Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest informatio

Open to Public

A	For th	ne 2022 calen	dar year, or tax year beg	· Control · Cont	O L "	JII.		пізресцоп				
В	Check i	if applicable:	C	, 202	2, and ending			, 20				
	Ad	idress change	CHILDREN OF FAI	TII MICCIONG		D Emplo	yer iden	ntification number				
	-	ame change	PO Box 3453	TH MISSIONS		32-	0281	1925				
	0.1	tial return	Walnut Creek, C	7 04500		E Teleph						
	700		narnac creek, c	A 94598								
	Fina	al return/terminated	'			415-248-9220						
	An	nended return				line.		N. Committee of the com				
	Ар	plication pending	F Name and address of princi	pal officer: Alex Aruliah		G Gross			5.			
			Same As C Above	Alex Aruliah	H(a) Is thi	is a group retu	n for su	bordinates? Yes X	No			
ī	Tax-e	exempt status:	banc ns c Above		H(b) Are a	all subordinates o," attach a list	include	ed? Yes	No			
J			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	527	o, allacii a iisi	. See in:	structions.	1			
K			w.childrenoffait	thmissions.org	H(c) Grou	p exemption n	ımhor					
	Form	of organization:	X Corporation Trust	THE STATE OF THE PROPERTY OF T	Year of formation: 200							
P	art I	Summar	y				otate of	legal domicile: CA	2041 BV)			
	1	Briefly describ	be the organization's mis	sion or most significant activities:Ou	r main muse		81					
a		and unde	rpriviledged chi	ildren around the world	T marii purpo:	se is t	o pr	<u>covide_poor_</u>				
E E		need for	food, clothing,	tnat_	ult.	<u>ills_their_</u>	-					
E				ma_cnr	LSt1	an love						
ð	2 (Check this bo	x if the organizati	on discontinued its operations or dispersions body (Part VI, line 15)								
9	3 [Number of vol	ting members of the gove	erning body (Part VI, line 1a)	osed of more than	25% of its		sets.				
S	4 [Number of inc	lependent voting membe	rs of the governing body (Part VI, lin			3) *	12			
itie	5						4		9			
Activities & Governance	6						5		C			
ĕ							6		7			
	b	Vet unrelated	business taxable income	from Form 990-T, Part I, line 11	***************		7a		0.			
	1						7b		0.			
d)	8 (Contributions .	and grants (Part VIII, line	e 1h)		Prior Year		Current Year				
Revenue	55901 52	9.00.11	co revenue (Fall VIII III	6 (0)		265,7	06.	273,22	5.			
		THE STREET HIS	Julie (Fail VIII, Collimn (A) lines 3 / and 7d)				TOWN THE CONTRACT OF THE CONTR				
	0 10 13 SS	o the revenue	ti art viii, Column (A) I	IDES h hd Xr Or 10r and 11a			14.	1	0.			
	12 T	Total revenue	- add lines 8 through 11	(must equal Part VIII, column (A), li	100			S A WITH COMPANY OF THE STREET				
	13 (Grants and sin	nilar amounts naid (Part	IX, column (A), lines 1-3)	ne 12)	265,7	20.	273,23.	5.			
	14 E	Benefits naid t	o or for members (Part I		303,2	65.	206,68	5.				
	15 S	Salarios other	o or for members (Part)	X, column (A), line 4)	*********				102-20			
es	13 5	palaries, other	compensation, employe	e benefits (Part IX, column (A), lines	5-10)							
SU	16a F	rofessional fu	undraising fees (Part IX,	column (A), line 11e)		-						
Expenses	b l	otal fundraisii	ng expenses (Part IX, co	lumn (D), line 25)								
ш	17 C	Other expense	s (Part IX, column (A), li	ines 11a-11d, 11f-24e)								
	18 T	otal expenses	s. Add lines 13-17 (must	equal Part IX, column (A), line 25).	KERKERA PARA	30,11						
	19 R	Revenue less e	expenses Subtract line 1	8 from line 12	* * * * * * * * * * * * * * * * * * * *	327,1	39.	237,10	4.			
2 %	60.500 Bellen		oxpenses. Subtract line i	o from line 12		-61,4	19.	36,13	1.			
ance	20 T	ntal assets (E	Part V lina 16)		Beginni	ng of Current	Year	End of Year				
Bai	21 T	otal liabilities	(Port V line 20)			113,9		152,56	7			
Fund Balances	20 1	t i mabilities	(i art \(\), iiile 20)	**************************************			0.		0.			
	Account to the second	let assets or f	und balances. Subtract li	ine 21 from line 20		113,93	36	152,567				
2000	ruii	Signature	Block					- Verse district	•			
nde	r penaltie	s of perjury, I decl	are that I have examined this ret	urn, including accompanying schedules and state all information of which preparer has any knowle	ments, and to the heat of a	wells and part of						
JIIID		randion of prepare	r (other than officer) is based on	all information of which preparer has any knowled	dge.	пу клоwieage a	and belie	et, it is true, correct, and				
				35 mm = 86 m = 1		and the state of t						
ig		Signature of of	ficer		Date							
ler	re	Alex Ar	uliah									
		Type or print n	ame and title		Treasur	er						
		Print/Type pre	parer's name	Dots								
ai	Ч	1		Date	Check If PTIN							
	u parer	A STATE OF THE PARTY OF THE PAR	intzoglou, EA, CFP®	Timothy Hintzoglou, EA, CFP®		self-employed P00113167						
	Parer Only	Firm's name	TAX & FINANCIAL	The state of the s		1-00220101						
30	Jilly	Firm's address	SOOG CIINOS CINC			Firm's EIN 81-4835726						
			WALNUT CREEK, CA	A 94598		Phone no.	Behrick to the state of	930-7737				
lay	the IRS	S discuss this	return with the preparer	shown above? See instructions			(343)	X Yes No	7			

AA				
AP TO	otal program	service expenses	224,475.	
		\$	including grants of \$) (Revenue \$
/F	Expenses			oran
4d Of	ther program	services (Describe on	Schodula ()	
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ê		subbo	rt to an orphanage in India ser	rving more than 100 children
	Provided		224,475. including grants of \$	206,685.) (Revenue \$
4a ((Code:) (Expenses \$	224 475 including avents of 6	
	Market States		acet pe St. Content of The Content o	,
č	and revenue	, if any, for each progra	anizations are required to report the amount of gi	argest program services, as measured by expenses rants and allocations to others, the total expenses,
4	Section 501	organization's program	service accomplishments for each of its three la	argest program services, as measured by expenses
		The triese criariyes off Si	riedule O.	
J	If "Yes " dos-	ribo these st	ing, or make significant changes in how it conduc	ets, any program services? Yes X N
	100	THE WINDOW LICH OUT AICES	JII Schedule (1	
	If "Yes." desc	ribe these new services	on Schodule O	Yes X N
	Form 990 or	990-EZ?	which were	e not listed on the prior
2	Did the organ	ization undertake any sid	nificant program services during the year which were	
-Y-111	Delectric recovery about 1-body and a			
			y_shereer, hearth care, educate	tion, and Christian love.
	need for	r_food, clothir	g, shelter, health care, educate	safe place that fulfills their
	To prov	i <u>de poor</u> and ur	derpriviledged children with a	gafa -1
		ribe the organization's	y mer dit iii.	***********************
	Briefly desc	k if Schedule O contair ribe the organization's	Service Accomplishments as a response or note to any line in this Part III.	n am mi kuma anda a arma m mada

Form 990 (2022)

Form 990 (2022) CHILDREN OF FAITH MISSIONS Part IV Checklist of Required Schedules

			390% - 25	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
2	The second control of	1_1_	X	
3	for public office? If "Yes," complete Schadule C. Port I		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	4		X
6	to provide advice on the distribution advised funds or any similar funds or accounts for which donors have the right			X
7		6		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
9		8		X
122	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian services? If "Yes," complete Schedule D, Part IV	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V			X
11	or X, as applicable.	10		77
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for investments at least a section of the organization report an amount for investments.			
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII		X	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII			X
	in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11c		<u>X</u>
C	But the organization report an amount for other liabilities in Part X line 252 If "Ves." complete Sebastic B. B. L.X.	11d	_	X X
•	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)2 If "You " gamplets Call the School of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)2 If "You " gamplets Call the School of the tax year include a footnote that addresses	11e		X
	Schedule D, Parts XI and XII to Schedule D, Parts XI and XII			
b	if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12a		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
1 4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b	Х	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	^	
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	16		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	17		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
27	1)Id the organization report more than the organization report	20b		-
BAA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pa	art IV Checklist of Required Schedules (continued) 32-028	1925	F	Dage 4
22	Did the organization report more than \$5 page 4		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and			X
	any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
62	any tax-exempt bonds?		1	
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
230	transaction with a disqualified person during the year? If "Yes," complete Schedule I Part I			X
	that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and schedule L, Part I			
	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity member of any of these persons? If "Yes," complete Schedule 1. Part II.			X
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.			X
	instructions for applicable filing thresholds, conditions, and exceptions):	21		Λ
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> A family member of any individual described in the contributor of any individual described in the contributor.	28a		X
b	member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes,"</i> Did the organization receive more than \$25,000 in the organization receive more than \$25,000 in the organization receives more than \$25,000 in th			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation of the organization liquidate, terminate, or dissolve and coase apprehienced to the organization liquidate.	-		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u>х</u>
38	Note: All Form 990 filers are required to complete Schedule O complete Schedule O.	5-07-38	Х	<u> </u>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			—
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10.20		No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	0		
3 / /		1c		

Form 990 (2022) CHILDREN OF FAITH MISSIONS

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

the organization an educational institution subject to the section 4968 excise tax on net investment income? "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 esult in the imposition of an excise tax under section 4951, 4952, or 4953? "Yes," complete Form 6069.	17		
section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would be sult in the imposition of an excise tax under section 4951, 4952, or 49522			
section 501(c)(21) organizations. Did the trust, or any disqualified or other person organizations.	16		
res, complete rorm 4720, Scriedule O.	16		
the organization an educational institution subject to the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section 4968 excise tax on not investment in the section in the section in the section 4968 excise tax on the section in the section in the section 4968 excise tax on the section in the secti	40	- 1	X
II.			V
xcess parachute payment(s) during the year? "Yes," see the instructions and file Form 4720, Schedule N.	15		X
s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax of			MINISTER .
"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
id the organization receive any payments for indoor tanning services during the tax year?	14a		
nter the amount of reserves on hand			
nter the amount of reserves the organization is required to maintain by the states in			
iote: See the instructions for additional information the organization must report on Schedule O	-		
s the organization licensed to issue qualified health plans in more than one state?	13a		
ection 501(c)(29) qualified nonprofit health insurance issuers	1116		
res, enter the amount of tax-exempt interest received or accrued during the year	12d		
ection 494/(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in liquid Form 10413	12a		
Gross income from other sources. (Do not net amounts due or paid to other sources gainst amounts due or received from them.)			
Gross income from members or shareholders			
Section 501(c)(12) organizations. Enter:			
gloss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
nitiation fees and capital contributions included on Part VIII, line 12			
rection 301(C)(7) organizations. Enter	9b		
and the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
Did the sponsoring organization make any taxable distributions under section 49662			
organization have excess business holdings at any time during the year?	8		
Form 1098-C?	7h		
f the organization received a contribution of cars, boats, airplanes, or other volicios, did the carrier in the	7g		
f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 f the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
and a second during the year, Day Dreffilling directly or indirectly on a party of	7e 7f	1	X
and the organization receive any funds, directly or indirectly to pay promiums on a second state of the contract of the contra	7e		X
	7с		X
Form 8282?	7.		v
Did the organization sell, exchange, or otherwise discussion discussions and the organization sell, exchange, or otherwise discussions discussions.	7b		
If "Yes," did the organization notify the donor of the value of the goods are a second as a second of the goods are a second or a second of the goods are a second or a second	7a		X
III the organization receive a second of the			
The state of the deductible continuitions linder section 170/a	6b		
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions.	CI		
If "Yes," did the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization include with every solicitation are assessed in the organization and the organization are assessed in the organiza	6a		X
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	эс	6	
		S	X
y		1	X
the digarization a party to a proninted tax shelter transaction of any time.			
See instructions for filing requirements for FinCFN Form 114, Report of Foreign Rude 15			
	4a		X
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a lf "Yes," enter the name of the foreign country.	30		
The state of the s			X
the organization have unrelated business gross income of \$1,000			
at least one is reported on line 2a, did the organization file all required federal employment towards and	0		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
Enter the number of ampleuses		Yes	No
_	· (communica)		Yes

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.... Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad Yes No 12 authority to an executive committee or similar committee, explain on Schedule O. ${f b}$ Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 9 officer, director, trustee, or key employee?.... 2 X 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?.... Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?.... 4 X Did the organization have members or stockholders?.... 5 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 6 X 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 Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?.... 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates?.... 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a X 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Pat Edgerton 2603 Petal Way Lodi CA 95242 925-212-3397

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Form 990 (2022)	CHILDREN	OF	TONTOUT	MICCIONO
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors 32-0281925

Check if Schedule O contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See the instructions for the order in which to list the persons above.

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

Aver- Sich Steller		3		. 501	(C		ou arry	, cu	Trent officer, direct	or, or trustée.	
	(A) Name and title	(B) Average hours per	1 1	s boti dir	(do rebox,	not ch unle office			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
(1)		per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1)	John Koppel	1									
	Director	0	X		- 8				0.	0.	0
_ (2)	Larry Johnson	1							0.	0.	0.
	Director	0	X						0.	0.	0
_(3)	Alison Montes	1							· ·	0.	0.
-	Director	0	X						0.	0.	0
(4)	Patricia Gonsor	1		9(4)U.5440					0.	U.	0.
	Director	0	Х						0.	0.	
_ (5)_	Emma_Passaglia	1						+	0.	0.	0.
	Director	0	Х						0.	0	
(6)	Steve Ahonen	1							0.	0.	0.
	Director	0	Х						0.	0.	0
(7)	Anthony Passaglia	1						1	9.	0.	0.
	Director	0	Х						0.	0.	0
(8)	Haley Lewis	1							<u> </u>	0.	0.
	Director	0	Х						0.	0.	0
(9)	Viriginia Ross	1								0.	0.
-	Secretary	0			X			1	0.	0	•
(10)	Daniel Menegus	1			21			+	0.	0.	0.
CALIFORNIA IIV	Vice President				X				0.	0	^
(11)	Royce Nicolaisen	1			21			+	0.	0.	0.
	President	0			Х				0.	2	
(12)	Alex Aruliah	1		+	27			+	0.	0.	0.
	Treasurer				Х				_		profession.
(13)				1	Λ				0.	0.	0.
(14)				+	-		_				
BAA		TEEA010	07L 0)9/01/	122						Farm 000 (2000)

Part VII Section A. Officers, Directors, Tr	ustees	Key	Fn	nnl	01/6	100	010	4 11:-1	32-028192	5 Page 8
, , , , , , , , , , , , , , , , , , , ,	(B)	Itey		iibi	C)	es,	and	a Hignest Con	npensated Emp	loyees (continued)
(A) Name and title	Average hours per week	LUUX	. unie	Po check	sition mor	e than is bot tor/trus	th an stee)	compensation from	(E) Reportable compensation from	(F) Estimated amount
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(15)						g.				
(16)										
(17)										· January
(18)										
(19)										
(20)			4							
(21)			_							
(22)										
(23)			-	_						
(24)			1							
(25)			+	-		4	_			
1b Subtotal										121
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	on A							0.	0.	0.
2 Total number of individuals (including but not limited from the organization 0	to those lis	sted a	bove	e) wl	ho re	eceive	ed m	0. nore than \$100,000	0. of reportable compe	0. nsation
3 Did the organization list any former off					****	20	80 (a)	- 1975	E	Yes No
 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual 	reportable	com	pen	sati	on a	and c	other	r compensation fr	om	3 X
 such individual. Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes, Section B. Independent Contractors 										4 X
										5 X
Complete this table for your five highest compens compensation from the organization. Report compens	ated inde ation for th	pende ne cal	ent d	cont ar ye	ract ar e	ors t	hat g wit	received more that th or within the orga	an \$100,000 of anization's tax year.	e e e e e e e e e e e e e e e e e e e
(A) Name and business addre				- 1 = 504 a				(B) Description of		(C) ompensation
	260					1		- 1500 -		
	37	2.01								
2 Total number of independent contractors (including bu		ed to t	hose	e list	ed a	above	e) wh	no received more th	nan	10 - 11 by 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
\$100,000 of compensation from the organization	0									

		Check if Schedu	le O contains	a response or note t	o any line in this Part	VIII		
		year			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from ta
Contributions, Gifts, Grants,	d Outer Similar Amour	a Federated campaig b Membership dues. c Fundraising events. d Related organizatio e Government grants (cont f All other contributions, g similar amounts not incli g Noncash contributions in lines 1a-1f. h Total. Add lines 1a-	onstributions) gifts, grants, and guded above	1a	are and the state of the state	revenue		512-514
e Revenue	2a	a		Business Code				
Program Service Revenue	e f	All other program s	ervice revenue					
	3	Investment income (in other similar amount lincome from investment investment)	ncluding divider		10	10.		
	b	Royalties	(i) Rez 6a 6b 6c	al (ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securi 7a 7b 7c					
Other Revenue		Gross income from fundra (not including \$ of contributions reported of See Part IV, line 18	on line 1c).	8a				
Other	С	Less: direct expense Net income or (loss) Gross income from gaming See Part IV, line 19	es from fundrais	8b				
	С	Less: direct expense Net income or (loss) Gross sales of inventory, I returns and allowances	s from gaming	9b				
	b	returns and allowances Less: cost of goods : Net income or (loss)	sold					
Miscellaneous Revenue	11a b c d	All other revenue		Business Code	Elizabeth and a party Department of the			
_	е	Total. Add lines 11a- Total revenue. See in	-11d		273,235.	10.	0.	0.

Pa	art IX Statement of Functional Expe	ncac		32-02	81925 Page 1 (
Se	ction 501(c)(3) and 501(c)(4) organizations must co	omplete all columns All -1	Prince V		
	Check if Schedule O contains a	response or note to an	her organizations must c	omplete column (A).	
Do 6b	7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	206,685.	206 605		
4 5	Compensation of current officers directors	200,003.	206,685.		
6	trustees, and key employees	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			Manager and antique of the second	
11	Fees for services (nonemployees):				
ā	Management				
Ł	Legal				W
C	: Accounting	4,320.			
C	Lobbying	4,320.		4,320.	
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 Schedule 0.) Advertising and promotion	2,830.		2,830.	
13	Office expenses	0.550			
14	Information technology.	3,658.		3,658.	
15	Royalties.				
16	Occupancy.				
17	Travel				18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	2,200.	2,200.		
19 2 0	Conferences, conventions, and meetings				
21	Payments to affiliates				
	Depreciation, depletion, and amortization			DOWN TO A CONTROL OF	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	115.		115.	
а	Contract Services	15 000	15 000		
b	Postage and Shipping	15,000.	15,000.		
	Website	1,023.		1,023.	
	Books, Subscriptions	683.		683.	
e	All other expenses.	590.	590.		
25	Total functional expenses. Add lines 1 through 24e	237,104.	004 455		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	231,104.	224,475.	12,629.	0.

Part X Balance Sheet

(m)		Check if Schedule O contains a response or note to any line in this Part X			
-			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	62,703.	1	
	2	Savings and temporary cash investments	51,232.		73,749.
	3	riedges and grants receivable, net	31,232.	3	64,116.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		5	
	7	Notes and loans receivable, not		6	
S	8	Notes and loans receivable, net		7	
sel	9	Inventories for sale or use.		8	
Assets	N DOTTO	Prepaid expenses and deferred charges.		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	14 700
	11	Investments — publicly traded securities		11	14,702.
	12	investments — other securities. See Part IV, line 11.		12	
	13	investments – program-related. See Part IV. line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		0.00	
	16	Total assets. Add lines 1 through 15 (must equal line 33).	112.026	15	
		WWW. STATE OF THE	113,936.	16	152,567.
	17	Accounts payable and accrued expenses.		17	
	18	Grants payable		18	
	19	beleffed revenue		19	Account of the contract of the
	20	rax-exempt bond liabilities	70 TO 100	20	·
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1000 000 000 000 000	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.			The state of the s
mud	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties.		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	-	24	x
	26	Total liabilities. Add lines 17 through 25.	0.	25 26	
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		20	0.
<u>a</u>	27	Net assets without donor restrictions	113,936.	27	150.565
ě	28	Net assets with donor restrictions	113,930.	27	152,567.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		28	
ō	29	Capital stock or trust principal, or current funds.			
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		29	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		30	W .
t A	32	Total net assets or fund balances.	San	31	
Se	33	Total liabilities and net assets/fund balances	113,936.	32	152,567.
3A/	1	TEEA01111 000102	113,936.	33	152,567.

Page 12		273,235.	237,104.		113,936.			2,500.	0.	152,567.	C	Yes No			Λ Δ Δ			Y 97			27		3a X	36	0000
32-0281925				m ,	5 4	9		∞ c	n	10		ACCEPTAGE OF THE PROPERTY OF T		112	iled or reviewed on a			d on a separate		iht of the audit,	explain	t forth in the Uniform		e required audit	
Form 990 (2022) CHILDREN OF FAITH MISSIONS Part XI Reconciliation of Net Assets	onse or n	Total expenses (must equal Part IX, column (A), line 12)			5 Net unrealized gains (losses) on investments.	7 Investment expenses.	8 Prior period adjustments.		10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	Part XII Financial Statements and Reporting	Check if Schedule O contains a response or note to any line in this Part XII.	1 Accounting method used to prepare the Form 990.		2a 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 on a separate basis, consolidated having or hoth.	Separate basis Consolidated basis Both consolidated and separate basis	b 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 basis, consolidated basis, or both:	Separate basis Consolidated basis Both consolidated and separate basis	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accomplants	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	federal award, was the organization re R Part 200. Subnart F?	b If "Yes," did the organization undergo the required and the condition of the required and the condition of the required and the condition of the condition		TEEA0112L 09/01/22

Form 990 (2022)

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

CH	HILDREN OF FAITH MISS	TONG				Employer identific	H. M. 17 (1.104 / 1.10
Pa	Reason for Public Che organization is not a private four	narity Status (All	organizations mus		1 1 11	32-028192	25
The	organization is not a private fou	ndation because it is:	(For lines 1 through 10	comp	lete th	is part.) See instru	ictions.
1	A church, convention of church	ches, or association of	churches described in a	check	only one	e box.)	
2	A school described in secti	ion 170(b)(1)(A)(ii) (A	uttach Schedulo E (Form	ction 170	J(D)(1)(A))(1).	
3	A hospital or a cooperative	hospital service orga	nization described in a	11 990).)	70/13/43/	45 din	
4	A medical research organiz	zation operated in cor	innation with a bospita	doors)(1)(a)U\	A)(III).	
	name, city, and state:	aparatou iii coi	ijanetion with a nospita	describ	ea in se	ction 170(b)(1)(A)(iii). E	Enter the hospital's
5	An organization operated for						
		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
6 7	X An organization that normally	overnment or governm	nental unit described in	section	1 70(b)(1)(A)(v).	
25	in section 170(b)(1)(A)(vi).				nental un	it or from the general pul	blic described
8		ed in section 170(b)(1))(A)(vi). (Complete Part	11.)			
9	An agricultural research organ	nization described in se	ection 170/hV1VAViv) one	roted in	conjuncti	on with a land grant calls	200
	and gir	ant college of agricultu	re (see instructions). Ente	er the nai	ne, city,	and state of the college	eye or
	———————						
10	I TAU OLUGIIZADOU HISI DORMS	Illy receives (1) more	than 33-1/3% of its sup	port from	n contrib	outions membership to	
	investment income and unn June 30, 1975. See section	elated business taxat 509(a)(2). (Complete	ole income (less section Part III.)	511 tax) from b	usinesses acquired by	ts support from gross the organization after
11	An organization organized a	and operated exclusiv	ely to test for public sa	fetv. See	section	1 509(a)(4)	
12	An organization organized a	and approted avaluati	. 1 - 7 - 11 - 1				ut the purposes of one
_	lines 12a through 12d that c	describes the type of	Supporting organization	and cor	nnloto li	(2). See section 509(a	(3). Check the box or
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections	equilarly appoint or old	ed, or controlled by its su ct a majority of the directo	pported or ors or true	organizat stees of t	ion(s), typically by giving the supporting organization	the supported
b	Type II. A supporting organi	ization supervised or	controlled in connection	n with its	support	ed organization(s), by	having control or
	must complete Part IV, Sec	tions A and C.	The same persons that t	JOHN OF	manage	trie supported organizati	on(s). You
С	Type III functionally integrated organization(s) (see instruction)	d. A supporting organizations). You must com	ation operated in connection	n with, a	nd functio	onally integrated with, its s	supported
d	Type III non-functionally integrated. The instructions). You must com	grated. A supporting or organization generall	ganization operated in co	nnection	with its s	supported organization(s)	that is not
е	Check this have if the	nplete Part IV, Section	ns A and D, and Part V.			t and an attentiveness	requirement (see
	Check this box if the organizated, or Type III non-fit				that it is	a Type I, Type II, Type	e III functionally
f	Enter the number of supported	organizations	supporting organization				
g	Frovide the following information	on about the supporte	d organization(s).			*** (** 1.2 *** 1.8 * 1.8	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		s the	(v) Amount of monetary	(vi) Amount of other
			above (see instructions))	in your o	tion listed loverning	support (see instructions)	support (see instructions)
				docu	ment?		
APPENDING NO. 10				Yes	No		
(A)							
<u>(, ()</u>							
(B)							
(C)	Andrews I I I I I I I I I I I I I I I I I I I						
50000000							
(D)							
(E)							
	estatement eliperate accupación en la contrata de cont		Les controls of the second				**
Total		10.00					
DAA							

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

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

	John M. Laplic Support						
Cal	lendar year (or fiscal year ginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190 427	226 225			(6) 2022	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	180,427.	226,995.	191,790.	265,706.	273,225.	1,138,143.
3							0.
4	Total. Add lines 1 through 3	180,427.	226,995.	101 700			0.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		220, 993.	191,790.	265,706.	273,225.	1,138,143.
6	Public support. Subtract line 5 from line 4						0.
Sec	ction B. Total Support			L			1,138,143.
Cale beg	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	180,427.	226,995.	191,790.	265,706.	273,225.	1 120 142
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32.	34.		290,100.		1,138,143.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	52.	54.	22.		10.	98.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10.						0.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				1,138,241.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,				
Sec	HOR C. COMPLITATION OF Pull	alic Cumpart D	~~~~	District Control of the Control of t			
14	Public support percentage for 20	22 (line 6, column	(f), divided by lin	e 11, column (f)).	*******	14	99.99%
13	Fublic support percentage from 2	2021 Schedule A,	Part II, line 14				99 99 %
16a	33-1/3% support test—2022. If the and stop here. The organization	ne organization did qualifies as a pub	d not check the bo licly supported org	ox on line 13, and ganization	line 14 is 33-1/39	% or more, check	this box
	and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13 or 16a, ganization	and line 15 is 33	-1/3% or more, ch	neck this box
	10%-facts-and-circumstances terms or more, and if the organization rethe organization meets the facts-	st—2022. If the org neets the facts-ar and-circumstance	ganization did not nd-circumstances t s test. The organi	check a box on ling test, check this bo zation qualifies as	ne 13, 16a, or 16 ox and stop here. oa publicly suppo	b, and line 14 is Explain in Part V rted organization	10% /I how
	10%-facts-and-circumstances ter or more, and if the organization r organization meets the facts-and	-circumstances te	st. The organization	on qualifies as a p	ublicly supported	Explain in Part V	/I how the
10	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 3, 16a, 16b, 17a, d	or 17b, check this	box and see ins	tructions
NAS	Martin Company of the						

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

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

Se	ction A. Public Support	CONTRACTOR MANAGEMENT	, please complete	rait II.)			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(N. 0001	T	
7	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(7,-1,0	(5) 2013	(6) 2020	(d) 2021	(e) 2022	(f) Total
2							
3							ret reserve company (202
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		Chicken September	Translation of the	at the state of the state of	Color Disease Color	
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2021	() 0000 I	
	Amounts from line 6	(4) 2010	(6) 2013	(6) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest, dividends,	1.00 = 1.					
	payments received on securities loans, rents, royalties, and income from similar sources						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9.						
b c 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is the similar survey.	or the organizatio	on's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
11 12 13 14 Sect	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is 1 organization, check this box and tion C. Computation of Put	olic Support Po	ercentage	***********		*************	
b c 11 12 13 14 Sect	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Put Public support percentage for 20.	olic Support Po	ercentage	ue 13 column (f)	***********	16	
b c 11 12 13 14 Sect 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Put Public support percentage for 20. Public support percentage from 2	Dlic Support Po 22 (line 8, column 2021 Schedule A,	ercentage (f), divided by lir Part III, line 15	e 13, column (f))	***********	16	oʻo
11 12 13 14 Sect 15 16 Sect	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is 1 organization, check this box and tion C. Computation of Put Public support percentage for 20. Public support percentage from 2 tion D. Computation of Investigation.	polic Support Po 22 (line 8, column 2021 Schedule A, estment Incom	ercentage (f), divided by line Part III, line 15	e 13, column (f))			
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12 13 14 Sect 15 16 Sect 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Public support percentage for 20. Public support percentage from 2 filon D. Computation of Investment income percentage from Investment Income Investme	polic Support Polic Support Polic Support Polic Schedule A, costment Incomport 2022 (line 10c, com 2021 Schedule Schedule Schedule Support Polic Support Pol	ercentage (f), divided by lir Part III, line 15 1e Percentage column (f), divide e A. Part III, line	d by line 13, colu	mn (f))	15 16 17 19 19 19 19 19 19 19 19 19 19 19 19 19	% %
11 12 13 14 Sect 15 16 Sect 17 18 19a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and thion C. Computation of Public support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests—2022 If the similar surport income percentage from 33-1/3% support tests—2022 If the support	polic Support Polic Support Polic Support Polic Schedule A, costment Incomport 2022 (line 10c, com 2021 Schedule 20 organization di	ercentage In (f), divided by lint Part III, line 15 The Percentage Column (f), divide E A, Part III, line	d by line 13, column (f)	mn (f))	15 16 17 18	% % %
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b c 11 12 13 14 Sect 15 16 Sect 17 18 19a b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and thion C. Computation of Public support percentage for 20. Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests—2022 If the similar surport income percentage from 33-1/3% support tests—2022 If the support	polic Support Polic Support Polic Support Polic Schedule A, costment Incomport 2022 (line 10c, nom 2021 Schedule ne organization dithis box and stop ne organization discheck this box and check this box a	ercentage (f), divided by line Part III, line 15 1e Percentage column (f), divide e A, Part III, line d not check the be here. The organi d not check a box and ston here. The	d by line 13, column (f)) ox on line 14, an zation qualifies a on line 14 or line	mn (f))	15 16 17 18 than 33-1/3%, and rted organization. is more than 33-1/3.	% % % line 17

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.)

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	ection A. All Supporting Organizations	-nPac	-	
			Van	T 81-
	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.	1	Yes	No
	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).	2		
	3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.			
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization.	on 3a 3b		
	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.	30		
2	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.	4a		
	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.	4b		
	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 the 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).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6				
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).	7		
8	B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Ye complete Part I of Schedule L (Form 990).	es," 8		
9	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.	9a		
	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.	9b		
	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.	9c		
10	a 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	s,"		
	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.)	10a 10b		
		100	45	

Pa	art IV Supporting Organizations (continued)	32-0281925	Page
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes No
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c the governing body of a supported organization?		
	b A family member of a person described on line 11a above?	11a	
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11a, provide detail in Book 14	11b	
Se	ction B. Type I Supporting Organizations	11c	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members or more supported organizations have the power to regularly appoint or elect at least a majority of the organization(s) of trustees at all times during the tax year? If "No," describe in Part VI how the support than one supported organization, describe how the powers to appoint and/or remove officers, directors, of during the tax year.	ganization's rted tion had more	Yes No
2	Did the organization operate for the benefit of any supported organization other than the supported organ that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how prove supporting organization.	ization(s) iding such the	(#10-550 16,500 1
Sec	ction C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the organization in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization.	ustees lement of the lization(s).	Yes No
Sec	tion D. All Type III Supporting Organizations		
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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provided.	ne prior tax	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V the organization maintained a close and continuous working relationship with the supported organization(s)		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a sig voice in the organization's investment policies and in directing the use of the organization's income or ass all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization this regard.	nificant ets at ons played	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	notruotional	
а		isuucuons).	
b			
c		ntal entity (see instru	rtions)
2	Activities Test. Answer lines 2a and 2b below.	2000	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those support organizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities consultantially all of its activities.	of the ted	Yes No
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part reasons for the organization's position that its supported organization(s) would have engaged in these activities that, but for the organization's involvement.	ent, one or	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or true each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	stees of 3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Sch	nedule A (Form 990) 2022 CHILDREN OF FAITH MISSIONS		22_0	201025
Pa	IT V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	281925 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	st on N	ov. 20, 1970 (explain	in Part VI). See
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year
_ 1	Net short-term capital gain	T ₁	e de la companya de l	(optional)
_ 2	Recoveries of prior-year distributions	2		Mary Market Strategy Co.
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	100 110 M 100 100 100 100 100 100 100 10	
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			(Optional)
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	AND THE RESERVE OF THE PERSON	
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	10	s, turk or eri kressie v sam fles Te litt ka saksillar er ellist fles	en paratoria dipenanta varia. Disenta representa a production
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	3000	Esser Annual Control of Control o
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7	Section 2	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C — Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1	A STATE OF STATE OF STATE OF STATE OF	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
- 19	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	LOPE Comparison to	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	Santa for all the San	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	Tangan ke Pinawalian Kali Sebagai Ketalan Kali	
7	Check here if the current year is the organization's first as a non-functionally integer (see instructions).	grated T	ype III supporting org	anization
ВАА		West State	Sche	dule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Section D. Distribution	Upporting Organiza	32	2-028	1925 Page :		
Sec	ction D – Distributions	apporting Organiza	ttions (continue	ed)			
1				11	Current Year		
2	Amounts paid to perform activity that directly furthers exempt purposes	mounts paid to perform activity that directly furthers exempt purposes of supported organizations, a excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of s		2				
4	Amounts paid to acquire exempt-use assets	supported organizations		3			
5	Qualified set-aside amounts (prior IRS approval required – provide			4			
6	Other distributions (describe in Part VI). See instructions.	e details in Part VI)		5			
_ 7	Total annual distributions. Add lines 1 through 6.		West of the second	6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide	details	7 8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	-	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.				or provincial complete con- complete participation in		
3	Excess distributions carryover, if any, to 2022						
2	From 2017		Carlotte and Carlotte and				
	From 2018						
	From 2019		port of the second second				
C	From 2020		Commission of the Commission o				
	From 2021						
	f Total of lines 3a through 3e		Property and Company				
	Applied to underdistributions of prior years	manager encountry of the execution					
1	Applied to 2022 distributable amount						
	Carryover from 2017 not applied (see instructions)		and the state of				
Į,	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
	Distributions for 2022 from Section D, line 7: \$				Commerce Barrell (1995) (1995) Strain (1996) (1996) (1995) (1996) Commerce Barrell (1996) (1996) (1996)		
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		CONTROL OF THE ACCUSTON OF THE CONTROL OF THE CONTR				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		e de Militario de Compansione				
8	Breakdown of line 7:						
а	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
100	Excess from 2021						
-	Evance from 2000						

BAA

Schedule A (Form 990) 2022

Part VI

32-0281925

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number CHILDREN OF FAITH MISSIONS 32-0281925 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

Name of or		Employ	1 2 Page 2 er identification number
Part I	REN OF FAITH MISSIONS	32-0	281925
	The state of the first detions). Ose duplicate copies of Part 1 if additional s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Walnut Creek Presbyterian Church		Person X Payroll
	1801 Lacassie Ave	\$8,000.	Noncash
	Walnut Creek, CA 94596		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Lafayette-Orinda Presbyterian Churc		Person X
	49 Knox. Dr	\$23,276.	Payroll
-	Lafayette, CA 94549		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Lord of Life Lutheran		Person X
	P.O. Box 70	\$ 6,825.	Payroll Noncash
	Lafox, IL 60147		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Steve & Laurey Ahonen		Person X
	4031 Joyce Drive	\$_ 7,350.	Payroll Noncash
	Concord, CA 94521		(Complete Part II for
(a) No.	(b)	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	National Christian Foundation of CA		Person X
	650 Town Center Drive	\$13,300.	Payroll Noncash
	Costa Mesa, CA 92626		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Amar Singh		Person X
	1813 Seville Drive	\$ 17,501.	Payroll Noncash
	Napa, CA 94559		(Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22		chedule B (Form 990) (2022)

Schedul	e B (Form 990) (2022) rganization		2 2 Page 2
	DREN OF FAITH MISSIONS	99 540	er identification number
Part I		dditional space is needed	281925
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Robert Johnson & Margaret Liu 3656 Happy Valley Road Lafayette, CA 94549	\$16,250.	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
8	Otsi McAllister 300 Frank H Ogawa Plaza, # 400 Oakland, CA 94612		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
9	David Herman PO Box 2469 Danville, CA 94526	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	Steve & Karen Seto 700 Cumberland Court Pleasant Hill, CA 94523	\$\$ <u>5,</u> 960.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22		chedule B (Form 990) (2022)

Page 3

Name of organization

CHILDREN OF FAITH MISSIONS

Employer identification number 32-0281925

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
	N/A		
And a supply of the supply of		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 07/22/22		

Schedule	B (Form 990) (2022)		1 1 2			
Name of orga	enization EN OF FAITH MISSIONS	77.50	1 1 Page 4			
Part III	Exclusively religious, charitable, e	completing Part III, enter the total of a	tions described in section 501(c)(7), (8), ntributor. Complete columns (a) through (e) and exclusively religious, charitable, etc., structions.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
ВАА		TEEA0704L 07/22/22	Schedule B (Form 990) (2022)			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CH:	ILDREN	N OF FAITH MISSIONS	22_0201025
Pa		Organizations Maintaining Donor Advised Funds or Other Similar Fun	32-0281925
teaming		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	nds of Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year	(b) I dida and other accounts
2	Aggregat	te value of contributions to (during year)	The state of the s
3	Aggregat	te value of grants from (during year)	
4	Aggreg	gate value at end of year	
5	Did the are the	e organization inform all donors and donor advisors in writing that the assets held in dono e organization's property, subject to the organization's exclusive legal control?	or advised funds
6	Did the	e organization inform all grantees, donors, and donor advisors in writing that grant funds aritable purposes and not for the benefit of the donor or donor advisor, or for any other punissible private benefit?	can be used only
Pa	rt II	Conservation Easements.	les No
		Complete if the organization answered "Yes" on Form 990. Part IV, line 7.	
1	Purpos	se(s) of conservation easements held by the organization (check all that apply).	
	Pre	eservation of land for public use (for example, recreation or education)	of a historically important land area
	Pro		of a certified historic structure
		eservation of open space	
2	Comple last da	ete lines $2a$ through $2d$ if the organization held a qualified conservation contribution in the form a	of a conservation easement on the
		ACCOUNTY MAY 201	Held at the End of the Tax Year
í	a lotal n	number of conservation easements	2a
1	o lotala	creage restricted by conservation easements	2 b
		er of conservation easements on a certified historic structure included in (a)	2 c
	HISTORIC	er of conservation easements included in (c) acquired after July 25, 2006 and not on a structure listed in the National Register.	2 d
3	tax yea	r of conservation easements modified, transferred, released, extinguished, or terminated by the care.	organization during the
4	Numbe	er of states where property subject to conservation easement is located	
5	Does the	he organization have a written policy regarding the periodic monitoring, inspection, handliforcement of the conservation easements it holds?	Yes No.
6	Staff ar	nd volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount	t of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
8	Does e	each conservation easement reported on line 2(d) above satisfy the requirements of section 170(b)(4)(P)(ii) 2	on 170(h)(4)(B)(i)
9	In Port	ction 170(h)(4)(B)(ii)?	Yes No
	conserv	XIII, describe how the organization reports conservation easements in its revenue and e , if applicable, the text of the footnote to the organization's financial statements that desvation easements.	cribes the organization's accounting for
Par	† III	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
	Part XI	organization elected, as permitted under FASB ASC 958, not to report in its revenue state cal treasures, or other similar assets held for public exhibition, education, or research in full the text of the footnote to its financial statements that describes these items.	urtherance of public service, provide in
ł	followir	organization elected, as permitted under FASB ASC 958, to report in its revenue statemer al treasures, or other similar assets held for public exhibition, education, or research in furtheraring amounts relating to these items:	nce of public service, provide the
	(I) Rev	venue included on Form 990, Part VIII, line 1sets included in Form 990, Part X	\$
^	(II) Ass	sets included in Form 990, Part X	\$
2	If the or amount	rganization received or held works of art, historical treasures, or other similar assets for financial ts required to be reported under FASB ASC 958 relating to these items:	gain, provide the following
a	a Revenu	ue included on Form 990, Part VIII, line 1	\$
t	Assets	included in Form 990, Part X	\$
BAA	For Pa	perwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 07.	/06/22 Schedule D (Form 990) 202

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CHILD	REN OF FAITH	MISSIONS			32-02819	25		Page 2
Part III Organizations Maint	aining Collectio	ns of Art, Hi	storical Treasure	s, or Other	Similar Asso	ets (conti	nued)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check a	any of the following that	make significa	nt use of its coll	lection	ĭ	
a Public exhibition		d Loan	or exchange program	1				
b Scholarly research		e Other	•					
c Preservation for future genera	ations		9.			2337	Til I	
4 Provide a description of the organiza Part XIII.								
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	donations of a	rt, historical treasures organization's collection	, or other simi	lar assets	Yes	Γ	No
Part IV Escrow and Custodi reported an amount on Fo	ial Arrangements rm 990, Part X, line 2	s. Complete if th	he organization answer	red "Yes" on Fo	rm 990, Part IV		9, or	
1 a Is the organization an agent trus	tee custodian or oth	er intermediary	for contributions or o	thar accets as	k i wali zala al	2020		
on Form 990, Part X?b If "Yes," explain the arrangement in		to the total total and a second		**********		Yes	L	No
					Am	ount		
c Beginning balance							manuscriptishing.	
d Additions during the year				1 d		1-19-5-1		
e Distributions during the year				1 e				
f Ending balance				1 f		W - 10 50 50 50 50 50 50 50 50 50 50 50 50 50		
2a Did the organization include an a	mount on Form 990,	Part X, line 21,	, for escrow or custod	ial account lia	bility?	Yes		No
b If "Yes," explain the arrangement	in Part XIII. Check I	here if the expla	anation has been prov	vided on Part	(III		[
					Water Street Control of the Control			
Part V Endowment Funds.		nization answere			L.			
1 - Doningian of the bull	(a) Current year	(b) Prior yea	r (c) Two years b	ack (d) Thr	ee years back	(e) Fo	our year	s back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								0.000
f Administrative expenses			2			1877 - 1885 - 18		10000
g End of year balance						200		
2 Provide the estimated percentage	of the current year	end balance (lir	ne 1g, column (a)) he	ld as:	k.			
a Board designated or quasi-endow		%						
b Permanent endowment	96							
c Term endowment	%							
The percentages on lines 2a, 2b, an	d 2c should equal 100)%.						
3 a Are there endowment funds not in the organization by:	ne possession of the o	rganization that	are held and administer	red for the			Yes	No
(i) Unrelated organizations		era kontra kontrataria arabia kontra	******		3	a(i)	100	110
(ii) Related organizations					3	a(ii)		
b If "Yes" on line 3a(ii), are the rela						3b		
4 Describe in Part XIII the intended					·····-	JD	-	L
Part VI Land, Buildings, and		adding chacking	one lands.	· · · · · · · · · · · · · · · · · · ·				-
Complete if the organization		Form 990 Part	IV line 11a See Form	000 Port V I	ina 10			
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Description of property	i (in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accur depred	nulated iation	(d) B	ook va	lue
1 a Land			14,702			3/65	14.	702.
b Buildings			**************************************					
c Leasehold improvements								

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		14,702.		14,702.
b Buildings		/		11,702.
c Leasehold improvements				
d Equipment				and the same of th
e Other				
Total. Add lines 1a through 1e. (Column (d) must e		olumn (B), line 10c.)		14,702.

BAA

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CHILDREN OF FAITH MISSIONS		20 0001005	2003
Part XI Reconciliation of Revenue per Audited Financial Statemen	oto With Davis	32-0281925	Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	is with Revenue pe	r Return. N/A	
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
a Net unrealized gains (losses) on investments.	l n-l		
b Donated services and use of facilities.	2 a 2 b		
c Recoveries of prior year grants.	20		
d Other (Describe in Part XIII.)	2 c 2 d		
e Add lines 2a through 2d.	20		
3 Subtract line 2e from line 1.		2e	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4-	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Evponsos	3	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its with Expenses t	ber Return. N/A	
1 Total expenses and losses per audited financial statements	3, 100 /A		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
a Donated services and use of facilities	I		
b Prior year adjustments.			
c Other losses	2 b		
d Other (Describe in Part XIII.).	2 c 2 d		
e Add lines 2a through 2d.			
3 Subtract line 2e from line 1.		2e	-
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	3	-
a Investment expenses not included on Form 990, Part VIII, line 7b.	4.3		
b Other (Describe in Part XIII.)	74		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

c Add lines 4a and 4b.

BAA

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

United States.

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

Inspection

OMB No. 1545-0047

CHILDREN	OF	FAITH	MISSIONS

Part V

Employer identification number

32-0281925 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

3 Activities per Region. (The	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)			***************************************		
(2)					
(3)					The second secon
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					West and the second sec
(11)					
(12)					
(13)					
14)					
15)					
(16)					
(17)					
3a Subtotal					The state of the s
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) BAA For Paperwork Reduction	0	0			

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

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Ā	2 Ente orga 3 Ente							10.00				_	
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			North Park								(a) Name of organization	
	rations listed above that ne grantee or counsel ons or entities									SOLUM CONTROL	(1 277	(b) IRS code section and EIN	
	at are recognized a has provided a sec				В						Part V	(c) Region	
	s charities by the tion 501(c)(3) eq									Program		(d) Purpose of grant	
	foreign country, uivalency letter									206,685.		(e) Amount of cash grant	
STREET THEORY STREET CHEST CHEST CHEST CONTROL	recognized as a ta									Wire	Helliasindsin	(f) Manner of cash	
	x exempt 501(c)(3										assistance	(g) Amount of noncash	
Y	•											(h) Description of noncash	
	V V										other)	(i) Method of valuation (book,	

BAA

Schedule F (Form 990) 2022 CHILDREN OF FAITH MISSIONS

Page 3

32-0281925

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

BAA	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	9	(6)	(5)	(4)	(3)	(2)	Э	
												5							(a) Type of grant or assistance
																			(b) Region
																			(c) Number of recipients
		92																	(d) Amount of cash grant
																			(e) Manner of cash disbursement
																			(f) Amount of noncash assistance
Schedule F (F																			(g) Description of noncash assistance
Schedule F (Form 990) 2022																			(h) Method of valuation (book, FMV, appraisal, other)

Sche	CHILDREN OF FAITH MISSIONS	32-0281925	Page 4
Par			
-	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Tyes	No No
7	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).	···	N N
m	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).	in \textstyle Yes	N X
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	d Yes	N _o
D.	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	Yes	S X
ဖ	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	···	N N
BAA	TEEA3505L 08/18/22	Schedule F (Form 990) 2022	rm 990) 2022

Schedule F (Form 990) 2022

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

In the South Asia region, money is sent to the Children of Faith orphanange which serves about 100 children.

Regular reports of activities and financial condition are provided to the Children of Faith Board of Directors for review on at least a semi-annual basis. In addition, either members of the Board or interested donors take a trip once a year or so to visit the organization in person and report back on the status of various projects that have been supported.

Part I, Line 3f - Investments & Expenditures Per Region

\$206,685 was sent to support the work of Children of Faith orphanage located in the South Asia region.

Part II, Line 1 - Method of Accounting

Cash

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN OF FAITH MISSIONS

Employer identification number

32-0281925

Form 990, Part VI, Line 11b - Form 990 Review Process

Tax return is presented to the Board for review and acknowledgement of its completion.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request

12/31/22		2022 Federal Book Depreciation Schedule	ral Book	Depreci	ation S	chedul	Ф			Page 1
			CHILDREN OF FAITH MISSIONS	OF FAITH M	SNOISS					32-0281925
No. Description	Date D	Date Cost/ Bus. Sold Basis Pct	Cur 179	Prior Special 179/ Depr. Bonus/ Allow Sp. Depr.	Prior / Dec. Bal.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method Life Rate	Current
990/990-PF										I
Land										
1 Land	7/01/22	14,702					14,702		S/L	0
Total Land		14,702	0	0	0 0	0	14,702	0		0
Total Depreciation		14,702	0	0	0 0		14,702	0		0
Grand Total Depreciation		14,702	0		0 0	0	14,702	0		0
										Parket Of State
										7311