

A For the 2022 Calendar year, or tax year beginning 2022-01-01 and ending 2022-12-31

B Check if available

☐ Terminated for Business

☒ Gross receipts are normally \$50,000 or less

C Name of Organization: FAMILY FAITH HEALTHCARE CLINIC INC

PO BOX 300793, HOUSTON, TX, US, 77230

D Employee Identification Number 87-4341758

E Website:

F Name of Principal Officer: CARLA DAVIS

PO BOX 300793, HOUSTON, TX, US, 77230

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.