	organizations must com	plete column (A).	
Total expenses		Check if Schedule O contains a respons	e or note to any line in th	nis Part IX	(G)	(D)
and domestic poverments. See Part IV, line 21 Grants and other additions for bothwelds individuals. See Part IV, line 22 Grants and other additions for boreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10 Berrielts paid for or for members Compensation of current officers, directors, tructors, and key employees Compensation and included above to disquaried persons (as drief and dark estimal 4950(k)) and passons described in section 4950(k) and passons described in section 4950(k) and passons described in section 4950(k) and passons described and oscillations (netable socion 40(k) and 403(k) employer contributions Port of the analysis and oscillations (netable socion 40(k) and 403(k) employer contributions (1,639, 1,418, 131, 90, Cher analysis benefits (2,854, 22,364, 2,068, 1,422, 364, 2,068, 1,422, 364, 2,068, 1,422, 364, 2,068, 1,422, 375, 2 Logal Anangement Logal Accounting Pressions fundicing services, Sco Part IV, line 17 Investment management fees Collect (II in 11g amount excess 10% of fine 25, column (A), amount, list lite 11g expenses on Sch. 0, 33, 461, 23, 882, 8, 588, 1, 051, 34, 406, 6, 194, 1, 1995, 217, 366, 24, 24, 26, 375, 24, 24, 26, 376, 277, 283, 12, 2569, 405 Conference, conventions, and meetings Information technology Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventi	Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
and domestic poverments. See Part IV, line 21 Grants and other additions for bothwelds individuals. See Part IV, line 22 Grants and other additions for boreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10 Berrielts paid for or for members Compensation of current officers, directors, tructors, and key employees Compensation and included above to disquaried persons (as drief and dark estimal 4950(k)) and passons described in section 4950(k) and passons described in section 4950(k) and passons described in section 4950(k) and passons described and oscillations (netable socion 40(k) and 403(k) employer contributions Port of the analysis and oscillations (netable socion 40(k) and 403(k) employer contributions (1,639, 1,418, 131, 90, Cher analysis benefits (2,854, 22,364, 2,068, 1,422, 364, 2,068, 1,422, 364, 2,068, 1,422, 364, 2,068, 1,422, 375, 2 Logal Anangement Logal Accounting Pressions fundicing services, Sco Part IV, line 17 Investment management fees Collect (II in 11g amount excess 10% of fine 25, column (A), amount, list lite 11g expenses on Sch. 0, 33, 461, 23, 882, 8, 588, 1, 051, 34, 406, 6, 194, 1, 1995, 217, 366, 24, 24, 26, 375, 24, 24, 26, 376, 277, 283, 12, 2569, 405 Conference, conventions, and meetings Information technology Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventions, and meetings Insurance Conference, conventi	1	Grants and other assistance to domestic organizations		•		
2 Girants and other assistance to domestic inclubiduous. See Part IV, III to 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign includious. See Part IV, III mes 15 and 16 4 Benefits paid to or for members Compensation of current officiens, directors, trustases, and key employeas Compensation included above to disquarified persons (as defined under section 4585(f)(1) and persons discribed in section 4585(f)(1) and persons 4585(f)(1)						
3 Grants and other assistance to foreign organizations. foreign governments, and foreign individuals. See Feat IV, lines 15 and 16						
3 Grants and other assistance to foreign organizations, foreign overprises, foreign ov		individuals, See Part IV, line 22	3,315,832	3,315,832.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 Benefits paid to or for members 5 Cempensation of current officers, directors, trustess, and key implyors and key supplyors and supply and persons described in section 4988(c)(3) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described in section 4988(c) and persons described and persons described in section 4988(c) and persons described and pe		1			200 m	
Individuals See Part IV, lines 15 and 16					A STATE OF THE STA	
4 Benefits paid to or for members 6 Compensation of current or/ficers, directors, trustees, and key employses 6 Compensation of current officers, directors, trustees, and key employses 6 Compensation in timbled above to disqualified persons (see differed under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under serving of settled under settled under serving of settled under serving of settled under settled under serving of settled under settled und settled under settled under settled under settled under settled		-				
S Compensation of current officers, directors, trustees, and key employees		1				
107,008 92,562 8,561 5,652						F 00E
6 Compensation not included above to disquilified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) em		· ·	107,008.	92,562.	8,561.	5,885.
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section 401(k) and 403(h) employer contributions) 9 Other employee benefits 1						
9 Other employee benefits	Ü		9,057.			
10 Payroll taxes 25,854 22,364 2,068 1,422 11 Fees for services (nonemployees): 2 2,975 2,975 12 Accounting 2,975 2,975 2,975 13 Lobbying 2 2,975 2,975 14 Lobbying 2 2,975 2,975 2,975 15 Royalties 3 4,06 6,194 1,995 2,17 16 Interestment management fees 3 4,06 6,194 1,995 2,17 17 Interestment management fees 3 4,06 6,194 1,995 2,17 18 Royalties 3 4,06 6,194 1,995 2,17 19 Royalties 3 4,06 6,194 1,995 2,17 10 Royalties 3 4,06 6,194 1,995 2,17 10 Royalties 3 4,06 6,194 1,995 2,17 10 Royalties 3 4,06 6,194 1,995 2,17 10 Royalties 3 4,06 6,194 1,995 3,095 1,909 3,005 10 Royalties 2 2,601 1,051 1,051 15 Royalties 2 2,601 1,051 1,051 16 Royalties 3 4,06 4,005 4,005 1,005 1,005 17 Travel 56 41 1,051 1,051 18 Royalties 2 2,601 1,051 1,051 19 Royalties 3 4,06 4,005 1,005 1,005 1,005 19 Royalties 3 4,005 4,005 1,005 1,005 1,005 10 Royalties 3 4,005 1	a		1,639.			
11 Fees for services (nonemployees): a Management b Legal				22,364.	2,068.	1,422.
a Management b Legal c Accounting d Lobbying d Lobbying e Professional fundiasing 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.) 2 Advertising and promotion 3 Afbert and a 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.) 3 Afbert and a 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 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 EXPIRED DRUGS b PHARMACBUTICALS EXPENSE c FUNDRAISING EXPENSES f RELOCATION e All other expenses for any federal, state, or local public officials and amount, list line 24e expenses on Schedule 0.) 3 EXPIRED DRUGS b PHARMACBUTICALS EXPENSE c FUNDRAISING EXPENSES f RELOCATION e All other expenses for any federal, state, or local public officials and amount, list line 24e expenses on Schedule 0.) 4 EXPIRED DRUGS b PHARMACBUTICALS EXPENSE f Total functional expenses. Add lines 1 through 24e f Net Location of the complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundfaising solicitation. Cherk here is the state of the complete set the line only if the organization reported in column (B) joint costs from a combined educational campaign and fundfaising solicitation. Cherk here is the state of the content of the state of the column (B) joint costs from a combined educational campaign and fundfaising solicitation. Cherk here is the state of the column (B) sont costs from a combined educational campaign and fundfaising solicitation.						
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d Lobbying e 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.) 2 Advertising and promotion 3 Office expenses 8, 406. 6, 194. 1, 995. 217. 3 Information technology 8, 33, 461. 23, 882. 8, 528. 1, 051. 5 Royalties 8 Cocupancy 27, 844. 25, 099. 1, 909. 836. 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Depreciation, deplotion, and amortization 10 Insurance 11 Insurance 12 Depreciation, deplotion, and amortization 13 Insurance 14 Other expenses, Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 28 EXPTRED DRUGS 29 PHARMACEUTICALS EXPENSE 20 FUNDRAISTING EXPENSES 30 RELOCATION 40 All other exponses 50 Total functional expenses. Add lines 1 through 24e 4 Justine 24e large appares and fundraising solicitation. Cherk fixe Item 18 through 24e 4 Justine 24e large appares. Add lines 1 through 24e 4 Justine 24e large appares. Add lines 1 through 24e 4 Justine 25e large appares. Add lines 1 through 24e 4 Justine 25e large appares. Add lines 1 through 24e 4 Justine 25e large appares. Add lines 1 through 24e 4 Justine 25e large appares and fundraising solicitation. Cherk fixe Interlations are provided in column (B) joint costs from a combined educational campaign and fundraising solicitation. Cherk fixe Interlations are provided in column (B) joint costs from a combined educational campaign and fundraising solicitation. Cherk fixe Interlations are provided in column (B) joint costs from a combined educational campaign and fundraising solicitation. Cherk fixe Interlation and the provided in column (B) joint costs from a combined educational campaign and fundraising solicitation.			2,975.		2,975.	<u></u>
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f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 13,490						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 8,406. 6,194. 1,995. 217. 14 Information technology 15 Royalties 16 Occupancy 27,844. 25,099. 1,909. 836. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Depreciation, depletion, and amortization 11 Insurance 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Jay 257. 283. 12,569. 405 24 Other expenses, Itanize expenses not line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 28 EXPIRED DRUGS 4 PHARMACEUTICALS EXPENSE 5 FUNDRAISING EXPENSES 7 Jay 20. 129, 120. 129, 120. 29 All other expenses. Add lines 1 through 24e 4 Jay 20. 2, 316. 6, 716. 20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there I in traveless on Schedule Interest		· · · · · · · · · · · · · · · · · · ·				
13,490 8,939 3,491 1,060 Advertising and promotion 8,406 6,194 1,995 217 Office expenses 8,406 6,194 1,995 217 Information technology 33,461 23,882 8,528 1,051 Royalties 27,844 25,099 1,909 836 Occupancy 27,844 25,099 1,909 836 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,601 175 2,426 Conferences, conventions, and meetings 2,601 175 2,426 Interest 29 29 20 20 20 20 Payments to affiliates 20 20 20 20 20 20 Insurance 13,257 283 12,569 405 Other expenses, Itamize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EXPIRED DRUGS 129,120 129,120 EXPIRED DRUGS 129,120 129,120 20 20 20 20 ERECORATION 9,032 2,316 6,716 20 20 20 20 20 20 20 2						
12 Advertising and promotion	y		13,490.	8,939.	3,491.	1,060.
13 Office expenses 8,406. 6,194. 1,995. 217. 14 Information technology 33,461. 23,882. 8,528. 1,051. 15 Royafties 27,844. 25,099. 1,909. 836. 16 Occupancy 56. 41. 15. 17 Travel 56. 41. 15. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,601. 175. 2,426. 20 Interest 29 Payments to affiliates 29 Depreciation, depletion, and amortization 6,884. 6,884. 21 Payments to affiliates 20 Insurance 13,257. 283. 12,569. 22 Depreciation, depletion, and amortization 40,257. 283. 12,569. 23 Insurance 13,257. 283. 12,569. 24 Amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 25 EXPIRED DRUGS 156,620. 156,620. 26 PHARMACEUTICALS EXPENSE 129,120. 129,120. 27 ORELOCATION 9,032. 2,316. 6,716. 28 All other expenses 7,536. 153. 7,383. 25 Total functional expenses. Add lines 1 through 24e 4,128,078. 4,002,652. 85,035. 40,391 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 hare 1 the literature SCP 98-2 ASC 285-720	40					
14			8,406.	6,194.	1,995.	
15 Royalties		· · · · · · · · · · · · · · · · · · ·			8,528.	1,051.
16						
17 Travel			27.844.	25,099.	1,909.	836.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2 , 601 .				41.	15.	
for any federal, state, or local public officials 19				······		
19 Conferences, conventions, and meetings 2,601. 175. 2,426.	18					
Interest Payments to affiliates Depreciation, depletion, and amortization 6,884	40		2,601.	175.	2,426.	
Payments to affiliates Depreciation, depletion, and amortization 6,884						
Depreciation, depletion, and amortization 6,884. 6,884.		***************************************				
13,257. 283. 12,569. 405			6.884.		6,884.	
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.) a EXPIRED DRUGS b PHARMACEUTICALS EXPENSE c FUNDRAISING EXPENSES d RELOCATION e All other expenses 7,536. 153. 7,383. 25 Total functional expenses. Add lines 1 through 24e educational campaign and fundraising solicitation. Check here the first following SOP 98-2 (ASC 958-720)			13.257.	283.		405.
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.) a EXPIRED DRUGS b PHARMACEUTICALS EXPENSE c FUNDRAISING EXPENSES d RELOCATION e All other expenses 7,536. 153. 7,383. 25 Total functional expenses. Add lines 1 through 24e d 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 the following SOP 88-2 (ASC 958-720)		***				
a EXPIRED DRUGS b PHARMACEUTICALS EXPENSE c FUNDRAISING EXPENSES d RELOCATION e All other expenses Total functional expenses. Add lines 1 through 24e 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 Total functional expenses of the column (B) in the organization of the column (B) in	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).			insulhantimeteris	
b PHARMACEUTICALS EXPENSE c FUNDRAISING EXPENSES d RELOCATION e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 the following SOP 88-2 (ASC 958-720) 129,120. 129,120. 129,120. 149,120. 149,120. 179. 16,222 17,407. 1,006. 179. 16,222 17,407. 1,006. 179. 16,222 17,407. 1,006. 179. 140,222 150,222 150,236. 153. 7,383. 25 Total functional expenses. Add lines 1 through 24e 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 the following SOP 88-2 (ASC 958-720)		amount, list line 24e expenses on Schedule 0.)	156 620	156 620	<u> </u>	
C FUNDRAISING EXPENSES 17,407. 1,006. 179. 16,222						
d RELOCATION e All other expenses Total functional expenses. Add lines 1 through 24e 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 Total functional expenses. Add lines 1 through 24e 153. Constant Total functional expenses. Add lines 1 through 24e 4,128,078. 4,002,652. 85,035. 40,391					179.	16.222
e All other expenses 7,536. 153. 7,383. 25 Total functional expenses. Add lines 1 through 24e 4,128,078. 4,002,652. 85,035. 40,391 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 1 Infollowing SOP 88-2 (ASC 958-720)						
25 Total functional expenses. Add lines 1 through 24e 4,128,078. 4,002,652. 85,035. 40,391 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 Tartellowing SOP 88-2 (ASC 958-720)					7 383	
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 Tarfollowing SOP 98-2 (ASC 958-720)						40.391
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here It tollowing SOR 98-2 (ASC 958-720)	25		4,128,078.	4,002,032.	03,033.	-0,00+
educational campaign and fundraising soficitation. Check here 1 tollowing SOR 98-2 (ASC 958-720)	26					
Check here #following SOP 98-2 (ASC 958-720)						
Check here If following SOP 98-2 (ASC 958-720)						
		Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (202)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 161,157. 58,730. 1 Cash - non-interest-bearing 38,889. 88,902. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 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 ß under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 179,115. 408,950. 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 48,127. 55,011. 14,201. 100 Less: accumulated depreciation 10b 513.350. 479,404. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 14 Intangible assets 3,672. 5,672. 15 Other assets. See Part IV, line 11 15 994,323. 1,046,656. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 75,000. 1,000. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 15,820. 25,247 of Schedule D 26,247. 90,820. 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. 27 Net assets without donor restrictions 27 28 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 0. 30 0. Paid-in or capital surplus, or land, building, or equipment fund 30 903,503. 1,020,409. 31 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

903,503.

1,020,409.

1,046,656.

32

33

31

32

33

- Cum	990 (2022) FAITH COMMUNITY PHARMACY INC.	61-137	<u>8914</u>	<u>Pag</u>	_{je} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	2 3	3,983 4,128 -144 1,020 2	3,0° 1,60	78. 06. 09.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	90.	3,5	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		Yes	No
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:			169	X
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal ward, was the organization required to undergo an audit or audits as set forth in the		2c 3a		X
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	Ja		

Form 990 (2022)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FAITH COMMUNITY PHARMACY INC.

Employer identification number 61-1378914

Pa	rt I	Reason for Public C	harity Status. (/	All organizations must co	omplete thi	is part.) Se	e instructions.	
		zation is not a private founda	tion because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)		
1	- J	A church, convention of chu	rches or association	of churches described	in section	n 170(b)(1)	(A)(i).	
		A school described in section						
2	=	A hospital or a cooperative h	ocoltal capilca organ	nization described in se	ction 170	b)(1)(A)(iii)	١.	
3		A medical research organiza	tion encreted in each	iunation with a basnital	described i	in section	л э 170(b)(1)(A) (iii). Enter t	he hospital's name,
4			tion operated in con	junction with a nospital	ucto: ibod :	,,, 300tta.	(. // . // . // //	
		city, and state:			ar operato	d by a co	rammantal unit describe	d in
5		An organization operated for		ege or university owned	or operate	o by a gov	ABITITION AND OTHER GOSSINGS	Q 111
		section 170(b)(1)(A)(iv). (Co	omplete Part II.)					
6		A federal, state, or local gov	ernment or governm	ental unit described in s	section 17	0(b)(1)(A)(v).	
7	X	An organization that normal	ly receives a substan	itial part of its support fr	om a gove	rnmental u	init or from the general p	ublic described in
		section 170(b)(1)(A)(vi). (Co						
8		A community trust describe		1)(A)(vi). (Complete Part	IL)			
9	H	An agricultural research orga	anization described i	n section 170(b)(1)(A)(i	x) operate	d in conju	nction with a land-grant o	college
Ð		or university or a non-land-g	rant college of agricu	ilture (see instructions).	Enter the n	name, city,	and state of the college	or
			ante opposes of marror	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		university: An organization that normal	ly raceives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s. membership fees, and	gross receipts from
10	L	activities related to its exem	nt functions, subject	to cartain aveantions:	nd (2) no r	nore than	33 1/3% of its support fr	om gross investment
		income and unrelated busin	priuncions, subject	less section 511 tayl fro	m hueines	tas annuir	ed by the organization at	fter June 30, 1975.
				(less section of Fraky no	III Daaiiea	sss asquir	ou by ano organization	
		See section 509(a)(2). (Con	npiete Part III.)		isti Caa e	ootion 50	0(a)(4)	
11		An organization organized a	ina operated exclusiv	very to test for public sai	ery, oee a	section ou	ocanto carry out the	ournoses of one or
12	L	An organization organized a	ind operated exclusiv	very for the benefit of, to	benomin	10 101101101	Son to carry out the p	thack the how on
		more publicly supported org	janizations described	d in section 509(a)(1) o	r section :	509(a)(z).	to: tot and toa	MISON BIO DON DIT
		lines 12a through 12d that o	describes the type of	f supporting organization	and comp	olete lines	12e, 12f, and 12g.	-t-t
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by g	giving
		the supported organizatio	n(s) the power to reg	gularly appoint or elect a	majority o	f the direct	tors or trustees of the su	pporting
		organization. You must c	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	supporte	d organization(s), by hav	ing
		control or management of	f the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manage the supp	orted
		organization(s). You mus						
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	d with,
٠	L	its supported organization	o(s) (see instructions)	You must complete l	art IV. Se	ctions A,	D, and E.	
_		Type III non-functionally	integrated A sunn	orting organization oper	ated in cor	nnection w	rith its supported organiz	ration(s)
C	<u> </u>	that is not functionally int	areted The erseniz	estion concretly must sat	istv a distri	ibution rea	uirement and an attentiv	/eness
		requirement (see instructi	egrated. The organiz	ation generally most out	· A and D	and Part	V.	
	_	requirement (see instructi	ons). You must con	inplete Falt IV, Sections	m tha IDS	that it is a	Type I Type II Type III	
e	· L	Check this box if the orga	inization received a v	whiten determination no		etion	type i, type ii, type iii	
		functionally integrated, or		naliy integrated supporti	ng organiz	ation.		
		er the number of supported c						
5		vide the following information	about the supporte (ii) EIN	(iii) Type of organization	(IV) is the orgain	anization listed	(v) Amount of monetary	(vi) Amount of other
		(i) Name of supported organization	(H) C314	(described on lines 1-10			support (see instructions)	support (see instructions)
		Organization		above (see instructions))	Yes	No		
								Į
					 	-		
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Tot	aı		L	<u> </u>		·		

(Form 990) 2022 FAITH COMMUNITY PHARMACY INC. 61-1378 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	tion A. Public Support					<u> </u>				
Cale	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not						04554541			
	include any "unusual grants.")	4034134.	5968183.	2822830.	4846128.	3883266.	21554541.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	1								
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to						Į			
	the organization without charge					22222	04554541			
4	Total. Add lines 1 through 3	4034134.	5968183.	2822830.	4846128.	3883266.	21554541.			
	The portion of total contributions									
•	by each person (other than a				***************************************					
	governmental unit or publicly				e-mulie de de		L			
	supported organization) included				estant front in the second of	ne de la constante de la const				
	on line 1 that exceeds 2% of the				Market Principles	- Land -	1			
	amount shown on line 11,				planeter the second					
	column (f)	:					1 - 1 - 1 - 1 - 1			
6	Public support. Subtract line 5 from line 4.				1		21554541.			
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			
	Amounts from line 4	4034134.	5968183.	2822830.	4846128.	3883266.	21554541.			
8	Gross income from interest,		.							
_	dividends, payments received on		¥							
	securities loans, rents, royalties,						2 4 4 2			
	and income from similar sources	483.	1,584.	53.	10.	13.	2,143.			
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.)	72,171.	46,332.	29,587.	70,356.	94,960	313,406.			
11	Total support. Add lines 7 through 10				<u> </u>		21870090.			
12	Gross receipts from related activities.	, etc. (see instructi	ons)			12	196,490.			
13	First 5 years. If the Form 990 is for the	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	 1			
	organization, check this box and sto					**********				
Se	ction C. Computation of Publ	ic Support Per	rcentage							
14	Public support percentage for 2022 (line 6, column (f), o	divided by line 11,	column (f))		14	98.56 %			
15	Public support percentage from 202	1 Schedule A, Part	II, line 14		.,	15	98.94 %			
16:	a 33 1/3% support test - 2022. If the	organization did ne	ot check the box a	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and			
	stop here. The organization qualifies	s as a publicly supp	oorted organization	١			IAI			
1	33 1/3% support test - 2021. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	🕯 or more, check t	his box			
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation		***				
17:	10% -facts-and-circumstances tes	t - 2022. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 109	6 or more,			
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
1	10% -facts-and-circumstances tes	t - 2021. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 i	s 10% or			
•	more, and if the organization meets t	the facts-and-circur	mstances test, che	eck this box and	stop here. Explain	in Part VI how the	·			
	organization meets the facts-and-circ	cumstances test. T	he organization qu	ialifies as a publict	y supported organ	ization				
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instructio	ns			
						Schedule.	A (Form 990) 2022			

Schedule A (Form 990) 2022 FAITH COMMUNITY PHARMACY INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

_	qualify under the tests listed be	iow, please comp	iete Part II.)				
	ction A. Public Support	1-1 0010	(h) 0010	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(6) 2020	(u) zuzi	(5) = 5 = 5	
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not						,
	include any "unusual grants.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services per-			L			
	formed, or facilities furnished in						
	any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1	}			
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				ļ		
	or expended on its behalf			<u> </u>			
5	The value of services or facilities					}	
	furnished by a governmental unit to			1			Í
	the organization without charge		<u> </u>				
-	Total. Add lines 1 through 5	-	1				
78	Amounts included on lines 1, 2, and				1	AL THE STATE OF TH	
	3 received from disqualified persons		 	<u> </u>			
i	3 Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		1			<u> </u>	
	c Add lines 7a and 7b						
	Public support. (Subtract line 7s from line 6.)		<u> </u>		<u> </u>		<u> </u>
	ction B. Total Support	(.) 6546	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(0) 2019	(0) 2020	1072021	(0)	1,
	Amounts from line 6		 	 			
10:	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	b Unrelated business taxable income	ĺ					
	(less section 511 taxes) from businesses			Ì	1		
	acquired after June 30, 1975				†		
	c Add lines 10a and 10b						
11	activities not included on line 10b,						
	whether or not the business is	i				1	
40	regularly carried on Other income. Do not include gain		 		-		
12	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u></u>			
13	Total support. (Add lines 9, 10c, 11, and 12.)	1	first garaged shire	fourth or fifth toy	veer se a continn	501(c)(3) organizat	ion.
14	First 5 years. If the Form 990 is for the	ne organization's	ıırst, secona, tnira	, roures, or little tax	your as a section	Contono organizat	,
	check this box and stop here ction C. Computation of Publi	o Support De	rcentage				
Se	ection C. Computation of Publi	C Support re	all data by the 12	= aluman (fl)		15	%
	Public support percentage for 2022 (, column (t))	, . .	16	%
16	Public support percentage from 2021 ection D. Computation of Inves	stment Incom	e Percentage			1.15.)	
56	ection D. Computation of fives		was 40 divided by	line 12 column (fl)	`	17	%
17	Investment income percentage for 20	J22 (line 10c, coll	IMB (1), divided by	nne 13, column (i)) <u></u>	18	%
18	Investment income percentage from	ZUZT Schedule A	u, martill, line 17		ne 15 is more than		
19	a 33 1/3% support tests - 2022. If the	organization did	not check the box	a on mie 14, and m	europarted organis	estion	
	more than 33 1/3%, check this box a	na stop here. ih	e organization qua	annes as a publicly	aupported organiz a and line 16 ic m	ore than 33 1/3%	and
	b 33 1/3% support tests - 2021. If the	organization did	not check a box o	on line 14 or line 15	sa, anu mie 10 is ii . se s publich eust	orted organization	
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	ganization qualifies	this have and see in	setrictions	一
20	Private foundation. If the organization	on did not check t	a box on line 14, 1	ea, or Teb, check	uns pox and see if	IOUUGUONO	

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 3h 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?
- 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
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
¢		11c		
Coo	detail in Part VI. tion B. Type I Supporting Organizations			
260	tion B. Type I Supporting Organizations		Yes	No
	the state of the s		-100	1,40
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		<u> </u>
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	1		
•	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		<u> </u>
Sec	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		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
			ĺ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	l	
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		<u></u>	
Sec	HOITE. Type III Full Chorlany Integrated Supporting Significations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
a	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.	and the same of the same)	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		163	110
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	-	ļ	
	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.			L
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	-
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	 	-
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		I	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

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

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Orga	nizations _{(continu}	ued) T	
	on D - Distributions	<u> </u>		,	Current Year
	Amounts paid to supported organizations to accomplish exen	npt purposes		1-	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide 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 th	e organization is responsive			
	(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		I	10	23145
Sect	ion 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				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018		 		
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022		<u> </u>		

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Part V	Part IV, S	mental	Informa	ation. Pr 3b, 3c, 4b	ovide the	explanati 6, 9a, 9b,	ons require 9c, 11a, 11	d by Part b, and 1°	II, line 10; F Ic; Part IV, S and 3b; Pa	Section B, lines rt V. line 1: Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; F onal information.	on C,
	Section L (See instr), lines 5, t ructions.)	o, and 8; a	and Part V	, Section	ie, iires z	, 5, and 6. F	aso com	nete tills be	at tot any additi		
SCHEI	OULE A,	PART	II,	LINE	10, 1	EXPLAI	MOITAN	FOR	OTHER	INCOME:		
OTHE	R INCOM	E										
2018	TRUOMA	: \$	72,1	71.			·-····································		<u></u>			
2019	AMOUNT	: \$	46,3	32.								
2020	AMOUNT	: \$	29,5	87.			<u> </u>					
2021	AMOUNT	; \$	70,3	56.								
2022	AMOUNT	: \$	94,9	60.								
			<u></u>				Arm.	 			·	
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

FAITH COMMUNITY PHARMACY INC.

61-1378914

Organization type (check one):

Filers of: Section:

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is Note: Only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't col	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

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

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

Schedule B (Form 990) (2022)

Employer identification number

FAITH COMMUNITY PHARMACY INC.

61-1378914

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,526,778.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

Name of organization

Employer identification number

FAITH COMMUNITY PHARMACY INC.

61-1378914

FAITH	COMMUNITY PHARMACY INC.		61-13/8914
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND MEDICATION		
1			
		\$ 343,892	07/06/22
(a)		(c)	1.0
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	
1 4111	IN-KIND MEDICATION		
1			
			. 07/05/22
		<u> </u>	. 07703722
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	IN-KIND MEDICATION		
1			
****			. 07/13/22_
		\$ 56,830	0//13/22
(a)		/->	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	IN-KIND MEDICATION		
1	IN ALEX AMPLICATION		
		111 (0)	07/12/22
		\$ \$111,623	. 07/13/22
(0)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	IN-KIND MEDICATION		
1	TM-VIND MEDITORITOR		
			00/00/00
		\$ 182,548	08/02/22
/=1		1	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	The Wall All Told Told Told		
1	IN-KIND MEDICATION		
<u> +.</u> .			20/20/20
		\$ 116,243	. 08/29/22

Employer identification number

FATTH COMMUNITY PHARMACY INC.

61-1378914

HTIA	COMMUNITY PHARMACY INC.	61-	1378914
art II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND MEDICATION		
1			
		\$\$1,266.	09/08/22
(a)		(c)	(-1)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND MEDICATION		
1			
a a a a a a a a a a a a a a a a a a a		\$\$	09/28/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	IN-KIND MEDICATION		
1	IN-KIND PROJECTION		
		\$ 495,264.	09/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND MEDICATION		
1_			
		\$ 268,592.	12/06/22
(a)		(c)	
No.	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
from Part I	Description or noncastr property aware	(See instructions.)	
,	IN-KIND MEDICATION		
1			
		\$ 57,283.	12/06/22
(a)		(c)	7.55
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I	IN-KIND MEDICATION		
1			
		}	İ

2,061.

Name of organization

Employer identification number

FAITH COMMUNITY PHARMACY INC.

61-1378914

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Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is	s needed.

(a) No. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ui ()	IN-KIND MEDICATION		
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	The state of the s	\$ <u>17,731.</u>	01/09/23
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No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
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	IN-KIND MEDICATION		
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		\$\$.	01/23/23
(a)		(c)	. 6
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
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Į		\$ <u>17,731.</u>	01/23/23
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Part I			
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	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
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artl	Describtion of noncestribroberty Brond	(See instructions.)	
	IN-KIND MEDICATION	·	
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		\$ 59,480.	01/23/23
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No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
Part I	<u> </u>	(Cos moderno)	
	IN-KIND MEDICATION		
1_			1
			02/15/02
		\$ 27,217.	03/15/23

Name of organization

Employer identification number

FAITH COMMUNITY PHARMACY INC.

61-1378914

See instructions. See instructions. See instructions.	Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
1	No. from		FMV (or estimate)	(d) Date received
\$ 152,755. 04/10// No. tom Part I IN-KIND MEDICATION (a)		IN-KIND MEDICATION		
(a) No. The part I IN-KIND MEDICATION (b) Comparing the property given (c) FMV (or estimate) (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (c) Date received (d) Date received (e)	1			
No. Column			\$\$	04/10/23
TIN-KIND MEDICATION (a) (b) (c) (c) (d) (d) Date receives See instructions.) (e) (form part I) IN-KIND MEDICATION (e) (form part I) IN-KIND MEDICATION (e) (form part I) IN-KIND MEDICATION (form part I) IN-KIND MEDICATION (form part I) IN-KIND MEDICATION (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	No. from		FMV (or estimate)	(d) Date received
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(a) No. (b) FMV (or estimate) (d) Date received (a) No. (c) FMV (or estimate) (see instructions.) (a) No. (b) FMV (or estimate) (see instructions.) (b) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions.) (a) No. (b) FMV (or estimate) (see instructions.) (a) No. (b) FMV (or estimate) (see instructions.) (a) No. (b) FMV (or estimate) (see instructions.) (b) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.)	1_			-
No. from Part I			\$ <u>128,006.</u>	05/08/23
IN-KIND MEDICATION (a)	No. from		FMV (or estimate)	(d) Date received
(a) No. 10	Faiti	IN-KIND MEDICATION		
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No. from Part I			3,891.	06/09/23
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(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) CDate received				
No. (b) FMV (or estimate) (d) from Description of noncash property given (See instructions.)			\$	
(500 1100 1101 1101 1101 1101 1101 1101	No.	I	FMV (or estimate)	(d) Date received
		2001-paor, or normal property 3 30000	(Dee instructions.)	
			-	
\$				

Employer identification number

_{የአ} ተጥዝ	COMMUNITY PHARMACY INC.		61-1378914
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y. For organizations
	completing Part III, enter the total of exclusively religious, it	haritable, etc., contributions of \$1,000 or is	y, For organizations ess for the year. (Enter this info, once.) \$
(a) No.	Use duplicate copies of Part III if additional s	pace is rieeded.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
		(a) Transfer of gift	
		(e) Transfer of gift	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Pall			
		(e) Transfer of gift	†
	L L	(e) Handler or give	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		1	() Description of how sift is hold
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
		(-,	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		(a) He a of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of the grant of
		(e) Transfer of gi	ft
		_	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

FAITH COMMUNITY PHARMACY INC.

Employer identification number 61-1378914

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
•	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	*** -	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)	
-	Preservation of land for public use (for example, recreat	ion or education) Preservation (of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	,	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	cture included in (a)	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	f — — — — — — — — — — — — — — — — — — —
	violations, and enforcement of the conservation easements it	holds?	
-6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing co	nservation easements during the year
			U design the space
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
			0.0-1/41/03/61
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	∪(ι)(4)(Β)(ι) Yes No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	ments that describes the
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's illiancial state	Helife that despines the
- F	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures, or C	Other Similar Assets.
Га	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	990 Part IV. line 8.	
	If the organization elected, as permitted under FASB ASC 95	8 not to report in its revenue statement	and balance sheet works
1a	of art, historical treasures, or other similar assets held for pub	dic exhibition education or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	wiel etatements that describes these ite	ems.
	If the organization elected, as permitted under FASB ASC 95	8 to report in its revenue statement and	d halance sheet works of
b	art, historical treasures, or other similar assets held for public	overhibition education or research in fu	rtherance of public service.
		exhibition, education, or research in the	,
	provide the following amounts relating to these items:		<u> </u>
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treatment.	asures, or other similar assets for finance	cial gain, provide
2	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	OC 300 Telating to those fromo.	\$
a	Assets included in Form 990, Part X		\$
<u>b</u>	Assets included in Funit 990, Part A		

2ahad	ule D (Form 990) 2022 FAITH CC	MMUNITY PH	ARMACY_IN	c	61-13	78914 Page 2
Part	III Organizations Maintaining Co	ollections of Art,	Historical Tre	easures, or Othe	er Similar Asset	S (continued)
3	Using the organization's acquisition, accessio	n, and other records	, check any of the	following that make	significant use of its	
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
_	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further ti	he organization's ex	empt purpose in Par	t XIII.
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	sures, or other simil	arassets	_ _
•	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	ollection?	<u></u>	Yes No
Parl	IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	on answered "Yes" o	on Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	is or other assets no	t included	—
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		<u> </u>	A
	,				ļ <u>i</u>	Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
	Distributions during the year					<u> </u>
f	Ending balance				<u>1f</u>	
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or c	ustodial account liai	ollity?L	Yes No
b	If "Yes." explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on Part XI	il ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Par		f the organization ans	swered "Yes" on F	orm 990, Part IV, lin	e 10.	1
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses					<u> </u>
ч	Grants or scholarships					
e	Other expenditures for facilities					
·	and programs					
4	Administrative expenses					
	End of year balance					
g	Provide the estimated percentage of the curr	ent year end balance	e (line 1a. column (a)) held as:		
2	Board designated or quasi-endowment		%	"		
a	Permanent endowment		 ^-			
	•	%				
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	• •				
•	Are there endowment funds not in the posse	uld equal 10075. seeinn of the organiza	tion that are held a	and administered for	the	
за		33:011 01 1116 019411120	inon creat and manage			Yes No
	organization by:					3a(i)
	.,					3a(ii)
	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requir				3b
	If "Yes" on line Sa(ii), are the related organization. Describe in Part XIII the intended uses of the	ations isteu as requi	umant funde			
4	t VI Land, Buildings, and Equipm	ent.	William Talloo.		· · · · · · · · · · · · · · · · · · ·	
I En	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o) Accumulated	(d) Book value
	Describation of higherty	basis (investr	'	*** * * * * * * * * * * * * * * * *	depreciation	
	Land					
	Land					
b	Buildings					
	· ·			62,328.	14,201.	48,127.
	• •			-		
	Other 1. Add lines 1a through 1e. (Column (d) must s	and Farm 000 Dest	V notume (D) line	100)		48,127.
lota	i. Add iines Ta mrough Te. (Column (d) must e	эдиві голті ууу, гал	v. colatti (b), iitis	1.50./		

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-or	styear market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-c	Jryeai market varde
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)	<u></u>		
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	- Cours 000 Bort IV line	11a See Form 990 Part X line 13.	
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(a) Description of investment	(n) DOOK value	(o) moderation to the control of the	
(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.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(4)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Contraction
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			15,820
(2) CREDIT CARDS			13,040
(3)			
(4)			
(5)	<u> </u>		
(6)			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			15,820
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements th	nat 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

61-1378914 Page 4

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Go to WWW.Ifs.gov/Formado for man denote and the latest the

ame of the organization FATTH CO	MMUNITY PHARMACY	INC.		61-1378	914
Part I Fundraising Activities.	Complete if the organization answ	vered "Yes" o	n Form 990, Part IV, i	ine 17. Form 990-EZ	filers are not
required to complete this part. 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indivi-	ed funds through any of the follow e Solicit f Solicit g Special r oral agreement with any individua art VII) or entity in connection with iduals or entities (fundraisers) pure	ation of non- ation of gove al fundraising al (including o professional	government grants rnment grants events fficers, directors, trus fundraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custedy or control of contributions'	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
			-		
			<u> </u>		
Total		······································	or has been notified	d it is exempt from re	edistration
List all states in which the organizatio or licensing.	in is registered of licensed to solic	it contribution	is of has been floaties	J 1 13 EXCEMPT NOME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Pa		Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported i	more than \$15,000 s greater than \$5,000.		
		of fundraising event contributions and git	(a) Event #1 GOLF OUTING	(b) Event #2 GRAND EVENT GALA	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))		
3evenue			(event type)	(event type) 139,073.	(total number)	178,988.		
Rev		Cross receipts Less: Contributions	39,915.			43,557.		
		Gross income (line 1 minus line 2)	39,055.			135,431.		
	4	Cash prizes		3,470.		3,470.		
	5	Noncash prizes	3,826.	2,884.		6,710.		
benses	6	Rent/facility costs	6,800.			6,800.		
Direct Expenses	7	Food and beverages	3,721.	17,643.		21,364.		
Ö	8			250. 6,994.		250. 8,394.		
	9					46,988.		
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines and the summary.				88,443.		
Pε			answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than			
10	***	\$15,000 on Form 990-EZ, line 6a.						
<u>o</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue								
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs				1		
	5	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)					
	a Is	nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	activities in each of these	states?		Yes No		
		ere any of the organization's gaming licenses r			year?	Yes No		
								

ch4	nedule G (Form 990) 2022 FAITH COMMUNITY PHARMACY INC. 61-1378914	Page 3
1	Does the organization conduct gaming activities with nonmembers?	No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
_	to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity conducted in:	n/
а	a The organization's facility	<u>%</u>
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	No
b	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	
	of gaming revenue retained by the third party \$	
С	c If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
i	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year \$	h 10h
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	~, .4~,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	·
		· · · · · · · · · · · · · · · · · · ·
		,

Only advisor O (Farran 000)	FAITH COMMUNITY PHARMACY INC.	61-1378914 Page 4
Part IV Supplemer	FAITH COMMUNITY PHARMACY INC.	
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Mary Control of the C		
		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

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

ջ □ Schedule I (Form 990) 2022 Employer identification number 61-1378914 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) FAITH COMMUNITY PHARMACY INC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (a) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part

(f) Description of noncash assistance PRESCRIPTION MEDICATIONS (e) Method of valuation (book, FMV, appraisal, other) RECIPIENTS ARE REQUIRED Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 90-DAYS WORTH OF MEDICATIONS. MEDICATION IS PROVIDED ON AN ONGOING BASIS Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. FOR THOSE AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL. ALL RECIPIENTS TO PROVIDE PROOF OF INCOME AND PROOF OF RESIDENCY ANNUALLY. ANYONE WHO TO AFFORD THEIR PRESCRIPTIONS ARE PROVIDED FMV 3,315,832. (d) Amount of non-cash assistance 0 (c) Amount of cash grant GRANTS ARE DISTRIBUTED IN THE FORM OF MEDICATIONS. FAITH COMMUNITY PHARMACY INC. (b) Number of recipients 844 IN NORTHERN KENTUCKY. ACKNOWLEDGES BEING UNABLE (a) Type of grant or assistance PRESCRIPTION MEDICATIONS PART I, LINE 2: Schedule | (Form 990) 2022 MUST LIVE Part III

Page 2

61-1378914

Schedule I (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAITH COMMUNITY PHARMACY INC.

Employer identification number 61-1378914

Par	t I Types of Property				(.1)
		(a)	(b) Number of	(c) Noncash contribution	(d) Method of determining
		Check if applicable	contributions or	amounts reported on	noncash contribution amounts
		applicable	items contributed	Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or		1		
* 1	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
10	Historic structures				
4.4	Qualified conservation contribution - Other				
14	Real estate - Residential				
15	Real estate - Commercial	-			
16	Real estate - Other				
17					
18	Collectibles	 			
19		X	50	3,242,616.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens		<u> </u>		
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()	Tation durin	a tha tay year for a	contributions	
29	Number of Forms 8283 received by the organi	zauon uunn oo oo+∨ I	g the tax year for t	gement 29	
	for which the organization completed Form 82	oo, rait v, i	Joues Acknowleds	gernerit <u>20 j</u>	Yes No
	During the year, did the organization receive b		on any aranastic rai	nortari in Dart I. linge 1 throug	
30a	During the year, did the organization receive b	y contribution	any property rep	sich ich't required to be used	for
	must hold for at least 3 years from the date of		mundadon, and wi		20a X
	exempt purposes for the entire holding period	7 _		A CONTRACTOR OF THE CONTRACTOR	302
þ	If "Yes," describe the arrangement in Part II.		and dang than smilesse	of any panetandard contribu	tions?
31	Does the organization have a gift acceptance	policy that r	equites the review	of any nonstandard contribu	
32a	Does the organization hire or use third parties		rganizations to sol	icit, process, or seit noncasir	32a X
	contributions?				. 320 - 22
b	If "Yes," describe in Part II.			والمارة المراسيس المراسية المراسية المراسية المراسية	olend
33	If the organization didn't report an amount in o	column (c) fo	or a type of proper	y for which column (a) is che	undu,
	describe in Part II.				

6 L L L L L	M (Form 990) 2022 FAITH COMMUNITY PHARMACY INC.	61-1378914	Page 2
Part II	M (Form 990) 2022 FAITH COMMUNITY PHARMACY INC. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, o this part for any additional information.	, and 33, and whether the organiza r a combination of both. Also comp	tion olete
SCHEDU	JLE M, PART I, COLUMN (B):		
	R OF CONTRIBUTIONS		
MOMDEN	A OF CONTINUES TO A CONTINUE OF THE CONTINUE O		
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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 many ire dov/Form990 for the letest information. 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

FAITH COMMUNITY PHARMACY INC.

Employer identification number 61-1378914

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE IN OUR COMMUNITY WHO CANNOT AFFORD THEM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER AND THE PRESIDENT REVIEW THE 990 AND PRESENT THE FORM 990 TO
THE BOARD OF DIRECTORS PRIOR TO FILING.
INE DOME OF BIRDOTORO 11.1202. 10 1 1 1
FORM 990, PART VI, SECTION B, LINE 12C:
ALL MEMBERS MUST SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THE
ORGANIZATION PERIODICALLY REVIEWS THE CONFLICTS POLICIES AND IF A CONFLICT
ARISES THE BOARD MEMBER CANNOT VOTE.
ARISES THE BOARD MEMBER CARNOT VOID.
TOTAL COOL DADE UT CECOTON D. LINE 15%.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS REVIEWS AND DECIDES COMPENSATION OF THE EXECUTIVE
DIRECTOR ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS ALSO AVAILABLE
TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.
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