Public Disclosure Copy

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	r identification nu	mber (TIN)
print	FACE IT TOGETHER, INC.				27-2501	220
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
return. Se instructior	9	preign addı	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
 If the If this box 1 the the	phone No. ► <u>605-271-9044</u> e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole group ers the extension npt organization r 	is for.
<u>a</u> b If <u>e</u> c B	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa	, enter any ayment all lyment with	refundable credits and owed as a credit. n this form, if required, by	3a 3b	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System). See n: If you are going to make an electronic funds withdrawal ions.			3c 153-TE and	\$ d Form 8879-TE 1	0 . or payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990

** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treas Internal Revenue Service

Т

	partment of the ernal Revenue \$		Go to www.irs.gov/Fo	orm990 for instructions and the latest in	formation.
Α	For the 20)22 calend	ar year, or tax year beginning	and ending	
В	Check if applicable:	C Name of	forganization		D Employer identific

Ba	Check if applicat	C Name of organization		D Employer identifie	cation number
	Addr				
	Name			27-250122	20
	Initia		Room/suite	E Telephone number	
		5020 C TENNIC LANE	4	605-271-	
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,749,322.
	Amer	ded CTOTTY FALLS CD 57109		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer; WENDY WHITE		for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Fax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions
J١	Nebs			H(c) Group exemption	n number
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2009 N	I State of legal domicile: SD
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: WE U	SE PEE	R COACHING A	AND OUTCOME
Governance		MEASUREMENT TO SOLVE THE DISEASE OF ADDIC			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18
viti	6	Total number of volunteers (estimate if necessary)			25
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,616,921.	1,285,385.
enu	9	Program service revenue (Part VIII, line 2g)		144,081.	149,751.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15.	12,161.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,567.	271,889.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,767,584.	1,719,186.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		823,325.	1,092,183.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 88,5		646 070	600 001
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		646,279.	600,231.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,469,604.	1,692,414.
	19	Revenue less expenses. Subtract line 18 from line 12		297,980.	26,772.
S OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		337,723.	296,372.
Net A:	1	Total liabilities (Part X, line 26)		145,550.	77,133.
		Net assets or fund balances. Subtract line 21 from line 20		192,173.	219,239.
1 Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
-	WENDY WHITE, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	LAURIE HANSON, CPA	LAURIE HANSON, CPA	09/21/23 self-employed	00851848
Preparer	Firm's name EIDE BAILLY LLP		Firm's EIN 4 5-0	250958
Use Only	Firm's address 200 E. 10TH ST.,	STE. 500		
	SIOUX FALLS, SD 5	57104-6375	Phone no. 605 – 3	39-1999
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	[X Yes 🗌 No
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.		Form 990 (2022)

Form	n 990 (2022) FACE IT TOGETHER, INC.	27-25012	20 Page 2
Pa	rt 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: OUR MISSION IS TO GET PEOPLE WITH ADDICTION AND THE	R LOVED ONES	WELL.
2	Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ?		Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so If "Yes," describe these changes on Schedule O.		Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,056,468. including grants of \$	_ / \	49,751.) ND
	THEIR LOVED ONES. FACE IT TOGETHER'S MISSION IS TO G	ET PEOPLE WIT	H
	ADDICTION AND THEIR LOVED ONES WELL. WE MEASURE OUR	MEMBERS' PROG	RESS
	TOWARD WELLNESS THROUGH AN INNOVATIVE MEASUREMENT TO	OL AND EVALUA	TION
	PROGRAM. WE NAVIGATE CLIENTS TO OTHER SERVICES THAT	HELP THEM GET	AND
	STAY WELL. WE ENLIST EMPLOYERS AND OTHER KEY STAKEHO		
	BARRIERS THAT KEEP PEOPLE FROM GETTING WELL AND STAY		2022
	WE SERVED 500 MEMBERS THROUGH OVER 4,255 COACHING SE	ESSIONS.	
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>			
4d		,	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,056,468.)	
4e	Total program service expenses 1,056,468.	r	orm 990 (2022)

 Form 990 (2022)
 FACE IT TOGETHER, 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		x
ь.	Schedule D, Parts XI and XII	12a		
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15	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	-15		
10	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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ <u>_</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

Form 990 (2022)

Form 990 (202			TOGETHER,	
Part IV C	hecklist of Required	Sch	edules _{(continuea}	1)

FACE IT TOGETHER, INC.

			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			
	Schedule J	23		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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? <i>If</i>	00-		x
b	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	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? <i>If</i> "Yes," <i>complete</i>			
02	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			
	Part V, line 1	34		X
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2022) FACE IT TOGETHER, INC.		27-2501	220	P	age 5
Par	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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	о		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit			
	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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	ices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	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	11a				
b	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 year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					77
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	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 act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022)

FACE	IΤ	TOGETHER,	INC
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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. X Check if Schedule O contains a response or note to any line in this Part VI

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	1	0		
	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		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	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 9	990 was	filed?	. 4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5	_	X
6	Did the organization have members or stockholders?			6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or			
	more members of the governing body?			7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or			
	persons other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		•			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	_	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)		Vee	
100	Did the examination have lead chapters, branches, or effiliates?			10;	Yes X	No
	Did the organization have local chapters, branches, or affiliates?					
U		•		10	x	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a		<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ly belore				
12a				12	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					x
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				, 	
-	on Schedule O how this was done	,		120	x	
13	Did the organization have a written whistleblower policy?					x
14	Did the organization have a written document retention and destruction policy?					X
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15:	X	
b	Other officers or key employees of the organization			15		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	th a			
	taxable entity during the year?			16:	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'	S			
	exempt status with respect to such arrangements?			16)	
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, a	ind 990-	T (section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, a	ind fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	WENDY WHITE, CEO - 605-271-9044 5020 S. TENNIS LANE, SIOUX FALLS, SD 57108					
	2020 2. TENNIS TANE' STORY LATIS' SD 21100					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
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 wit List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard 	5	

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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than (ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					1711 US	(66)	from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	e Hig	For			
(1) WENDY WHITE	40.00							100 100	•	
CHIEF EXECUTIVE OFFICER	45.00	Х		X				107,195.	0.	30,700.
(2) KRISTEN GOETTSCH	45.00					37		105 205	0	1 0 0 1 1
SR. EVALUATION SCIENTIST (3) JIM JOHNSON	1 00					X		105,395.	0.	16,011.
(3) JIM JOHNSON BOARD CHAIR	1.00	x		x				0.	0.	0.
(4) WADE ROBEY	1.00	~		<u> </u>				0.	0.	0.
VICE CHAIR/SECY (THRU MAY)	1.00	x		x				0.	0.	0.
(5) ERIKA BATCHELLER	1.00	~		^				0.	0.	0.
TREASURER	1.00	х		x				0.	0.	0.
(6) JULIAN BEAUDION	0.50							0.		
BOARD MEMBER	0.50	x						0.	0.	0.
(7) JIM STURDEVANT	0.50									
VICE CHAIR/SECY (FROM JUNE)		х						0.	0.	0.
(8) JEFF BRECHT	0.50									
BOARD MEMBER		х						0.	0.	0.
(9) DAVE JANSA	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL SULLIVAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) JENNY DOWNEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) JILL GAEBLER	0.50									
BOARD MEMBER		Х						0.	0.	0.
	L	-								
		-								
						-				
						1		1	I	

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Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,		(E)	
(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	(F) Estima amour othe	ated nt of
	(list any hours for related organizations	ndividual trustee or director	n stit utio nal tru stee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS) 1099-NEC)	C/	from from from from from from from from	sation the ation
	below line)	ndividua	nstitutio	Officer	Key employee	Highest c employee	Former			0	organiza	ations
			_		×	1 0	4					
								010 500		_	10	711
1b Subtotal c Total from continuation sheets to Part VI								212,590.		0.	40,	711.
d Total (add lines 1b and 1c)								212,590.		0.	46,	711.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	dab	ove) wh	o re	eceived more than \$100	000 of reportable			2
	- Para da se da se da						In the l				Yes	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•			Ŭ				3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a												
rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	bers	on .					5	X
1 Complete this table for your five highest co	-	-								ensatior	ו from	
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	
Name and business	address	NC	ONE	2				Description of s	services	Con	npensat	ion
							-					
2 Total number of independent contractors (ii \$100,000, of compensation from the organi	•	ot lin	nitec	d to t	thos (ted	above) who received m	ore than			

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Pa	rt VII	I Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respor	nse d	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
លូស	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues								
, Gi	с	Fundraising events				72,696.				
ifts ar A	d	Related organizations					1			
s, G milå	е	Government grants (contr	ibuti	ons) 1e		354,854.				
r Si	f	All other contributions, gifts,	grant	s, and						
ibut		similar amounts not included	abov	/e 1f		857,835.				
d O	g	Noncash contributions included in	lines 1	a-1f 1g \$						
ас	h	Total. Add lines 1a-1f					1,285,385.			
						Business Code				
e	2 a					900099	97,587.	97,587.		
Program Service Revenue	b					900099	40,400.	40,400.		
n Si	С	RCI WEKIN INC	OM.	Ľ		900099	11,764.	11,764.		
Jran Rev	d									
roç	e									
а.		All other program service					149,751.			
		Total. Add lines 2a-2f					149,751.			
	3	Investment income (incluc other similar amounts)					12,161.			12,161.
	4	Income from investment of				racaada	12,101.			12,101.
	- 1 5	Royalties		-	-					
	5			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	(7.1.2.1.		(
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
		Gross amount from sales of	, <u></u>	(i) Securiti	es	(ii) Other				
		assets other than inventory	7a				1			
	b	Less: cost or other basis								
ne		and sales expenses	7b							
evenue	с	Gain or (loss)	7c							
Re		Net gain or (loss)								
Other Ro	8 a	Gross income from fundraisi								
đ		including \$ 72								
		contributions reported on		-						
		Part IV, line 18				31,559.				
		Less: direct expenses				30,136.	1 400			1 400
		Net income or (loss) from					1,423.			1,423.
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u> 9b					
		Less: direct expenses Net income or (loss) from								
			-	-	, <u></u>					
	10 a	Gross sales of inventory, I			10a					
	h	and allowances			10a		-			
		Net income or (loss) from								
			54163		y	Business Code				
sno	11 a	EMPLOYEE RETE	NT	ION CR	Е	900099	235,074.			235,074.
Miscellaneous Revenue	b	LOAN FORGIVEN				900099	35,392.			35,392.
ella evel	c				_	-				
lisc Be	d	All other revenue								
2	е	Total. Add lines 11a-11d					270,466.			
		Total revenue. See instruction					1,719,186.		0.	284,050.

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Check here

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

Dr. not include amounts: exponsion Total exponses Program barrice exponses (C) manual exponses Purp (C) exponses Purp (C) exponse Purp (5501	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Tz, Bo, Bu, and Tbo of Pair VIII. Total Repension Commendation Total Repension Commendation Commendation <td>Do r</td> <td></td> <td>(A)</td> <td>(B)</td> <td>(C)</td> <td>(D)</td>	Do r		(A)	(B)	(C)	(D)
1 Garats and other assistance to domestic granutations and domestic governments, see Part IV, line 21 Garats and other assistance of toreign organizations, foreign governments, and foreign individuals. See Part IV, line 13 and 16 Benefits part to or for members Image: Comparison of Common Common Garats and there assistance of toreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Goropensation not included above to dispublic parsons deactive in included above to dispublic parsons deactive in included above to dispublic for the assistance of the assistance of the dispublic parsons deactive in actuals and toothibutons (include assisting 410%) and 420% (ingle) Parvit Laxes 139, 266. 6 Compensation not included above to dispublic parsons deactive in actuals and toothibutons (include assisting 410%) and 420% (ingle) Parvit Laxes 753, 907. 500, 454. 182, 133. 71, 320 8 Presting han accusals and toothibutons (include assisting 410% and 420% (ingle) Parvit Laxes 753, 907. 500, 454. 182, 133. 71, 320 9 Other employee benefits 0166, 502. 56, 877. 40, 288. 9, 337 10 Fees for services (nonemployees): a Management Lise It let (presenses ns ho.0) d Lobbym 65, 485. 37, 262. 22, 913. 5, 310 11 Heading and prometion 181, 090. 181, 090. 181, 090. 181, 090. 181, 1090. 181, 1090.			i otai expenses		general expenses	
2 Conta and other assistance to donestic individuals. See Part V, line 22 Image: Contact of Conta	1	Grants and other assistance to domestic organizations		·		
a Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 18 a Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 18 b Grants and other assistance to rener officers, directors, trustes, and key employees c Compensation of Lorent officers, directors, trustes, and key employees c Compensation or Linculed above to disguilided persons described in section 4958(1/1) and persons described in 4958(1/1) and persons described in section 4958(1/1) and		and domestic governments. See Part IV, line 21				
3 Grants and other asistance to foreign individuals. See Pat IV, lines 15 and 16 Image: Compension foreign individuals. See Pat IV, lines 15 and 18 4 Benefits paid to or for members 5 5 Compension for members, directors, trustes, and key employees 139,266. 6 Compension for individuals. See Pat IV, lines 15 and 18 139,266. 7 Other salaries and wages 753,907. 500,454. 182,133. 71,320. 8 Person plan accurats and contributions (include section 40(k) and 40(a) employer combinions. 27,023. 13,211. 11,213. 2,599. 9 Other employee benetits 106,502. 56,877. 40,288. 9,337. 10 Payroit taxes. 5,485. 37,262. 2,913. 5,310. 11 Fees for services (nonemployees): a a a a a 11 Fees for services (nonemployees): a	2	Grants and other assistance to domestic				
organizations. foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16 Image: Compensation of ourent officers, directors, trustees, and key employees. 4 Benefits paid to or for members 139,266. Compensation of ourent officers, directors, trustees, and key employees. 139,266. 139,266. Compensation of ourent officers, directors, trustees, and key employees. 139,266. 139,266. 7 Other sataries and wages 753,907. 500,454. 182,133. 71,320. 8 Pension plan acruals and contributions (include section 4958(r)(19) and provide percentributions) 27,023. 13,211. 11,213. 2,599. 9 Other employee benefits 65,485. 37,262. 22,913. 5,310. 10 Fast for services (nonemployees): a Management 4 4 4 9 Other (file 11g anount acceds 109.01 III 25, column (A), amount, list line 11g expenses on Sch Opt. 81,886. 81,886. 81,886. 10 Cocupancy 93,235. 93,235. 93,235. 972. 14 Information acceds 109.01 III 25, column (A), amount, list line 11g expenses on Sch Opt. 12,439. 12,439. 16 Occupancy	3	Grants and other assistance to foreign				
4 Benefits paid to of or members Image: constraint of current officers, directors, trustees, and key employees 139,266. 5 Compensation not included above to disqualified persons (actified under sector) 486(f)(1) and approximate and wages 139,266. 139,266. 7 Other salaries and wages 753,907. 500,454. 182,133. 71,320 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employee contributions. 27,023. 13,211. 11,213. 2,599 9 Other employee benefits 65,485. 37,262. 22,913. 5,310 11 Fees for services (nonemployees): a a		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 139,266. 139,266. 6 Compensation of Induéd abore to disqualified persons described in action 4586(1/1) and persons described in actin 4586(1/1) and persons describe		individuals. See Part IV, lines 15 and 16				
tustees, and key employees 139,266. 6 Compensation not included above to disqualified persons (as defined under section 4560(1)) and persons described in section 4560(1)) and persons described in section 4560(1)) and 403(10) employer contributions) 753,907. 500,454. 182,133. 71,320 8 Person plan accruats and contributions of the section 401(k) and 403(10) employer contributions) 27,023. 13,211. 11,213. 2,599 9 Other employee benefits 106,502. 56,877. 40,288. 9,337 10 Fayorit taxes 65,485. 37,262. 22,913. 5,310 11 Fees for services (nonemployees): a Management - - - a Management - - - - - - 9 Other - (film 10 amount excels 10% of line 25, column (N, numul, its line 110 geneses on 50.0, 21, 160. 81, 886. -	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in the 1958 (1) and 1000 (1) and persons described in the 1958 (1) and 1000 (1) and persons described in the 1958 (1) and 1000 (1) and persons described in the 1958 (1) and 1000 (1) and persons described in the 25, column (A), amount, list line 11g expenses on Schol (1) and persons described in the 24, 160. 7 Avertising and promotion 24, 160. 8 118, 090. 181, 090. 12 Advertising and promotion 24, 160. 13 Gocupancy 93, 235. 93, 235. 14 Information technology 102, 439. 12, 439. 15 Royattiss 12, 439. 12, 439. 16 Cocupancy 93, 235. 93, 235. 972. 18 Payments to affiliates 74, 679. 74, 679. 27, 075. 26 Difference appreses in Schedule (1), and amortization reportes in Schedule (2), and the appreses in Schedule (3). 3, 163. 3, 163. 1	5	Compensation of current officers, directors,				
persons (as defined under section 4986(r)(1)) and persons described in section 4986(r)(3)(8) 753,907. 500,454. 182,133. 71,320 7 Other salines and wages section 4010(s) and 403(b) employer contributions; 9 753,907. 500,454. 182,133. 71,320 9 Parsion plan accruals and contributions; 9 00.454. 182,133. 71,320 9 Other employee benefits 0.400.288. 9,337 10 Fees for services (nonemployees): 106,502. 56,877. 40,288. 9,337 10 Fees for services (nonemployees): 106,502. 56,877. 40,288. 9,337 11 Fees for services (nonemployees): 106,502. 56,877. 40,288. 9,337 12 Advertising and promotion 10.459. 106.502. 56,887. 40,288. 9,337 13 Information technology 10.500. 10.600. 10.600. 10.600. 10.600. 14 Information technology 10.610. 10.600. 10.600. 10.600. 10.600. 10.600. 10.600. 10.600. 10.600.		trustees, and key employees	139,266.		139,266.	
presents described in section 4958(c)(3)(B) 753,907. 500,454. 182,133. 71,320. 7 Other salaries and wages 753,907. 500,454. 182,133. 71,320. 8 Pension plane acruals and contributions (include section 401(k) and 403(b) employer contributions) 27,023. 13,211. 11,213. 2,599 9 Other employee benefits 065,485. 37,262. 22,913. 5,310. 18 Amagement 65,485. 37,262. 22,913. 5,310. 9 Concurring 0 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.0000000 0.000000000 0.0000000000000000000000000000	6	Compensation not included above to disqualified				
7 Other salaries and wages 753,907. 500,454. 182,133. 71,320 8 Persion plan accruals and contributions (include section 401(k) and 403(k) amployer contributions) 27,023. 13,211. 11,213. 2,599 9 Other employee bornefits 106,502. 56,877. 40,288. 9,337 10 Payroll taxes 5,310 65,485. 37,262. 22,913. 5,310 11 Fees for services (nonemployees): 65,485. 37,262. 22,913. 5,310 12 Aventsing ampoint fees 9 0 65,485. 37,262. 22,913. 5,310 14 Integration fundiating services. See Part IV, line 17 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 11,11.00 1		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruab and contributions (include section 401(k) and 403(b) employer contributions) 27,023.13,211.11,213.2,599 9 Other employee benefits 106,502.56,877.40,288.9,337 10 Payroli taxes 65,485.37,262.22,913.5,310 11 Fees for services (nonemployees): a a Management		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) 27,023. 13,211. 11,213. 2,599 9 Other employee benefits 106,502. 56,877. 40,288. 9,337 11 Fees for services (nonemployees): a Management 5,310 b Legal 65,485. 37,262. 22,913. 5,310 c Accounting 5,485. 37,262. 22,913. 5,310 d Lobbying 9 106,502. 56,877. 40,288. 9,337 d Lobbying 9 9 106.502. 56,877. 40,288. 9,310 g Other. (If line 11g anount excest 10% of line 25, colum (A), anount, list line 11g appenses on Sch 0, colum (A), anount, list line 11g appenses on Sch 0, colum (A), anount, list line 11g appenses on Sch 0, colum (A), anount excest 10% of line 25, colum (A), anount (A), anoun	7	-	753,907.	500,454.	182,133.	71,320.
11 Fees for services (nonemployees): a Management	8		<u> </u>			
11 Fees for services (nonemployees): a Management					11,213.	2,599.
11 Fees for services (nonemployees): a Management	9					9,337.
a Management b legal c Accounting c and the second seco	10	Payroll taxes	65,485.	37,262.	22,913.	5,310.
b Legal	11					
c Accounting	а					
d Lobbying						
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 81,886. 12 Advertising and promotion 181,090. 13 Office expenses 24,160. 14 Information technology 96,593. 15 Royatties 93,235. 16 Occupancy 93,235. 17 Travel 12,439. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,163. 19 Conferences, conventions, and meetings 972. 972. 21 Payments to affiliates 972. 972. 22 Depreciation, depletion, and amortization 74,679. 74,679. 23 Insurance 27,075. 27,075. 24 Depreciation, depletion, and amortization mount exceets. Other officials in expenses on tice 24e. If line 24e expenses on Schedule 0.) 1,711. 1,711. 1 1,711. 1,711. 1 1 b DUES AND SUBSCRIPTIONS 161. 161. 161.<	С					
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials				95,255.	12 / 20	
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26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	· · · · · · · · · · · · · · · · · · ·			547,380.	88,566.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26					•
educational campaign and fundraising solicitation.						
		educational campaign and fundraising solicitation.				

Form 990 (2022) FACE IT TOGET 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

232011 12-13-22

27-2501220 Page 11

Form 990 (IT	TOGETHER,	INC.	
Part X	Balance Sheet				

		Check if Schedule O contains a response or not	te to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			114,269.	1	137,123
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			72,251.	3	89,667
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former offi	cer, director,			
		trustee, key employee, creator or founder, subs	tantial contr	ibutor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persons	s (as defined			
		under section 4958(f)(1)), and persons described	d in section	4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				12,491.	9	5,548
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	806,590.			
	b	Less: accumulated depreciation	10b	742,556.	138,712.	10c	64,034
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		337,723.	16	296,372
	17	Accounts payable and accrued expenses			68,222.	17	50,000
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Se	chedule D		21	
ŝ	22	Loans and other payables to any current or form	ner officer, c	lirector,			
litie		trustee, key employee, creator or founder, subs	tantial contr	ibutor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons			22	
בי	23	Secured mortgages and notes payable to unrela	ated third pa	arties		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	es	77,328.	24	27,133
	25	Other liabilities (including federal income tax, pa	yables to re	lated third			
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			145,550.	26	77,133.
		Organizations that follow FASB ASC 958, che	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			192,173.	27	219,239
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	58, check l	nere			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea	quipment fu	nd		30	
R	31	Retained earnings, endowment, accumulated in	icome, or ot	her funds		31	
e l	32	Total net assets or fund balances			192,173.	32	219,239
ΖI				337,723.	33	296,372.	

Form **990** (2022)

Γ

Form	1990 (2022) FACE IT TOGETHER, INC.	27-	2501220	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,719	<u>,186.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,692	
3	Revenue less expenses. Subtract line 2 from line 1	3		,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	192	,173.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		294.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	219	<u>,239.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>
			`	res No
1	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	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	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
	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 Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.		
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?		<u>3a</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	:	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	

Form 990 (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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	
2022	
Open to Public	

Inspection

Nan	ne d	of t	the organization							r identification number
De	~+			E IT TOGETH						7-2501220
	art		Reason for Public					See instruction	IS.	
The	org	jani	ization is not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1			A church, convention of ch	,			on 170(b)(1)(A)(i).		
2			A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	ו 990).)				
3			A hospital or a cooperative	e hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
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 f	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
			section 170(b)(1)(A)(iv). (Complete Part II.)						
6			A federal, state, or local go	overnment or governm	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	<u> </u>	An organization that norma	ally receives a substa	antial part of its support fr	om a gove	ernmental	unit or from t	ne general	public described in
			section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8			A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9			An agricultural research or	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
			or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
			university:							
10			An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	nip fees, an	d gross receipts from
			activities related to its exer	mpt functions, subje	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
			income and unrelated bus	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.
			See section 509(a)(2). (Co		. ,			,	•	
11			An organization organized		ively to test for public sa	fety. See	section 5	09(a)(4).		
12			An organization organized	-	•	•			rry out the	purposes of one or
			more publicly supported o	-	-	-			•	
			lines 12a through 12d that	-						
а	• [7	• •	supervised, or controlled				-	giving
				-	gularly appoint or elect a	•	-		••••••	
			organization. You must							
b	, [7 7	-	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
	_				anization vested in the sa			-		-
			organization(s). You mu			•			• • •	
с	: [-	ng organization operated	in connec [.]	tion with. a	and functiona	llv integrate	ed with.
	_			• •	s). You must complete I				, ,	,
d	i [¬ ··· •		porting organization oper				rted organi;	zation(s)
	-				zation generally must sat				-	
			-		mplete Part IV, Sections	•				
е			_ · ·	,	written determination fro				II. Type III	
-			functionally integrated, o						, .,.,	
f	E	nte	er the number of supported							
0			vide the following information	•						
	<u>, .</u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									
										l

		ACE IT TO					1220 Page 2
Pa	rt II Support Schedule for	-		•			•
	(Complete only if you checke				n failed to qualify u	inder Part III. If the	organization
800	fails to qualify under the tests	s listed below, pleas	se complete Part II	II.)			
		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	3879179.	4420833.	1181496.	1616921.	1205205	12383814.
•	include any "unusual grants.")	30/91/9.	4420055.	1101490.	1010921.	1205505.	12303014.
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	3879179.	4420833.	1181496.	1616921.	1285385	12383814.
	Total. Add lines 1 through 3	3079179.	4420033.	1101490.	1010921.	1205505.	12303014.
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)						1205436.
6	Public support. Subtract line 5 from line 4.						11178378.
	tion B. Total Support						<u></u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3879179.	4420833.	1181496.	1616921.		12383814.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	347.	162.	4,156.	15.	12,161.	16,841.
9	Net income from unrelated business					, í	
-	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.)			13,401.	6,567.	1,423.	21,391.
11	Total support. Add lines 7 through 10						12422046.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,560,393.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.99 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	85.95 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

%

%

Schedule A (Form 990)	2022	FACE	IΤ	TOGETHER,

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

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

INC.

Sec	tion A. Public Support		-		-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			1	
14	First 5 years. If the Form 990 is for th	0		-			·
0	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2022 (li			column (f))		15	%
-	Public support percentage from 2021			<u></u>		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20 Investment income percentage from 2					17 18	<u> </u>
	33 1/3% support tests - 2022. If the			on line 14 and line			
138	more than 33 1/3%, check this box an						
h	33 1/3% support tests - 2021. If the						
Ň	line 18 is not more than 33 1/3%, che						

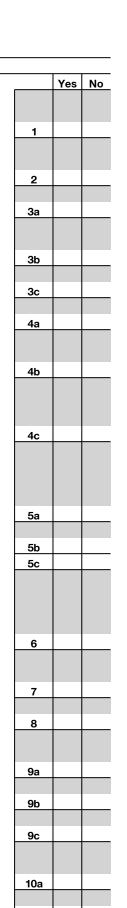
Part IV Supporting Organizations

(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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

9a 9b 9c 10a 10b Schedule A (Form 990) 2022



Schedule A	(Form 990) 2022	FACE	IT	TOGETHER,	I
Part IV	Supporting	Organizations	(contii	nued)	

2

		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the supported organization and what operation are powers.</i>	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			

NC.

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	d. or controlled the supporting organization.	
Section C. T	vpe II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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

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

 1
 1

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	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 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

No

Yes

	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(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		
Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
Section 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) 2022

90	2022	FACE	IΤ	TOGETHER,	INC.
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Schedule A	(Form 990)	2022	FACE	IT	TOGETHER,	INC.	
Part V	Type III	Non-Functio	nally In	tegra	ated 509(a)(3) S	upporting	Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

_	dule A (Form 990) 2022 FACE IT TOGET	HER, INC.		2	7-2501220 _{Ра}
Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ied)	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5 6	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	l.		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				

Page 7

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	FACE IT	TOGETHER,	INC.	27-2501220	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explanations 4c, 5a, 6, 9a, 9b, 9c, Part IV, Section E, line	required by Part II, line 10; 11a, 11b, and 11c; Part IV, s 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section art V, line 1; Part V, Section B, line 1e; Par art for any additional information.	C, t V,

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

(Fo	rm	99	U)		

Schedule B

Department of the Treasury Internal Revenue Service

Organizatio

Filers of:

Form 990 or

Name of the organization

Fź	ACE IT TOGETHER, INC.	27-2501220
n type (check o	one):	
	Section:	
990-EZ	\fbox 501(c)(3) (enter number) organization	

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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

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

Schedule B (Form 990) (2022)

Name of organization

FACE IT TOGETHER, INC.

Employer identification number

27-2501220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$77,013.	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
2		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$124,649.	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		\$201,534.	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		\$75,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Name of organization

FACE IT TOGETHER, INC.

Employer identification number

27-2501220

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$27,966.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$125,227.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Name of organization

Page • Employer identification number

27 - 2501220

FACE IT TOGETHER, INC.

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

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

Schedule B (Form 990) (2022)

Name of or	ganization			Employer identification number
FACE I	T TOGETHER, INC.			27-2501220
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 of	try. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	 ft	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of g d ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	 	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of g		ansferor to transferee

00		Supplement	al Financial Statements	OMB No. 1545-0047
	HEDULE D n 990)		anization answered "Yes" on Form 990,	2022
		Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest information.	Inspection
Nam	e of the organizati	on FACE IT TOGETHER,	TNC.	Employer identification number $27 - 2501220$
Par	t I Organiza		ed Funds or Other Similar Funds or Ac	
		n answered "Yes" on Form 990, Part IV, li		
			(a) Donor advised funds (I	b) Funds and other accounts
1	Total number at e	nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fund s exclusive legal control?	
6			advisors in writing that grant funds can be used or	
	for charitable purp	poses and not for the benefit of the donor	or donor advisor, or for any other purpose conferri	ng
	impermissible priv			
Par			rganization answered "Yes" on Form 990, Part IV,	line 7.
1		servation easements held by the organizat		de la transforme de la construcción de la constru
		n of land for public use (for example, recreation of land for public use (for example, recreation of natural habitat	ation or education) Preservation of a nisto	rically important land area
	—	n of open space		
2			ified conservation contribution in the form of a cor	nservation easement on the last
	day of the tax yea			Held at the End of the Tax Year
а	Total number of c	onservation easements		2a
b	-			2b
c			ructure included in (a)	2c
d		vation easements included in (c) acquired listed in the National Register		2d
3			leased, extinguished, or terminated by the organiz	
	year			5
4	Number of states	where property subject to conservation ea	sement is located	
5		tion have a written policy regarding the pe		
•	,	forcement of the conservation easements		
6	Stan and voluntee	er nours devoted to monitoring, inspecting	, handling of violations, and enforcing conservation	h easements during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation eas	ements during the year
8			ve satisfy the requirements of section 170(h)(4)(B)(
9			ion easements in its revenue and expense stateme	
9		-	note to the organization's financial statements that	
	organization's acc	counting for conservation easements.	-	
Par		_	f Art, Historical Treasures, or Other Si	imilar Assets.
		f the organization answered "Yes" on Forr		
1 a			58, not to report in its revenue statement and bala	
		· · ·	blic exhibition, education, or research in furtheran	ce of public
b	•		incial statements that describes these items. 58, to report in its revenue statement and balance	sheet works of
	-		c exhibition, education, or research in furtherance	
		ing amounts relating to these items:		. ,
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		
	(ii) Assets include	ed in Form 990, Part X		\$
2	•		easures, or other similar assets for financial gain, p	provide
-	•	unts required to be reported under FASB /	-	¢
a b				
<u> </u>				Ψ

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Sche		TOGETHER,					-250122	20 Page	2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 7	Freasures, or	Other S	Similar As	ssets _{(con}	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	he following that	make sigr	nificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	c	Loan or	exchange progra	ım				
b	Scholarly research	e	e 🗌 Other_						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	er the organizatio	n's exemp	ot purpose ir	n Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical t	reasures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be ma						Yes	No	о
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "	Yes" on Fe	orm 990, Pa	rt IV, line 9, o	or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribut	ions or other ass	ets not inc	cluded			
	on Form 990, Part X?						. Yes	No.	D
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amou	Int	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F					?	Yes		D
	If "Yes," explain the arrangement in Part XIII.						·····	🔲	
Par	t V Endowment Funds. Complete						haald (a) Fa		_
		(a) Current year	(b) Prior year	(c) Two year	S DACK (C	i) Three years	back (e) Fo	ur years back	
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur			n (a)) held as:					
a	Board designated or quasi-endowment		_%						
D	Permanent endowment	%							
С	Term endowment	<u>%</u>							
2-	The percentages on lines 2a, 2b, and 2c sho		ation that are half	d and administer	ad far tha				
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are new					Yes No	<u>,</u>
	organization by: (i) Unrelated organizations						3a(i		-
									-
h	(ii) Related organizations								_
4	Describe in Part XIII the intended uses of the								-
Par	t VI Land, Buildings, and Equipm		wittent funds.						-
	Complete if the organization answere). Part IV. line 11;	a. See Form 990.	. Part X. lin	ne 10.			
	Description of property	(a) Cost or c		ost or other		umulated	(d) Pc	ok value	-
	Description of property	basis (investr	• • •	sis (other)	• •	eciation			
19	Land	· · · · ·	,	,					_
	Buildings								
	Leasehold improvements			95,730.	(93,009	•	2,721	-
	Equipment			710,860.		49,547		51,313	<u>.</u>
	Other			,		- , 1		_,	÷
	. Add lines 1a through 1e. (Column (d) must e		X column (P) lin	e 10c)				54,034	-
1514		quai runn 990, Parl	<u>Λ, COIUIIIII (D), III</u>				 	_,	÷

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	-		TOGETHER,	INC
Part VII Investments - 0	Other Sec	uritie	es.	

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" c		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
		110 or 11f Coo Form 000 Dout V Har OF	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			

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

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

Sche	dule D (Form 990) 2022 FACE IT TOGETHER, INC.		27-2501220 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	
	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
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	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	. 4 a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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.

SCHEDULE G	Suppleme	ntal Information Regard	ling Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes organization entered more tha				r 19,	or if the	2022	
Department of the Treasury		Attach to Form						Open to Public	
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for in	structions	and t	ne latest information	n.	Employer	Inspection identification number	
Name of the organization		TOGETHER, INC.					27-25		
Part I Fundrais		Complete if the organization a	nswered "Y	es" or	Form 990 Part IV I	ine 1			
	complete this part			00 01	rr onn 000, r arriv, r				
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f So	idual (includ vith professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-		Yes 🗌 No	
compensated at le				agreei					
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraise		(iv) Gross receipts to from activity		Amount pai or retained b fundraiser ted in col. (i	(v) to (or retained by)	
			Yes	No	_				
Total									
or licensing.	ich the organizatio	n is registered or licensed to so	olicit contrib	utions	or has been notified	it is e	exempt from	registration	
CO,SD									

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 FACE IT TOGETHER, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	104,255.			104,255
	2	Less: Contributions	72,696.			72,696
	3	Gross income (line 1 minus line 2)	31,559.			31,559
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	25,711.			25,711
	7	Food and beverages				
	8	Entertainment	4 405			4 405
	9	Other direct expenses				4,425
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	· · · · · · · · · · · · · · · · · · ·			30,136
Ţ		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	reported more than (c) Other gaming	
	1		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue				
	1 2 3	Gross revenue				
T	3	Gross revenue				
	3	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (a)
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	3 4 5 6	Gross revenue		bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	3 4 5 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes% No No 7 from line 1, column (d)	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	3 4 5 6 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No A 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Direct Expenses	3 4 5 6 7 8 Ent	Gross revenue	Yes% No A 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	bingo/progressive bingo	(c) Other gaming	col. (a) through

b If "Yes," explain: _____

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FACE IT	TOGETHER,	INC.	27-2	5012	220	Page 3
11	Does the organization conduct gam					Y [′es	No
	Is the organization a grantor, benefi							
	to administer charitable gaming?					Υ	'es	No No
13	Indicate the percentage of gaming a							
á	The organization's facility					13a		%
	An outside facility					13b		%
14	Enter the name and address of the	person who pre	pares the organizat	ion's gaming/special events b	books and records:			
	Name							
45							/~~	
158	Does the organization have a contra	act with a third	party from whom th	e organization receives gamir	ig revenue?		'es	└── No
	 If "Yes," enter the amount of gamin of gaming revenue retained by the t If "Yes," enter name and address of 	third party \$			and the amount			
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		dependent contractor				
17	Mandatory distributions:							
	Enter the amount of distributions re	quired under st	ate law to be distrib			<u> </u>	′es	□ No
Pa	organization's own exempt activitie			required by Part I, line 2b, col	umps (iii) and (v): and Par	t III line	<u>c</u> 0 0	h 10h
				nal information. See instruction				5, 105,

1 art IV	Supplemental information	(continued)		

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	OMB No. 1545-0047					
Name of the organization	FACE IT TOGETHER, INC.		dentification number				
.	FORM 990, PART VI, SECTION A, LINE 4:						
	ALL SERVE A TERM OF THREE (3) YEARS FROM THE D	<u>ATE OF</u> VE BEEN	THEIR				
UPON THE PAS:	SAGE OF THREE (3) FISCAL YEARS. DIRECTORS SHAL	L TAKE	OFFICE ON				
THE FIRST DAY	Y OF THE FISCAL YEAR AFTER THEIR ELECTION FOLL	OWING I	HE CLOSE				
OF THE MEETING AT WHICH THEY ARE ELECTED. NO DIRECTOR SHALL SERVE MORE THAN							
THREE (3) COL	NSECUTIVE THREE-YEAR TERMS.						

FORM 990, PART VI, SECTION A, LINE 8B:

NO EXECUTIVE COMMITTEE EXISTS THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

THE CEO REVIEWS THE 990 AND PROVIDES IT TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE IRS.

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

DURING REGULAR MEETINGS, EACH DIRECTOR IS REQUIRED TO ANNOUNCE CONFLICTS OF INTERESTS RELATING TO ISSUES AT HAND AND TO ABSTAIN FROM VOTING WHERE A CONFLICT EXISTS. THESE ACTIONS ARE DOCUMENTED IN MEETING MINUTES.

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

THE CEO'S SALARY AND BENEFIT PACKAGE WAS REVIEWED BY THE BOARD OF DIRECTORS

AND COMPARED TO OTHER ORGANIZATIONS IN THE REGION IN THE LAST YEAR TO

ENSURE MARKET CONSISTENCY.

Schedule O (Form 990) 2022	Page 2
Name of the organization FACE IT TOGETHER, INC.	Employer identification number 27-2501220
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	