## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2023

#### **Prepared For:**

Interfaith Carepartners, Inc. 3838 Aberdeen Way Houston, TX 77025

#### **Prepared By:**

Carr, Riggs & Ingram, LLC Two Riverway, 15th Floor Houston, TX 77056

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form	990
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 23 **Open to Public** 

. Inspection

Department of the Treasury Internal Revenue Service

AF	or the	2023 calendar year, or tax year beginning and	enaing		
B c a	heck if	c Name of organization		D Employer identifie	cation number
	Addre	INTERFAITH CAREPARTNERS, INC.			
	Name chang			76-02534	80
	Initial	3	Room/suite	E Telephone number	
	Final return/	3838 ABERDEEN WAY	i i o o i i i o o i i o	713-682-	
	termin			G Gross receipts \$	3,498,149.
	Ameno			H(a) Is this a group re	
	Applic tion			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527		list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	· · · · · · · · · · · · · · · · · · ·	A State of legal domicile: TX
	rt I	Summary	1		
	1	Briefly describe the organization's mission or most significant activities: $[{ m TO}]$ PI	ROVIDE	CARE, EDUCA	ATION, AND
JCe		SUPPORT TO OLDER ADULTS, INCLUDING THOSE			
Governance		Check this box if the organization discontinued its operations or dispos			
ver	3			3	15
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
s S		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			24
Activities &		Total number of volunteers (estimate if necessary)			1463
ctiv				7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)		1,023,909.	2,844,896.
nue		Program service revenue (Part VIII, line 2g)		278,767.	582,823.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		553.	0.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		782.	-24,718.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,304,011.	3,403,001.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,049,820.	1,295,924.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		18,000.	33,800.
be		Total fundraising expenses (Part IX, column (D), line 25) 197, 11	18.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		617,939.	885,330.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,685,759.	2,215,054.
	19	Revenue less expenses. Subtract line 18 from line 12		-381,748.	1,187,947.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		1,299,975.	2,211,435.
t As.	21	Total liabilities (Part X, line 26)		658,512.	382,025.
		Net assets or fund balances. Subtract line 21 from line 20		641,463.	1,829,410.
	nrt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	has any knowledge.	

Sign	Signature of off	ficer			Date		
-	KATHERII	NE SCOTT, PRESIDE	NT				
	Type or print na	ame and title					
	Print/Type prep	arer's name	Preparer's signature	Date	Check	PTIN	
Paid	KRISTEN	SIMPSON	KRISTEN SIMPSON	10/04	/24 self-employed	P01268482	
Preparer	Firm's name	CARR, RIGGS & IN	GRAM, LLC		Firm's EIN 72-	1396621	
Use Only	Firm's address	TWO RIVERWAY, 15	TH FLOOR				
	HOUSTON, TX 77056 Phone no.713-621-8090						
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Re	eduction Act Notice, see the sen	arate instructions. 332001 12-21-23			Form <b>990</b> (2023)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) INTERFAITH CAREPARTNERS, INC. 76-0253480 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE CARE, EDUCATION, AND SUPPORT TO OLDER ADULTS, INCLUDING
	THOSE WITH DEMENTIA, AND THEIR FAMILY CAREGIVERS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,655,970. including grants of \$) (Revenue \$582,823.)
	CAREPARTNERS BRIDGES THE GAP BETWEEN HEALTHCARE AND SOCIAL SERVICES FOR
	AN AGING POPULATION THROUGH ITS LICENSED DEMENTIA DAY CENTER AND A SPECTRUM OF FREE AND IMPACTFUL PROGRAMMING THAT INCLUDES SUPPORT
	GROUPS, CAREGIVER CONSULTATIONS, IN-HOME COMPANIONSHIP, ORGANIZED
	ACTIVITY PROGRAMS, CAREGIVER RESPITE AND EXPERT EDUCATIONAL TRAINING.
	IN 2023, CAREPARTNERS MOBILIZED 1,463 VOLUNTEERS TO PROVIDE 65,587
	HOURS OF EDUCATION, CARE, AND SUPPORT TO 2,442 OLDER ADULTS AND THEIR
	FAMILY CAREGIVERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	Other program car ison (Decerity on Schedule O)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ )       (Revenue \$ )         Total program service expenses       1,655,970.
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 Form 990 (2023)
 INTERFAITH CAREPARTNERS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		11a	х	
h	Part VI		- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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 INTERFAITH CAREPARTNERS, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
07	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		_ <u></u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	· · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a18			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2023) INTERFAITH CAREPARTNERS, INC.	76-02	53480	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pave	or? <b>7a</b>	х	
				Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
-	to file Form 8282?		. 7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	II	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			N/	A
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	-		N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		. 15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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INTERFAITH CAREPARTNERS, INC.

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any oth	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			

	This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			¢

17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available									
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>KATHERINE SCOTT</b> - 713-682-5995									
	3838 ABERDEEN WAY, HOUSTON, TX 77025									
332006	5 12-21-23 Form <b>990</b> (2023)									

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10221004 794202 94-02005.001

х

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<sup>2023.04030</sup> INTERFAITH CAREPARTNERS, 94-02002

Form 990	(2023)
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INTERFAITH CAREPARTNERS, INC.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do			ition more		one	Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week			uau	recio	i/irus	lee)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	ll trus		/ee	m pen		1099-NEC)	1033-1120)	and related		
	below	Individual trustee or director	nstitutional trustee	5	mplo	est col	er			organizations		
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			0		
(1) KATHERINE SCOTT	40.00											
PRESIDENT		Х		Х				158,000.	0.	0.		
(2) DAVID JEWELL	1.00											
PAST CHAIR/MEMBER	1.00	Х						0.	0.	0.		
(3) EARL SHELP, PH.D.	1.00											
EMERITUS		Х						0.	0.	0.		
(4) RON SUNDERLAND, ED	1.00											
EMERITUS		Х						0.	0.	0.		
(5) WRIGHT MOODY	1.00											
FORMER CHAIR/INTERIM TREASURER	1.00	Х		Х				0.	0.	0.		
(6) REGINA JOHNSON	1.00											
MEMBER		Х						0.	0.	0.		
(7) SARAH HOELZEN	1.00											
MEMBER		Х						0.	0.	0.		
(8) GRANT MCCRACKEN	1.00											
MEMBER		Х						0.	0.	0.		
(9) JASON COOPER	1.00									-		
MEMBER		Х						0.	0.	0.		
(10) JENNY MCCAULEY	1.00									•		
VICE CHAIR	1.00	Х		Х				0.	0.	0.		
(11) JOHN DEL MIXON	1.00									•		
MEMBER	1 00	Х						0.	0.	0.		
(12) MATTHEW FALCONE	1.00								0	0		
MEMBER	1 0 0	Х						0.	0.	0.		
(13) MOLLY BOYD	1.00	37							0	0		
MEMBER	1 00	Х				-		0.	0.	0.		
(14) VERONICA CAPPADONNA	1.00	v						0.	0.	0.		
MEMBER (15) JAMES M. GARRETT	1.00	Х						0.	0.	0.		
	1.00	v		х				0.	0.	0.		
SECRETARY (16) KEITH A. CRANE	1.00	Λ		Λ				U •	0.	0.		
	1.00	v		х				0.	0.	0.		
CHAIR (17) SUSAN RICHARDSON	1.00	^		Λ		-		U•	0.	<u> </u>		
MEMBER	<b>1.00</b>	x						0.	0.	0.		
		Λ			L	L		I 0.	0.	Form <b>990</b> (2023)		
332007 12-21-23				_	_					rorm <b>330</b> (2023)		

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332007 12-21-23

Form 990 (2023) INTERFAIT	<u>'H CAREP</u>	PAR	TN	ER	S,	I	NC	1 • •	76-02	<u>253</u>	480	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E) (F)													
Name and title	Average							Reportable Reportable			Estimated		
	hours per (do not check more than one box, unless person is both an							compensation	compensatio	n			
	week officer and a direct							from	from related			other	51
	(list any	tor						the	organizations		comp		tion
	hours for	direct				_		organization	(W-2/1099-MIS	I	•	om the	
	related	e or (	tee			sated		(W-2/1099-MISC/	1099-NEC)	<i>°</i>		inizati	
	organizations	ruste	trus		ee	npen		1099-NEC)	1033-NEO)		•	relate	
	below	ual ti	tiona		ploy	vee vee	_	1000 NEO)				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nzan	5115
	1.00	-	드	8	¥	포동	포						
(18) JENNIFER GROSVENOR	1.00							•					~
MEMBER		Х						0.		0.			0.
Ab. Outstatel								158,000.		0.			0.
1b Subtotal		•••••											
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								158,000.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	listed	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•			
compensation from the organization													1
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director truct			mol	~~~~	~ ~	hia	hast componented amp		ſ			
			•	•			Ŭ	• •			•		v
line 1a? If "Yes," complete Schedule J for su											3		
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	nlete Schedule		or su	ch n	hers	on .					5		Х
Section B. Independent Contractors		201			/0/0	011 .							
1 Complete this table for your five highest cor	nnoncotod ind	lono	ndor	+ 00	ntro	otor	n th	at received more than ¢	100 000 of comp		ion fro	~	
										CIISal			
the organization. Report compensation for t	ne calendar ye	ear e	nain	g wi	th c	or wi	<u>tnin</u>		ear.				
(A)				_				(B)		~	(C)		
Name and business	address	NC	ONE					Description of s	ervices		ompen	satior	<u>ו</u>
							-+						
		-										_	
O Total number of index or destructure t		A 15		4- 1	·		+		we then				
2 Total number of independent contractors (ir	-	στ lin	nted	τo t			red	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				0	,					-	00	

Form **990** (2023)

332008 12-21-23

				REPARTNE	RS, INC.		76-0253	480 Page 9
Pa	rt V	III Statement of Revenu	e					
		Check if Schedule O contain	ns a response	or note to any lin		(=)	(2)	
					(A)	<b>(B)</b> Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
						lanotorrovondo		sections 512 - 514
S S	1 :	a Federated campaigns	1a					
un ju		b Membership dues						
ΩĘ		c Fundraising events		148,362.				
r As		d Related organizations		175,000.				
<u>ia</u>		e Government grants (contribution	·····	97,152.				
Sins		f All other contributions, gifts, grants	·	5771521	-			
er ti				424,382.				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above		600.	-			
	9	<b>g</b> Noncash contributions included in lines 1a			2 944 906			
0 1		h Total. Add lines 1a-1f			2,844,896.			
				Business Code	006 111	006 444		
e	2 8			623990	296,444.	296,444. 286,379.		
e vi	1	b GOVERNMENT FEE F	OR SER	623990	286,379.	286,379.		
S n	(	c						
eve	(	d						
Program Service Revenue		e						
Ţ,	1	f All other program service revenu	Je					
	9	g Total. Add lines 2a-2f			582,823.			
	3	Investment income (including di						
	4	Income from investment of tax-						
	5	Royalties						
	Ŭ		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a	()	(				
					-			
		· · · · · · · · · · · · · · · · · · ·			-			
		d Net rental income or (loss)	(i) Securities	(ii) Other				
	1 8	a Gross amount from sales of	(i) Securities		-			
		assets other than inventory <b>7a</b>			-			
		<b>b</b> Less: cost or other basis						
anu		and sales expenses 7b			-			
evenue		c Gain or (loss)						
		d Net gain or (loss)						
Other R	8 8	a Gross income from fundraising even						
đ		including \$ 148,36	2. of					
		contributions reported on line 1						
		Part IV, line 18		70,430.				
	1	b Less: direct expenses	8b	95,148.				
		c Net income or (loss) from fundra	aising events		-24,718.			-24,718.
	9 8	a Gross income from gaming activ	vities. See					
		Part IV, line 19	9a					
	1	b Less: direct expenses						
		c Net income or (loss) from gamin						
		a Gross sales of inventory, less re						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales						
				Business Code				
sn	11 :	a						
oər		a b						
Miscellaneous Revenue								
Sce		C						
Ϊ		d All other revenue						
		e Total. Add lines 11a-11d			3,403,001.	582,823.	0.	-24,718.
	12	Total revenue. See instructions			D,403,001.	JUZ,UZJ.	J 0.	Form <b>990</b> (2023)
33200	9 12-2	21-23						ronn <b>330</b> (2023)

INTERFAITH CAREPARTNERS, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 96,049. 20,673. 130,000. 13,278. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 933,852. 689,965. 148,505. 95,382. Other salaries and wages 7 8 Pension plan accruals and contributions (include 45,449. 33,096. 7,960. 4,393. section 401(k) and 403(b) employer contributions) 97,771. 17,123. 71,199. 9,449. Other employee benefits 9 88,852. 64,704. 15,561. 8,587. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 92,699. 39,000. 50,771. 2,928. С Accounting Lobbying d 33,800. 33,800. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 55,144. 71,786. 4,139. 131,069. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 24,069. 13,215. 2,229. 8,625. Office expenses 13 31,807. 16,116. 4,292. 11,399. Information technology 14 15 Royalties 153,031. 163,702. 3,678. 6,993. 16 Occupancy 6,810. 6,792. 18. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 741. 1,966. 2,751. 44. Conferences, conventions, and meetings 19 20 Interest 300,000. Payments to affiliates 300,000. 21 Depreciation, depletion, and amortization 22 9,231. 8,631. 53. 547. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 63,215. 63,136. 79. PROGRAM SUPPORT а BAD DEBTS 29,364. 29,364. 0. 0. h 3,620. 10,916. 467. PROFESSIONAL EDUCATION 6,829. С 4,134. 5,786. 1,559. 93. BANK FEES d 13,911. 10,608. 3.012. 291. e All other expenses 2,215,054. 1,655,970. 361,966. 197,118. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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332010 12-21-23

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

10221004 794202 94-02005.001

Form 990 (2023)

1

Assets

Liabilities

Net Assets or Fund Balances

Beginning of year 540,535. Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 126,488. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 126,488. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets

#### INTERFAITH CAREPARTNERS, INC. Part X | Balance Sheet

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

2 2 150,000. 0. 3 3 104,930. 100,335. 4 4 5 5 6 6 7 7 8 8 6,571. 7,871. 9 9 **10a** Land, buildings, and equipment: cost or other b Less: accumulated depreciation 10b 0. 10c 0. 1,307,000. 0. 11 11 12 12 13 13 14 14 497,939. 350,409. Other assets. See Part IV, line 11 15 15 1,299,975. 2,211,435. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 93,455. 31,616. Accounts payable and accrued expenses 17 17 18 18 Grants payable 60,000. 0. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 505,057. of Schedule D 25 350,409. 658,512. 382,025. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 1,665,214. Net assets without donor restrictions 79,917. 27 27 Net assets with donor restrictions 561,546. 164,196. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,829,410. 641,463. Total net assets or fund balances 32 32 299,975. 2,211,435. 33 33 Total liabilities and net assets/fund balances

Form 990 (2023)

1

(A)

(B)

End of year

445,820.

Form	1990 (2023) INTERFAITH CAREPARTNERS, INC.	76-0	253480	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain on Schedule O)         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1 2 3 4 5 6 7 8 9	3,403 2,215 1,187 641	5,05 7,94	54. 47.		
10	column (B))	10	1,829	. 41	10.		
Pa	rt XII Financial Statements and Reporting		_, • _ •	/			
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		-	Yes	No X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
6	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis						
U	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	x			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the organization Employer identification number												
	INTERFAITH CAREPARTNERS, INC.								76-0253480			
Par	tl	Reason for Public C	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)						
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 [		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
_	city, and state:											
5 [	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.)											
6 [		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [	Х	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in			
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	and state of	the college	or			
		university:										
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
,		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusiv	vely to test for public sat	ety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (	Check the box on			
		lines 12a through 12d that o	describes the type of	supporting organizatior	and com	olete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)			
		that is not functionally inter	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or		nally integrated supporting	ng organiz	ation.						
		r the number of supported o	•									
g		vide the following information	about the supporter (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orac	nization listed	(u) Amount of	monoton	(vi) Amount of other			
	(I	<ul> <li>Name of supported organization</li> </ul>		(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	3	support (see instructions)			
		organization		above (see instructions))	Yes	No						
Total									<u> </u>			

INTERFAITH CAREPARTNERS, INC.

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.)

Cale	ction A. Public Support						
- 410	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	964,385.	738,696.	1535754.	1023909.	2915326.	7178070.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	964,385.	738,696.	1535754.	1023909.	2915326.	7178070.
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)						2203986.
6	Public support. Subtract line 5 from line 4.						4974084.
Se	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	964,385.	738,696.	1535754.	1023909.	2915326.	7178070.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				553.		553.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			5,383.	658.		6,041.
							0,041.
11	Total support. Add lines 7 through 10						7184664.
		etc. (see instructio	ns)			12	7184664.
12	Total support. Add lines 7 through 10	-					7184664.
12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	7184664.
12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for th	ne organization's fir <b>p here</b>	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	7184664.
12 13 Se	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop	ne organization's fir p here ic Support Per	rst, second, third, f centage	iourth, or fifth tax y	year as a section 5	01(c)(3)	69.23 9
12 13 Sec 14	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public	ne organization's fir p here ic Support Per line 6, column (f), d	rst, second, third, f centage ivided by line 11, c	ourth, or fifth tax y	year as a section 5	01(c)(3)	
12 13 Sec 14 15	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I	ne organization's fir p here ic Support Per line 6, column (f), d Schedule A, Part I	rst, second, third, f centage ivided by line 11, c II, line 14	ourth, or fifth tax y	/ear as a section 5	14 15	7184664. 69.23 9 91.09 9 x and
12 13 Sec 14 15	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022	ne organization's fir p here ic Support Per line 6, column (f), d 2 Schedule A, Part organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 it check the box or	ourth, or fifth tax y column (f))	year as a section 5	14 15 ore, check this bo:	7184664. 
12 13 Sec 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the	ne organization's fir p here ic Support Per line 6, column (f), d 2 Schedule A, Part I organization did no as a publicly support	rst, second, third, f centage ivided by line 11, c II, line 14 .t check the box or orted organization	ourth, or fifth tax y column (f))	year as a section 5	14         15         ore, check this box	69.23 9 91.09 9 x and
12 13 Sec 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies	ne organization's fir p here ic Support Per line 6, column (f), d 2 Schedule A, Part organization did no as a publicly suppor organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li	ourth, or fifth tax y column (f))	/ear as a section 5	14       15       ore, check this box       or more, check this	69.23 9 91.09 9 x and X is box
12 13 <u>Sec</u> 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of	ne organization's fir phere ic Support Per line 6, column (f), d 2 Schedule A, Part organization did no as a publicly suppo organization did no lifies as a publicly s	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organiza	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and ation	/ear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box or more, check thi	69.23 9 91.09 9 x and X is box
12 13 Sec 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization qual	he organization's fir phere ic Support Per line 6, column (f), d 2 Schedule A, Part organization did no as a publicly suppor organization did no lifies as a publicly s t - 2023. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organiza anization did not c	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tition check a box on line	/ear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a	14         15         ore, check this box         or more, check this         or more, check this	7184664. 69.23 9 91.09 9 x and X is box 2 or more,
12 13 <u>Sec</u> 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization qual 10% -facts-and-circumstances test	he organization's fir phere ic Support Per line 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no lifies as a publicly s t - 2023. If the org s-and-circumstance	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organization anization did not c es test, check this	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tion check a box on line box and <b>stop her</b>	/ear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a <b>re.</b> Explain in Part	14         15         ore, check this box         or more, check this         or more, check this	69.23 9 91.09 9 x and X is box Cor more, ration
12 13 <u>Sec</u> 14 15 16a t	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization quality 10% -facts-and-circumstances test and if the organization meets the fact	he organization's fir phere ic Support Per line 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no lifies as a publicly s t - 2023. If the org scand-circumstance est. The organization	rst, second, third, f centage ivided by line 11, c II, line 14 it check the box or orted organization it check a box on li supported organiza anization did not c es test, check this in qualifies as a pul	courth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and ation check a box on line box and <b>stop her</b> blicly supported or	year as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a <b>re.</b> Explain in Part rganization	14         15         ore, check this box         or more, check this         und line 14 is 10% (VI how the organiz)	69.23 9 91.09 9 x and X is box Cor more, ration
12 13 <u>Sec</u> 14 15 16a t	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the fact meets the facts-and-circumstances test	he organization's fir phere ic Support Per line 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no lifies as a publicly s t - 2023. If the org s-and-circumstance est. The organizatio t - 2022. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul anization did not c	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tition check a box on line box and <b>stop her</b> blicly supported or check a box on line	year as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1	14         15         ore, check this box         or more, check this         und line 14 is 10% of VI how the organiz         7a, and line 15 is	69.23 9 91.09 9 x and X is box 0 or more, ration 0
12 13 <u>Sec</u> 14 15 16a t	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the fact meets the facts-and-circumstances test of 10% -facts-and-circumstances test	he organization's fir phere ic Support Per line 6, column (f), d 2 Schedule A, Part organization did no as a publicly support organization did no lifies as a publicly support organization did no st - 2023. If the org as and-circumstance est. The organization t - 2022. If the org he facts-and-circum	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organization anization did not c es test, check this in qualifies as a pul anization did not c mstances test, check	courth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and ation check a box on line box and <b>stop her</b> blicly supported or check a box on line ck this box and <b>st</b>	/ear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1 top here. Explain in	01(c)(3)         14         15         ore, check this box         or more, check this         ind line 14 is 10% of         VI how the organiz         7a, and line 15 is the         in Part VI how the	69.23 9 91.09 9 x and X is box 0 or more, ration 0

332022 12-21-23

Schedule A			INTERFAITH			INC.
Part III	Support	Schedule fo	r Organizations	Described in	Section #	509(a)(2)

INTERFAITH CAREPARTNERS, INC.

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	-		_
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2022. If the						and
line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organizatior	۱
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
332023 12-21-23					Schedule	A (Form 990) 2023
		1 5				

#### INTERFAITH CAREPARTNERS, INC.

1

Yes No

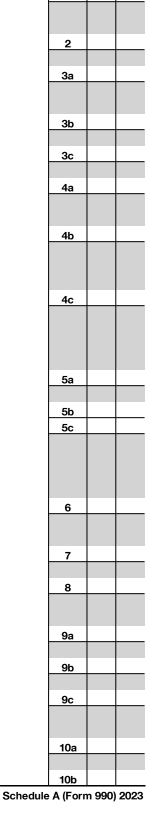
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

332024 12-21-23



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Scheo	lule A (Form 990) 2023	INTERFAITH	CAREPARTNERS,	INC.	76-02	5348	0 Ра	age <b>5</b>
Par	IV Supporting Organ	izations (continued)						
							Yes	No
11	Has the organization accepted	a gift or contribution fror	m any of the following perso	ns?				
а	A person who directly or indire	ectly controls, either alone	e or together with persons d	escribed on lines 11b and				
	11c below, the governing body	y of a supported organiza	ition?			11a		
b	A family member of a person c	lescribed on line 11a abo	ve?			11b		
с	A 35% controlled entity of a pe	erson described on line 1	1a or 11b above? If "Yes" to	o line 11a, 11b, or 11c, provide	Э			

#### <u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Se	tion C. Type II Supporting Organizations			
			Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the me	thod that the organiza	ation used to satisfy	the Integral Part Test	t during the vear	(see instructions).
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- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental enti	y (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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 trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

2a 2b 3a 3b

Yes No

11c

1

332025 12-21-23

Schedule A (Form 990) 2023

10221004 794202 94-02005.001

Schedule A	(Form	990	) 2023
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Schedule A (Form 990) 2023 INTERFAITH CAREPARTNERS, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

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organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

76-0253480 Page 7

1

**Current Year** 

(iii)

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2023

Section D - Distributions

2

Schedule A	(Form 990) 2023	INTERFAI	TH CAREPA	ARTNERS,	INC.	76-0253480 Page 8
Part VI	line 1; Part IV, Sect	tion D, lines 2 and 3; Par	: IV, Section E, lir	nes 1c, 2a, 2b,	3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, or any additional information.
332028 12-21-2	3					Schedule A (Form 990) 2023
				20		

**Schedule A** 

## Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
SOUTHWESTERN ENERGY	198,879.	55,186.
DAVID WEEKLEY FAMILY FOUNDATION	240,000.	96,307.
THE CBJR FOUNDATION	150,000.	6,307.
GEORGE & MARY JOSEPHINE HAMMAN FOUNDATION	260,000.	116,307.
THE FONDREN FOUNDATION	200,000.	56,307.
BOB PARSLEY	398,140.	254,447.
ROBIN BRUCE ESTATE	906,511.	762,818.
ESTATE OF LOUISE MAGNE	1,000,000.	856,307.
Total Excess Contributions to Schedule A, Part II, Line 5		2,203,986.

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

INTERFAITH	CAREPARTNERS,	INC.
	······································	

76-0253480

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set is the set in t

**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).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>906,511.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</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
4		\$ <u>50,000.</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
5		\$48,104.	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
6		\$ <u>199,070.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	23		Schedule B (Form 990) (2023)

#### INTERFAITH CAREPARTNERS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023)

Name of organization

(a)

No.

1

76-0253480

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

**Total contributions** 

\$

65,000.

Page 2 Employer identification number

(d)

Type of contribution

X

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INTERFAITH CAREPARTNERS, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

323452 12-26-23

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Page 2

Employer identification number

76-0253480

Schedule B (Form 990) (2023)

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(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
		\$	

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

(b)

Description of noncash property given

#### Schedule B (Form 990) (2023)

INTERFAITH CAREPARTNERS, INC.

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

**Date received** 

76-0253480

(c)

FMV (or estimate)

(See instructions.)

Schedule	B (Form 990) (2023)		Page <b>4</b>
Name of o	organization		Employer identification number
INTER	FAITH CAREPARTNERS, INC.		76-0253480
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in section through (e) and the following line entry. haritable, etc., contributions of <b>\$1,000 or less</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd 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, a	(e) Transfer of gift	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
		(e) Transfer of gift	Deletionekia of transformute transforme
	Transferee's name, address, a		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
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-26	l 6-23		Schedule B (Form 990) (2023)

SCHEDULE D
------------

### **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.



Department of the Treasury Inter

Interna	GO to www.irs.gov/Form99	U for instructions and the latest informa	ation. Inspection
Nam	e of the organization INTERFAITH CAREPAR	TNERS INC.	Employer identification number 76-0253480
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
_			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
-	day of the tax year.		
a b	<b>-</b> · · · · · · · · ·		
b	Total acreage restricted by conservation easements	ucture included on line 22	
d	Number of conservation easements included on line 2c acqu		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
•	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
Fa	Complete if the organization answered "Yes" on Form		ilei Siiliidi Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance aboat works
Ia	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar	, ,	
Ь	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	or research in full	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treater		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$

Assets included in Form 990, Part X b LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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27 2023.04030 INTERFAITH CAREPARTNERS,

\$

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 INTERFA	ITH CAREPA	RTNEF	RS, IN	с.			76-02			age <b>2</b>
Par	t III Organizations Maintaining C								contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	e [] (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit o		,		,	r similar	assets		-		7
Des	to be sold to raise funds rather than to be ma						<u></u>		Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arran		ete if the o	organizatio	n answered "\	es" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	•	•						٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					<b>A</b>		
									Amoun	t	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								7.4		1
	Did the organization include an amount on Fo						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if							<u></u>	<u></u>		<u> </u>
1 41		(a) Current year		rior year	(c) Two year		(d) Three y	veare hack	(e) Four	veare	hack
4		(a) Ourient year		nor year		3 Dack				ycar 3	Dack
	Beginning of year balance										
b	Contributions										
ر ام	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	e Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr			a alumn (a							
2				l, column (a	)) neiù as.						
a h	Board designated or quasi-endowment		_%								
b	Permanent endowment	% %									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	- · -									
20			ation that	are held o	ad administor	ad for th					
Ja	Are there endowment funds not in the posse organization by:			are neiù a	nu auministere				]	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the								50		
_	t VI Land, Buildings, and Equipm		witherit it	unus.							
	Complete if the organization answere		). Part IV	line 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	bd	(d) Boo	k valu	
	Description of property	basis (investr		.,	(other)	• •	preciation		<b>(u)</b> D00	ix value	-
19	Land	``		22010							
b	Buildings										
	Leasehold improvements										
d	Equipment			12	6,488.		126,4	88.			0.
	Other			± 4			, _				
	. Add lines 1a through 1e. (Column (d) must e		V line 11		(P))						0.
		yuarı uni 330, Fall			پرې	<u></u>		Cohodulo	D (F		

Schedule D (Form 990) 2023

332052 09-28-23

	) (Form 990) 2023	INTERFALT
Part VII	Investments -	Other Securities

INTERFAITH CAREPARTNERS, INC.

Complete if the organization answered "Ves" on Form 990 Part IV line 11b See Form 990 Part X line 12

Complete in the organization answered Tes o	TFOITT 990, Fait IV, IIIE	TTD. See FUTTI 990, Fait A, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line <sup>.</sup>	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OPERATING LEASE ASSET			350,409.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i> )		350,409.
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line <sup>·</sup>	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			350,409.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			350,409.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		550,409.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 INTERFAITH CAREPARTNERS, INC.		0253480 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,323,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d		48.	
е		2e	95,148.
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,228,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b		00.	
с	Add lines <b>4a</b> and <b>4b</b>	4c	175,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,403,001.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		n
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n
Pa 1	Image: state with sta	per Retur	n 2,010,202.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	n
1	Interview       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Retur	n
1 2	International Statements With Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	per Retur	n
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	per Retur	n
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	per Retur 1	n
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       95, 1	1 48.	n
1 2 a b c d	Image: Network State in the state of th	1           48.           2e	n 2,010,202.
1 2 b c d e	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       95, 1	1           48.           2e	n 2,010,202. 95,148.
1 2 b c d 3	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Audited Statements	1           48.           2e	n 2,010,202. 95,148.
1 2 a b c d e 3 4	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         Donated services and use of facilities       2b         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d       95,1         Add lines 2a through 2d       Subtract line 2e from line 1       4a         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a	1 48. 2e 3	n 2,010,202. 95,148.
1 2 a b c d e 3 4	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	Per Retur           1           48.           2e           3           000.	n 2,010,202. 95,148.
1 2 d e 3 4 b c 5	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses provide and provide an	Per Retur           1           48.           2e           3           000.           4c	n 2,010,202. 95,148. 1,915,054.

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.

#### PART X, LINE 2:

INTERFAITH CAREPARTNERS, INC. AND ACORN FOUNDATION ARE EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND,

ACCORDINGLY, ARE NOT SUBJECTED TO FEDERAL INCOME TAXES.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE COMBINED FINANCIAL

STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED

UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION,	CLASSIFICATION,	INTEREST	AND	PENALTIES,	ACCOUNTING	IN	
332054 09-28-23					Schedule	e D (Form 990)	2023

30 2023.04030 INTERFAITH CAREPARTNERS,

94 - 02002

Schedule D (Form 990) 2023 INTERFAITH CAREPARTNERS, INC. Part XIII Supplemental Information (continued)	76-0253480 Page 5
INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 3	
2022, THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT	QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMEN	ITS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES FROM SPECIAL EVENTS	95,148.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CONTRIBUTION FROM RELATED ORGANIZATION - ACORN FOUNDATION	175,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES FROM SPECIAL EVENTS	95,148.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CONTRIBUTION TO RELATED ORGANIZATION - ACORN FOUNDATION	300,000.
332055 09-28-23	Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection							
Name of the organization		to www.irs.gov/Form990 for instruc	ctions	and ti	ne latest informatio	n.	Employer id	dentification number	
inanio or ino organization								3480	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990- required to complete this part.									
<ol> <li>Indicate whether the a X Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicitat</li> <li>In-person so</li> <li>Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indir	sed funds through any of the followin e X Solicita f Solicita g X Special pr oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		XY		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>		
SARA IN THE CITY -	9337 KATY		Yes	No					
FWY #7236, HOUSTON,	TX 77024	FUNDRAISING SERVICES		Х	0.		12,800	-12,800.	
CATE COLLABORATIVE MANDELL ST, HOUSTON		FUNDRAISING SERVICES		x	0.		21,000	21,000.	
Total         3 List all states in whi         or licensing.	ch the organizatic	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	33,800 exempt from		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

INTERFAITH CAREPARTNERS, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		(-) Event #1	(I_) Except #0		-
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		KENTUCKY	GOLF		(add col. (a) through
		DERBY	TOURNAMENT	1	col. (c))
		(event type)	(event type)	(total number)	
	Gross receipts	130,000.	72,000.	16,792.	218,792
2	Less: Contributions	60,000.	72,000.	16,362.	148,362
3	Gross income (line 1 minus line 2)	70,000.		430.	70,430
4	Cash prizes				
	Noncash prizes				
			10.550		10 550
6	Rent/facility costs		12,578.		12,578
7	Food and beverages	23,400.	13,553.	11,237.	48,190
	B Entertainment	26,135.		800.	26,935
9		1,718.	5,727.		7,445
10		<b>.</b>			95,148
11	Net income summary. Subtract line 10 from I				-24,718
	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
art	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		(c) Other gaming	
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		(c) Other gaming	
1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		(c) Other gaming	
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	%	
1 2 3 4 5 6 7	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li></ul>	Yes%	bingo/progressive bingo	Yes %	
1 2 3 4 5 6 7 7 8	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> <li>Net gaming income summary. Subtract line 7</li> </ul>	Yes%     No     from line 1, column (d)	bingo/progressive bingo	☐ Yes%	
	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li></ul>	Yes% No  from line 1, column (d)  ucts gaming activities:	bingo/progressive bingo	%	col. (a) through col. (
	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> <li>Net gaming income summary. Subtract line 7</li> <li>Inter the state(s) in which the organization conduct the organization licensed to conduct gaming and participants.</li> </ul>	Yes% No  from line 1, column (d)  ucts gaming activities:	bingo/progressive bingo	%	col. (a) through col. (
	<ul> <li>\$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> <li>Net gaming income summary. Subtract line 7</li> <li>Inter the state(s) in which the organization conduct the organization licensed to conduct gaming and participants.</li> </ul>	Yes% No  'from line 1, column (d)  ucts gaming activities: ctivities in each of these second devices of these second devices of these second devices of these second devices of the secon	bingo/progressive bingo	Yes%	Col. (a) through col. (

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	INTERFAITH	CAREPARTNERS,	INC.	76-0	25348	0 Page 3
11	Does the organization conduct ga					Yes	s 🗌 No
	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	s 🗌 No
13	Indicate the percentage of gamin						
а	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of th						
	Name						
	Does the organization have a con					Yes	5 🛄 No
b	If "Yes," enter the amount of gam			and the a	amount		
	of gaming revenue retained by the						
c	If "Yes," enter name and address	of the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name						
		<b>^</b>					
	Gaming manager compensation	\$					
	Description of services provided						
			<u> </u>				
	Director/officer	Employee	Independent co	ontractor			
	Mandatory distributions:						
a	Is the organization required under						<b></b>
	retain the state gaming license?						; <b> No</b>
b	Enter the amount of distributions	required under state la	w to be distributed to other	exempt organizations or sper	it in the		
	organization's own exempt activit		\$				
Ра				art I, line 2b, columns (iii) and	v); and Part	III, lines 9	), 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provid	de any additional informatio	on. See instructions.			
~~							
SC	HEDULE G, PART I,	LINE 28, LI	ST OF TEN HIG	HEST PAID FUNDRA	AISERS	:	
(т	) NAME OF FUNDRAL	מדם. מאחד ממ					
<u>(I</u>	/ NAME OF FUNDRAL	SER: CAIE CO					
(I	) ADDRESS OF FUND	DATCED. 1505			006		
<u>\                                    </u>	/ ADDRESS OF FOND	MAISEN: 4303	MANDELL SI, I	HOUSION, IX //	500		
3330	83 09-13-23				Schedu	le G (For	m 990) 2023
JU200					Joneuu		

Schedule G	a (Form 990)
Dout IV	0

Part IV	Supplemental Information	(continued)
		Cakadula () (Fauna 000)
332084 04-01-	-23	Schedule G (Form 990)

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	17
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	ົງງ	)
-	-	Compensated Employees		20	ZJ	)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization			identificatio		nber
		INTERFAITH CAREPARTNERS, INC.	76-0	025348	0	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for companions Payments for business use of personal residence					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the haves	on line to ave checked, did the exception follow a written policy recording neument or				
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•				<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization of				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	ompensation consultant				
		ther organizations Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				
						X
b		ation?		6b		X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			37
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					<u> </u>
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

76-0253480

Page 2

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

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

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

	(B) Breakdown of V	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHERINE SCOTT (	) 141,833.	16,167.	0.	0.	0.	158,000.	0.
PRESIDENT		0.	0.	0.	0.	0.	0.
	)						
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Schedule J (Form 990) 2023

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

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.



INTERFAITH CAREPARTNERS, INC. Employer identification number 76-0253480

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

FAMILY CAREGIVERS

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

FORM 990 WILL BE SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR REVIEW

BEFORE IT IS SUBMITTED TO THE IRS.

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

ANNUAL QUESTIONNAIRES REGARDING POSSIBLE CONFLICTS ARE FILLED OUT BY ALL

DIRECTORS.

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

THE CHAIRMAN OF THE BOARD CONDUCTS A COMPARATIVE REVIEW OF SIMILAR

ORGANIZATIONS WITH COMPARABLE POSITIONS TO DERIVE AN APPROPRIATE SALARY,

WITH THE BOARD OF DIRECTORS APPROVAL.

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

THROUGH GUIDESTAR, ON ORGANIZATION'S WEBSITE, UPON REQUEST, AND VIA HARD

COPY AT THE MAIN OFFICE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

SCH	<b>IEDULE</b> R
<b>/</b>	

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

76-0253480

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

Name of the organization

#### INTERFAITH CAREPARTNERS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
ACORN FOUNDATION - 76-0400642	TO PROVIDE FINANCIAL				INTERFAITH		
3838 ABERDEEN WAY	SUPPORT SOLELY TO			SEC	CAREPARTNERS,		
HOUSTON, TX 77025	INTERFAITH CAREPARTNERS,	TEXAS	501 (C)(3)	170(B)(1)(A)(	INC.		Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

#### Schedule R (Form 990) 2023 INTERFAITH CAREPARTNERS, INC.

76-0253480 Page 2

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

erganzatione treated as a pa	······································											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	nant income , unrelated, rom tax under	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
-												
	-											
	-											
	-											
-												
	{											
	4											
	4											

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	<b>i)</b> b)(13) rolled iity?
		country)				400010		Yes	No

#### Schedule R (Form 990) 2023 INTERFAITH CAREPARTNERS, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			+
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
<b>q</b> Reimbursement paid by related organization(s) for expenses			-
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ACORN FOUNDATION	С	175,000.	CASH
(2) ACORN FOUNDATION	В	300,000.	CASH
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

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

(a)	(b)	(c)	(d)	(e Are	<b>e)</b> e all	(f)	(g)	(r	1)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	rs sec. c)(3) s.?			Dispr tior allocat	upor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	ing er? OV	ercentage wnership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
												+	
											$\vdash$	+	

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INTERFAITH CAREPARTNERS, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

#### NAME OF RELATED ORGANIZATION:

#### ACORN FOUNDATION

PRIMARY ACTIVITY: TO PROVIDE FINANCIAL SUPPORT SOLELY TO INTERFAITH

#### CAREPARTNERS, INC.

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332165 09-28-23