

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared F	or:	
	Face It TOGETHER, Inc. 5020 S Tennis Lane No. 4 Sioux Falls, SD 57108	
Prepared I	y:	
	Eide Bailly LLP 200 E. 10th St., Ste. 500 Sioux Falls, SD 57104-6375	
Amount D	e or Refund:	
	Not applicable	
Make Chec	k Payable To:	
	Not applicable	
Mail Tax R	turn and Check (if applicable) To:	
	Not applicable	
Return Mu	t be Mailed On or Before:	

Special Instructions:

Not applicable

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

** 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.

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2020 calendar year, or tax year beginning and	ending				
	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre chang						
	Name chang	Doing business as		27-25012	20		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return		4	605-271-			
	termin ated			G Gross receipts \$	1,491,729.		
F	return	SIOUX FALLS, SD 37100		H(a) Is this a group re			
	tion pendir	F Name and address of principal officer: WENDI WILLIE		for subordinates	······ — —		
_	F	SAME AS C ABOVE Same Solicition Same Same Same Solicition Solicition Solicition Same Same	or	H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: ► WWW.WEFACEITTOGETHER.ORG	or 527	H(c) Group exemptio	list. See instructions		
		organization: X Corporation Trust Association Other ►	I Vear		M State of legal domicile: SD		
		Summary	L Toai	or formation. 2005 N	of State of legal doffilenc, 52		
	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					
nar	2	Check this box X if the organization discontinued its operations or dispose		than 25% of its net ass	sets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8		
8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	19		
Ϋ́		Total number of volunteers (estimate if necessary)			9		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		4,420,833. 674,460.	1,181,496. 292,261.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,352.	-1,157,957.		
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,352.	13,401.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,096,645.	329,201.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	D 51 111 6 1 (D 1 N 1 (A) 1 A)		0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,626,708.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	31,151.		
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 31,1			•		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,381,726.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,008,434.	1,955,431.		
	19	Revenue less expenses. Subtract line 18 from line 12		88,211.	-1,626,230.		
Net Assets or			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		1,699,352.	513,369.		
A As	21	Total liabilities (Part X, line 26)		178,929.	619,176.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,520,423.	-105,807.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatama	anto and to the heat of my	knowledge and balief it is		
	•	itles of perjury, i declare that i have examined this return, including accompanying schedule it, and complete. Declaration of preparer (other than officer) is based on all information of wl		•	Kilowieuge aliu bellei, it is		
iiuc	, 601160	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii proparoi	ilas arīy kriowicuge.			
Sig	n	Signature of officer		Date			
Her		WENDY WHITE, CEO					
	_	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	i	LAURIE HANSON, CPA LAURIE HANSON, (CPA 1	0/21/21 self-employ			
Prep	oarer	Firm's name ► EIDE BAILLY LLP		Firm's EIN ▶	45-0250958		
Use	Only	Firm's address 200 E. 10TH ST., STE. 500					
		SIOUX FALLS, SD 57104-6375		Phone no. 60	5-339-1999		
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	_
	OUR MISSION IS TO GET PEOPLE WITH ADDICTION AND THEIR LOVED ONES WELL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 263, 260 • including grants of \$) (Revenue \$\$. •)
	FACE IT TOGETHER'S MISSION IS TO GET PEOPLE WITH ADDICTION AND THEIR	
	LOVED ONES WELL. WE PROVIDE ADDICTION CARE SERVICES TO PEOPLE WITH THE	
	DISEASE AND THEIR LOVED ONES. WE MEASURE OUR CLIENTS' PROGRESS TOWARD	
	WELLNESS THROUGH AN INNOVATIVE MEASUREMENT TOOL AND EVALUATION PROGRAM.	
	WE NAVIGATE CLIENTS TO OTHER SERVICES THAT HELP THEM GET AND STAY WELL.	
	WE ENLIST EMPLOYERS AND OTHER KEY STAKEHOLDERS TO ELIMINATE BARRIERS	
	THAT KEEP PEOPLE FROM GETTING WELL AND STAYING WELL. IN, 2020 WE SERVED	,
	342 MEMBERS THROUGH 3,093 COACHING SESSIONS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,263,260.	

Form 990 (2020) 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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 Revenue Procedure 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? <i>If</i> "Yes," <i>complete</i>			
•	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		1
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		-25
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,		Х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	١		₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	١		. v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		Х

Form 990 (2020) FACE IT TOGETHER, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
	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	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		37	
	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		_
-	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
	5-1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(manalalis a) unimpirare to maine unimpure?	1c	Х	
	(gambling) winnings to prize winners?	_ IU	000	<u> </u>

Form 990 (2020) FACE IT TOGETHER, INC.

Part 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 19								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Advanced in the Financi	counts (FBAR).			L					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		X					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			1,7					
			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	_								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	dana anno del ed da dha anno 0	_		v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
b			7b		 					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 93933		70		X					
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7с		-25					
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х					
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
' '	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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?										
9 Sponsoring organizations maintaining donor advised funds.										
а	Did the agree value and relief and the second and the distributions and the address 40000		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								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		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	406								
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	1/-		Х					
		- 0	14a		A					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		\vdash					
15			15		X					
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		10							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х					
	If "Yes," complete Form 4720, Schedule O.		.5							
	. , ,									

Form 990 (2020) FACE IT TOGETHER, INC. 27-2501220 Pag
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.

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	11									
	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	8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	iny other									
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3_		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint o	one or									
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or									
	persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye											
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before	e filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b		X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ensuremath{\mathit{H}}$ "	Yes," de	escribe									
	in Schedule O how this was done			12c	Х							
13	Did the organization have a written whistleblower policy?			13		X						
14	Did the organization have a written document retention and destruction policy?			14		X						
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a		X						
b	Other officers or key employees of the organization			15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic											
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (Section 501(c)(3):	only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, and	finan	cial							
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records									
	WENDY WHITE, CEO - 605-271-9044											
	5020 S. TENNIS LANE STOUX FALLS SD 57108											

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	irector, or trustee.	
(A)	(B)	3) (C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	ore than one on is both an ector/trustee)		compensation	compensation	amount of
	week		Cer ai	lu a u	recic	JI/II US	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)		and related
	below	idual	ution	-ia	Key employee	est co oyee	ler			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) WENDY WHITE	40.00								_	
CHIEF EXECUTIVE OFFICER		Х		X				89,843.	0.	34,865.
(2) DAVID WHITESOCK	40.00	1							_	
SECRETARY/CIO (UNTIL MAY 2020)		Х						72,890.	0.	4,556.
(3) DANE BLOCH	40.00	1							_	
SECRETARY (BEG JUNE 2020)		Х						39,592.	0.	8,550.
(4) DAVE JANSA	16.00	J								
DIRECTOR (BEG JULY 2020)		Х						13,475.	0.	7,440.
(5) JACK MARSH	1.00	l								
BOARD CHAIR		Х						0.	0.	0.
(6) ERIKA BATCHELLER	1.00	l								
TREASURER	1 2 50	Х						0.	0.	0.
(7) JOE HENKIN	0.50	ļ								
DIRECTOR	1 2 50	Х						0.	0.	0.
(8) JIM JOHNSON	0.50	ļ								
DIRECTOR	1 2 50	Х						0.	0.	0.
(9) MELISSA FLYNN	0.50								•	
DIRECTOR (BEG JULY 2020)	0.50	Х						0.	0.	0.
(10) JEFF BRECHT	0.50	٠,,								
DIRECTOR (BEG JULY 2020)	1 0 50	Х						0.	0.	0.
(11) WADE ROBEY	0.50	٠,,							0	
DIRECTOR (BEG JULY 2020)	0.50	Х						0.	0.	0.
(12) KEVIN KIRBY	0.50	₹.						0.	0	_
DIRECTOR	+	Х						0.	0.	0.
		-								
	+									
		1								
	+	<u> </u>								
		1								
	+	 								
		1								
		 								
		1								
		1				_	Ь	I	l .	

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ો than	one	Reportable	Reportable	Es	d		
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	n nc	am	ount o	of
		week	—	cer ar	nd a d	irecto	or/trus	itee)	from	from related		l	other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)	l	om the	
		organizations	ustee	trust		e e	bens		(W-2/1099-MISC)				anizati d relate	
		below	ual tr	tional		ploye	t col	_				l	nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ııızatı	7113
			=	 =	0		1 0	т.						
			1											
			1											
				\vdash										
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			1											
				\vdash										
			1											
	Subtotal			I	I				215,800.		0.	51	5,41	<u>11.</u>
	Subtotal Total from continuation sheets to Part VI								0.		0.		, ,	0.
	Total (add lines 1b and 1c)								215,800.		0.	5.5	5,41	
2	Total number of individuals (including but n							o re	•	000 of reportable			,	
2	compensation from the organization	ot illilited to th	1036	11310	ual	JOVE	<i>5)</i> WI	10 16	scerved more than \$100,	ooo or reportable	,			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer.	director trust	ا مم	(OV 6	amal	OVA	- Or	hia	sheet compensated emp	lovee on	1			
3	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•		•		3		Х
4	For any individual listed on line 1a, is the su											3		-11
4	and related organizations greater than \$150	•							•	· ·		4		Х
5	Did any person listed on line 1a receive or a			•								4		-11
3												5		Х
Sec	rendered to the organization? If "Yes." control B. Independent Contractors	ipiete Scheaul	e J T	or si	JCN J	oers	son							
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of com	nensat	tion fro	m	
•	the organization. Report compensation for										Jonsai		111	
	(A)	trio odioridai y	oui c	JI IGII	<u>19 W</u>	1011	O1 VVI		(B)	cur.		(C	٠	
	Name and business	address	N	INC	2				Description of s	ervices	С	comper		า
								\dashv						
								\dashv						
								\dashv						
								_						
2	Total number of independent contractors (i	ncludina but n	ot lir	nite	d to	thos	se lie	ted:	above) who received me	ore than				
_	\$100,000 of compensation from the organi		J. 111			()	,.ou	assvo, who received the	J. J. G. IGIG				
	wroo,ooo or compensation from the organi	Lation					_						200	

			Check if Schedule O	ontai	ins a re	esponse	or note to any line	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
ran uni			Membership dues			1b					
2 0			Fundraising events			1c					
ifts ar A			Related organizations			1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e	530,184.				
			All other contributions, gifts,								
			similar amounts not included			1f	651,312.				
Ē		g	Noncash contributions included in			1g \$					
a S		h	Total. Add lines 1a-1f					1,181,496.			
							Business Code				
g.	2	а	FIT @ WORK PROGRAM				900099	250,844.	250,844.		
Ş		b	RECOVERY SERVICES				900099	33,917.	33,917.		
Sel		С	RCI WEKIN INCOME				900099	7,500.	7,500.		
Program Service Revenue		d									
ge		е									
P.		f	All other program service	reven	ue						
			-					292,261.			
	3		Investment income (includ								
			other similar amounts)				>	4,156.			4,156.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a			415.				
		b	Less: cost or other basis								
e			and sales expenses	7b			1,162,528.				
len/		С	Gain or (loss)	7c			-1,162,113.				
her Revenue		d	Net gain or (loss)			<u></u>		-1,162,113.			-1,162,113.
ĕ			Gross income from fundraising								
₹			including \$			of					
			contributions reported on	line 1	c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundra	aising	event <u>s</u>	>				
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamir	ng acti	vities	>				
	10	а	Gross sales of inventory, I	ess re	eturns						
			and allowances			10a	1				
		b	Less: cost of goods sold			10k					
		С	Net income or (loss) from	sales	of inve	entory					
ر س							Business Code				
Miscellaneous Revenue	11	а	FFCRA CREDITS				900099	13,401.			13,401.
ane		b									
cell ev		С									
Mis			All other revenue								
_			Total. Add lines 11a-11d					13,401.			
	12		Total revenue See instruction	ne				329 201.	292 261.	l 0.	-1 144 556.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 271,211. 20,915. 250,296. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 548,572. Other salaries and wages 382,897. 165,675. 7 Pension plan accruals and contributions (include 12,430. 6,785. 5,645. section 401(k) and 403(b) employer contributions) 80,750. 93,217. 12,467.Other employee benefits 9 59,672. 26,998. 32,674. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying 31,151. 31,151. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 117,364. 117,364. column (A) amount, list line 11g expenses on Sch O.) 34,899. 34,899. Advertising and promotion 12 25,401. 25,401. Office expenses 13 161,995. 161,995. Information technology 14 15 Royalties 372,772. 372,772. 16 Occupancy 7,714. 7,714. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 114. 114. Conferences, conventions, and meetings 19 1.745. 1,745. 20 Payments to affiliates 21 162,719. 162,719. Depreciation, depletion, and amortization 22 37,975. 37,975. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,250. 9,250. RCI WELKIN PRODUCT DEVE DUES AND SUBSCRIPTIONS 3,950. 3,950. С d 3,280. 3,280. All other expenses 1,955,431. 1,263,260. 661,020. 31,151. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		68,270.	1	248,885.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			63,368.	3	14,711.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			3,320.	9	7,370.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	806,589.			
	b	Less: accumulated depreciation		564,186.	1,564,394.	10c	242,403.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 600 050	15	F12 262		
	16	Total assets. Add lines 1 through 15 (must ed		1,699,352.	16	513,369.	
	17	Accounts payable and accrued expenses	l l	57,780.	17	145,622.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
jį		trustee, key employee, creator or founder, sub				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unre				23	
	23 24	Unsecured notes and loans payable to unrela			121,149.	24	472,146.
	25	Other liabilities (including federal income tax,			121,117.	24	4/2/140.
	23	parties, and other liabilities not included on lin					
		of Schedule D	,	·	0.	25	1,408.
	26	Total liabilities. Add lines 17 through 25		l l	178,929.	26	619,176.
		Organizations that follow FASB ASC 958, c					<i>5=5,</i> = 1, 2, 3
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			1,520,423.	27	-105,807.
Bala	28	Net assets with donor restrictions		28	,		
2		Organizations that do not follow FASB ASC					
교		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,520,423.	32	-105,807.
_	33	Total liabilities and net assets/fund balances			1,699,352.	33	513,369.

Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>9,2</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95					
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,62					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,52	0,4	<u>23.</u>			
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						
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	-10	5,8	07.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	•			Yes	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 in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated 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	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		3a		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		3b					
			Form	990	(2020)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

2020 Open to Public

Name of the organization

•

INC.

FACE IT TOGETHER

Inspection
Employer identification number

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect i	•				<i>,</i> , , , , , , , , , , , , , , , , , ,	
3	一	A hospital or a cooperative					i).	
4	H	A medical research organization					•	the hospital's name
7		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCOLIO	11 17 0(b)(1)(A)(iii). Entor	the hoopital o hame,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3	ш	section 170(b)(1)(A)(iv). (C		liege of drilversity owner	or operat	cd by a gc	verninental unit describe	5 u III
6		A federal, state, or local gov		nental unit described in	section 17	70/hV/1V/Δ\	(v)	
	X	An organization that norma						oublic described in
•		section 170(b)(1)(A)(vi). (C	•	intial part of its support if	om a gove	Tilliona	unit of from the general p	dublic described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9	H	An agricultural research org			-	ed in coni	unction with a land-grant	college
9	ш	or university or a non-land-g				-		-
		university:	grant conege or agrici	ulture (see iristructions).	Litter the i	name, city	, and state of the college	; OI
10		An organization that norma	lly receives (1) more:	than 33 1/30/ of its supp	ort from o	ontribution	ne momborship foos and	d gross receipts from
10	ш	activities related to its exem						
		income and unrelated busin	· · · · · · · · · · · · · · · · · · ·	·				•
		See section 509(a)(2). (Cor		(less section of reak) inc	iii busiiles	sses acqui	red by the organization a	inter June 30, 1973.
11		An organization organized a	•	valy to tost for public so	foty Soo	soction 50	00(2)(4)	
12	H	An organization organized a	•	•	•			nurnosos of one or
12	ш	more publicly supported or		•	-			
		lines 12a through 12d that						DIRECK THE DOX III
		¬ ~ ~	• •				, ,	aivin a
а	·		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization			majority c	it the direc	tors or trustees of the st	ipporting
		organization. You must o	· · · · · · · · · · · · · · · ·				al annual attack (a) landa	*
b) [Type II. A supporting org	•					-
		control or management o			ame perso	ns that co	ntroi or manage the supp	оотеа
_		organization(s). You mus			:	م ملائد، ما ما		ملتند. ام
C	; <u> </u>		-					ed with,
		its supported organization						
C	·						· · · · · · · · ·	
		that is not functionally int		• ,	•		•	/eness
		requirement (see instructi	•	-				
e	•						Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
ī		er the number of supported o		-l				
		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
Tota	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1701626.	2100624.	3879179.	4420833.	1181496.	13283758.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1701626.	2100624.	3879179.	4420833.	1181496.	13283758.
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)						1639832.
	Public support. Subtract line 5 from line 4.						<u> 11643926.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1701626.	2100624.	3879179.	4420833.	1181496.	13283758.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	404	270	2.47	1.00	4 1 5 6	F F20
	and income from similar sources	484.	379.	347.	162.	4,156.	5,528.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					13,401.	13,401.
	assets (Explain in Part VI.)						13302687.
	Total support. Add lines 7 through 10	ata (aga inatu satia	, no)				,435,473.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	iourth or fifth toy v			, 433, 473.
13	organization, check this box and stop	-					ightharpoonup
Sec	etion C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2020 (li			column (f))		14	87.53 %
15	Public support percentage from 2019					15	87.64 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						, (37)
b	33 1/3% support test - 2019. If the c		•				
	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-	•		\
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organizatio						s >

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Voc	N-
		Yes	No
	1		
	2		
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
_	10b		
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Par	Supporting Organizations (continued)			
	_		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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion 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 in 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			
800	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	· · · · · · · · · · · · · · · · · · ·		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instanctivities Test. Answer lines 2a and 2b below.	ruction	S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive: If yes, (right) if y			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	_4		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	За		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

27-2501220 FACE IT TOGETHER INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

FACE IT TOGETHER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 315,580.	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		\$\$, 5,000.	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
6		\$\$, 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FACE IT TOGETHER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	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		\$33,000.	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
9		\$13,048.	Person X Payroll
(a)	(b)	(c)	(d)
No10	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

FACE IT TOGETHER, INC. 27-2501220

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	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
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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.)

Name of organization Employer identification number

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			
		\$				

Name of organization Employer identification number

FACE	IT	TOGETHER,	INC.
------	----	-----------	------

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	g line entry. For or	rganizations			
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for th	te year. (Eittel tills lillo. olice.)			
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
Part I	(2,1 222 21 3	(-, 3-					
		-					
L							
		(e) Transfe	er of gift				
	Transferee's name, address, ar	nd ZI P + 4	Re	elationship of transferor to transferee			
				_			
(a) No. from		•					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
		-	-				
		-	-				
F		(e) Transfe	r of gift				
		(e) Transie	a or girt				
	Transferrada nama addresa an	- J 7ID . 4	D	alationahin of turnafanan to turnafana			
-	Transferee's name, address, ar	10 ZIP + 4	He	elationship of transferor to transferee			
			-				
(a) No			Т				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
Part I							
		-		-			
		-					
-							
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held			
Part I	(b) i di pose di giit	(c) 0 3c of gi		(a) Description of now girt is need			
Γ		(e) Transfe	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
Γ							
		-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FACE IT TOGETHER, INC. **Employer identification number** 27-2501220

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

Га	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	· Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make si	gnificant u	se of its	,	ĺ	
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990	Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								7	_	_
	on Form 990, Part X?							L	」Yes		」No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	o ,										
f	Ending balance										
	Did the organization include an amount on Fo						ty?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete it										
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	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										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a	i)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administe	red for th	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate oreciation	d	(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements				5,730.		91,92	25.		3,8	05.
d		I		71	0,859.	4	172,26	1.	23	8,5	98.
е	Other										
Tota	tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)										

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
	(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"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line	- 15)		
Part X	Other Liabilities.	? 15. <i>j</i>		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability			(b) Book value
	leral income taxes			. ,
(2) DU				1,408.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	1,408.
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

-						Employer identification number 27 – 2501220		
	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17			
required to complete this par	rt.							
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursu	ation of ation of al fundra al (includ professi	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees, (X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
ADVANCED CERTIFIED	PROVIDED GUIDANCE IN THE	Yes	No					
FUNDRAISING, LLC - 2104 S	CREATION OF OUR		Х	0.		31,151.	0.	
						04 454		
Total 3 List all states in which the organization	an is registered at lineneed to colinit		utions	or has been notified	it io o	31,151.	giotration	
or licensing.	on is registered or licensed to solicit	COLLLID	ulions	or has been notified	il is e	xempt irom re	gistration	
CO,SD								

		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
σ)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Θ	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Da	11 rt	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization				
Г		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$13,000 OH FORM 990-EZ, liftle 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				zgo, progressive zge		
Re	4	Gross revenue				
_	1					
		5.755				
ses	2	Cash prizes				
Expenses	2					
Direct Expenses		Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes				
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes %	Yes%	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %		No No	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d)	No No	No No	
Direct Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d)	No No	No No	
9	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No	
9 a	3 4 5 6 7 8 Enrist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 after the state(s) in which the organization conductors.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No	No	
9 a b	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 atter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ activities in each of these	states?	No	Yes No
9 a b	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	states?	No	Yes No

Sch	ledule G (Form 990 or 990 EZ) 2020 FACE IT TOGETHER, INC. ZI-Z	720T770	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
''	the the hame and address of the person who prepares the organization's garning/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	. L Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	z •	
<u>50</u>	HIDDER C, TAKE I, BING 2D, BIGT OF THE HIGHEST TAID TONDKAIDEK	<i>.</i>	
<u>(I</u>) NAME OF FUNDRAISER: ADVANCED CERTIFIED FUNDRAISING, LLC		
<i>/</i> T	\ apprecia de emporatoro. 2104 o pembar in otomy entro or E77	105	
<u>(I</u>) ADDRESS OF FUNDRAISER: 2104 S PENDAR LN, SIOUX FALLS, SD 571	105	
(I	I) ACTIVITY: PROVIDED GUIDANCE IN THE CREATION OF OUR DEVELOPME	ENT PRO	GRAM

Schedule G	G (Form 990 or 990-EZ)	FACE IT	TOGETHER,	INC.	27-2501220	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation _{(contin}	nued)			

SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of	the organization FACE IT	TOGETHER,	INC.				Employer ide	entification	
Part I	Liquidation, Termination, or Dissolu space is needed.	ution. Complete this	s part if the organization a	nswered "Yes" on Form 9	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	rt I can be dup	olicated if a	dditional
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recipi tax-exem	section of ent(s) (if npt) or type entity
-			•		1			<u> </u>	Yes N

a Become a director or trustee of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Become an employee of, or independent contractor for, a successor or transferee organization?

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

Did or will any officer, director, trustee, or key employee of the organization:

c Become a direct or indirect owner of a successor or transferee organization?

Schedule N (Form 990 or 990-EZ) 2020

2a

2b

2c

Sche	dule in (Form 990 or 990-EZ) 2020 FAC	TI TOGLI	HER, INC.		27-23012	440		P	′age ∠
Par	Liquidation, Termination, or Dissolu	ution (continued)							
	Note: If the organization distributed all of i	ts assets during the	tax year, then Form 990,	Part X, column (B), line 16	(Total assets), and lin	ne 26 (Total liabilities), should equal -0		Yes	No
3	Did the organization distribute its assets in	accordance with its	governing instrument(s)	? If "No," describe in Part	III		3		
4a	Is the organization required to notify the at						4a		
	If "Yes," did the organization provide such						4b		
5	Did the organization discharge or pay all o	f its liabilities in acco	ordance with state laws?				5		
6a	Did the organization have any tax-exempt						6a		
	If "Yes" to line 6a, did the organization dis						6b		
	If "Yes" on line 6b, describe in Part III how								
Par	Sale, Exchange, Disposition, or Other Form 990-EZ, line 36. Part II can be du		_	ization's Assets. Comple	ete this part if the orga	anization answered "Yes" on Form 990, Pa	t IV, line	∋ 32, o	r
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient		section	
	distributed or transaction	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or				ient(s) (if npt) or ty	
	expenses paid		expenses	transaction expenses			of	entity	
LEAS	EHOLD IMPROVEMENTS	04/30/20	1,162,528.	BOOK VALUE					
			1	1		'		Yes	No
2	Did or will any officer, director, trustee, or	kev employee of the	organization.						
	Become a director or trustee of a successor		•				2a		Х
	Become an employee of, or independent of						2b		X
	Become a direct or indirect owner of a suc						2c		X
	Receive, or become entitled to, compensa					re?			X
	If the organization answered "Ves" to any						_ Łu		

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FACE IT TOGETHER, INC.

Employer identification number 27-2501220

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE ORGANIZATION CLOSED ITS DENVER, COLORADO LOCATION IN 2020.
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 15B:
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.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII

DAVE JANSA WAS EMPLOYED AS A PROGRAM ADVISOR UNTIL JULY 2020. HE THEN

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FACE IT TOGETHER, INC.	Employer identification number 27-2501220
DISCONTINUED EMPLOYMENT AND BECAME A BOARD MEMBER.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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 https://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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.	,		
Type or print	Name of exempt organization or other filer, see instructions.			Taxpayer	Faxpayer identification number (TIN)	
print	FACE IT TOGETHER, INC.				27-2501220	
File by the due date for filing your return. See instructions.	No. 1 to 1					
	City, town or post office, state, and ZIP code. For a for SIOUX FALLS, SD 57108					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application		Return	Application			Return
<u>Is For</u>		Code	Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
Teleph If the	books are in the care of \blacktriangleright 5020 S. TENNIS none No. \blacktriangleright $605-271-9044$ organization does not have an office or place of business is for a Group Return, enter the organization's four digital of the second of the group, check this box \blacktriangleright	s in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole grou	
1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2020 or ▶ tax year beginning, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						eturn for
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
					Ţ.	
	imated tax payments made. Include any prior year overp			3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment witl	n this form, if required, by			_
usi	using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)