			EXTENDED TO MAY 15, 2023		
	Ω	00	Return of Organization Exempt Fror	m Income Tax	OMB No. 1545-0047
For	пIJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except private foundation	s) 2021
			Do not enter social security numbers on this form as it n	nay be made public.	Open to Public
Depa Interr	ntment 1 Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest information.	Inspection
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1,2021$ and endin	g JUN 30, 2022	
B c	Check if pplicab	le: C Name of	forganization	D Employer identific	ation number
	Addre	FACI	NG HISTORY AND OURSELVES, INC.		
	Name Chang	ge Doing b	usiness as	04-276163	36
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room. OUTH STREET 401	/suite E Telephone number 617-735-1	658
L	⊥returr termii ated	ñ-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	33,074,062.
	□Amer		ON, MA 02111	H(a) Is this a group ret	
	returr Appli		nd address of principal officer: DESMOND BLACKBURN	for subordinates?	
	_ tion pendi		AS C ABOVE	H(b) Are all subordinates inc	
		empt status:		7	ist. See instructions
			FACINGHISTORY.ORG	,	
				H(c) Group exemption Year of formation: 1982	
	art I	Summary			State of legal dominine.
	T			UTOMODY AND OUD	
e e	1		e the organization's mission or most significant activities: FACING 1 SSONS OF HISTORY TO CHALLENGE TEACHER		
anc					
Governance			x		ats. 35
Š	3			35	
	4		lependent voting members of the governing body (Part VI, line 1b)		233
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		380
ivit	6		of volunteers (estimate if necessary)		
Act			d business revenue from Part VIII, column (C), line 12		<u>-77,864.</u> 0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
		.		Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	37,292,715.	30,109,528.
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,381,008.
ě	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,292,944.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,157.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,778,323.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.
			to or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	19,017,752.	19,911,034.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b		ing expenses (Part IX, column (D), line 25) • 4,464,361.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		6,756,965.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,667,999.
	19	Revenue less	expenses. Subtract line 18 from line 12	17,028,946.	6,110,324.
Net Assets or				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	73,328,621.	72,284,989.
tAs	21		(Part X, line 26)	2,908,614.	2,157,989.
_			fund balances. Subtract line 21 from line 20	70,420,007.	70,127,000.
	art II	Signature			
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.	

Sign		Signature of officer				Date		
Here		MARIEL GONZALES, CHIEF	FINANCIAL	OFFICER				
		Type or print name and title						
	Prir	t/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	BR	ENDA L. BOOTH				/23 self-emplo		
Preparer		's name 🕒 CBIZ MHM, LLC				Firm's EIN 🕨	26-3753134	
Use Only	Firn	i's address 🖕 500 BOYLSTON STRE	CET					
							7-761-0600	
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1000	990 (2021) FACING HISTORY AND OURSELVES, INC. 04-2761636 Pa
ar	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	FACING HISTORY AND OURSELVES USES LESSONS OF HISTORY TO CHALLENGE
	TEACHERS AND THEIR STUDENTS TO STAND UP TO BIGOTRY AND HATE.
_	
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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. (code:) (Expenses \$ 16,731,678. including grants of \$ 0.) (Revenue \$ 599,72!
	(code:)(Expenses \$ 16,731,678. including grants of \$ 0. (Revenue \$ 599,725) FACING HISTORY AND OURSELVES TRAINS AND SUPPORTS SECONDARY SCHOOL
	TEACHERS TO PROMOTE STUDENT ENGAGEMENT, CRITICAL THINKING, AND SOCIAL
	AND EMOTIONAL LEARNING THROUGH A DEEPER UNDERSTANDING OF THE LESSONS OF
	HISTORY. THROUGH SEVEN OFFICES IN THE USA, PARTNER ENTITIES IN ENGLAND
	AND CANADA, AND PARTNERSHIPS GLOBALLY, FACING HISTORY HAS A NETWORK OF
	MORE THAN 300,000 EDUCATORS AND PROVIDES PROFESSIONAL DEVELOPMENT,
	RESOURCES, AND SUPPORT TO MORE THAN 55,000 EDUCATORS EACH YEAR THROUGH
	FACE-TO-FACE AND ONLINE SEMINARS, WORKSHOPS, AND INDIVIDUAL TRAINING.
	TACE-IO-FACE AND ONDINE SEMIMARS, WORKSHOPS, AND INDIVIDUAL IRAINING.
	(Code:) (Expenses \$ 271,886. including grants of \$ 0.) (Revenue \$ 271,880
	FACING HISTORY AND OURSELVES PUBLISHES BOOKS, ONLINE RESOURCES,
	MULTIMEDIA, AND RELATED TEACHING MATERIALS FOR A BROAD VARIETY OF
	HISTORICAL, CIVICS, AND LITERARY CURRICULA. THESE MATERIALS COMBINE
	SOURCE DOCUMENTS, SCHOLARLY COMMENTARIES, AND TEACHING GUIDES FOR
	SOCIAL STUDIES AND LANGUAGE ARTS TEACHERS. EXAMPLES OF CONTENT AREAS
	COVERED INCLUDE THE HOLOCAUST, ARMENIAN GENOCIDE, RECONSTRUCTION IN TH
	POST-CIVIL WAR ERA, AND THE NOVEL TO KILL A MOCKINGBIRD.
	(Code:) (Expenses \$509,397. including grants of \$0.) (Revenue \$509,39
	FACING HISTORY AND OURSELVES EDUCATES AND INFORMS TEACHERS, STUDENTS,
	AND COMMUNITY MEMBERS THROUGH A VARIETY OF COMMUNICATIONS CHANNELS AND
	FORUMS. THROUGH SOCIAL MEDIA OUTLETS INCLUDING BLOGS, TWITTER, AND
	FACEBOOK, AND THROUGH PUBLIC CONVENINGS INCLUDING ITS COMMUNITY
	CONVERSATIONS SERIES, FACING HISTORY REACHES DIVERSE AUDIENCES AND
	ENCOURAGES THEM TO PARTICIPATE IN DIALOGUES ON TOPICS INCLUDING RACISM
	BULLYING, AND CIVIC ENGAGEMENT.
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 17,512,961.
	(Expenses \$ including grants of \$) (Revenue \$)

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Form	990	(2021)
	330	

 Form 990 (2021)
 FACING HISTORY AND OURSELVES, INC.

 Part IV
 Checklist of Required Schedules

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 11 X c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 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 Part X, line 16? If "Yes," complete Schedule D, Part X 11 X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X e Did the organization separate or consolidated infancial statements for the tax year? If the X 11 X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization				Yes	No
2 Is the organization engagin factorized to account give or bothstudes? See instructions 2 X 3 Dift the organization engagin factor briefer oblights activities on behall of or in opposition to candidates for any provide schedule <i>C</i> , <i>Part I</i> . 3 X 4 Section 501((b)() organizations. Dol the organization engage in lobbying activities, or have a section 501(b) election in effect of infect object of the organization asset on 501(b) election in effect of infect object of the organization asset on 501(b) election in effect of infect object obje	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect patitical campaign activities on bahal of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I 4 Section 501(b) organizations. Did the organization engage in kobying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 6 Did the organization matrian and yoon advised tunko or any similar funds or accounts? (IF "Yes," complete Schedule C, Part II. 6 Did the organization matrian and ordination that interview membership dues, assessments, or interview and the organization matrian and other assessments in table funds or accounts? (IF "Yes," complete Schedule D, Part II. 7 Did the organization matrian collections of works of art, historical treasures, or other similar assets? (IF Yes, "complete Schedule D, Part II. 9 Did the organization matrian collections of works of art, historical treasures, or other similar assets? (IF Yes, "complete Schedule D, Part II. 9 Did the organization matrian collections of works of art, historical treasures, or other similar assets? (IF Yes, "complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability serve as a custodian for an asset of thoroigh a related organization, hold assets in donorrestricted endowments or in guasi endowments? (IF Yes, "complete Schedule D, Part IV. 10 Did the organization report an amount for instements - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, Wes, "complete Schedule D, Part V. 11 Did the organization report an amount for instements - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, Wes, "complete Schedule D, Part V. 12 Did the organization report an amount for instements - other as					
public official if 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(6)1 organization. Bit the organization engage in lobbying activities, or have a section 501(6) election in effect 4 X 5 Is the organization a section 501(6)(4), 501(6)(6), or 501(6)(4), 501(6)(6), 501(6)(4), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 501(6), 50	2		2	X	
4 Section 501(c)(3) organizations. Do the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 90197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization markina may doore advected 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 II 6 X 7 Did the organization residue not oblica conservation (and tama any doore advected messment, including easement to regressre open space, the environment, historic lard areas, or historic atreasures, or other similar assat? If "Yes," complete Schedule D, Part II 7 X 10 Did the organization report an amount in Part X, Iine 21, for escrew or custodial account liability, serve as a custodian for a mount in Part X, Iine 21, for escrew or custodial account liability. For a single schedule D, Part I 10 X 10 Did the organization report an amount for investments - other securities in Part X, Iine 10, IVI, VII, IV, IV, IV, IV, IV, IV, IV,	3				
during the tax year? If Yes,* complete Schedule C, Part II 4 X is the organization a sector Soft(k) 507(k) 507(k			3		<u> </u>
5 Is the organization exciton \$01(4/H, 501(4/H, or \$01(4/H) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 (frves, 'complete Schedule C, Part II 5 X D D d the organization marked and sor any similar tunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (frves, 'complete Schedule D, Part II 6 X D D d the organization marked mode assement, including easements to robust preserve open space, the environment, historic atrocauses and induced account liability, serve as a custodia in for a sort of those of amounts not listed in Part X. Ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X. Ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X. Ine 21, for secrow or custodial account liability, serve as a custodian for a sort or mough a related organization, hold assets in donor-restricted endowments or in quasi endowments? (frves, 'complete Schedule D, Part W 10 X D D d the organization export a amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 (frves, 'complete Schedule D, Part W) 10 X D D d the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 (frves, 'complete Schedule D, Part W) 11 X D D d the organization report an amount for investments - othere securities in Part X, line 12, frves, 'complete Schedule D, P	4				v
similar amounts as defined in Rev. Proc. 98-192 (#*es,* complete Schedule C, Part III. 5 X 0 Did the organization maintain any doora advised funds or accounts? (#*Yes,* complete Schedule D, Part II 6 X 7 Did the organization maintain eases, or historic attructures? (#*es,* complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other accountel (#*es,* complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other accountel (#*es,* complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other activation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for othene sassets in Part X, line 13, that is 5% or more of i	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have thight to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the inplict to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 7 X b b b c organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine Part IV. 8 X a b b c organization, directly or through a related organization, hold assets in donor-restricted endowments o i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i	5		-		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lated in Part X, vine 21, for escrow or custodial account liability, serve as a custodian for amounts not lated in Part X, vine 21, for escrow or custodial account liability, serve as a custodian for amounts not machine D, Part IV 10 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X 12 Did the organization report an amount for lassets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 13 asset reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 11 X	6		5		<u></u>
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 maintian collections of works of art, historical treasures, or voltabul account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 10 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for threat sasets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part X 11e X 13 Did the organization report an amount for other assets in Part X, line 12, I'''''''s, complete Schedule D, Part X 11e X 14 Did the organization asport M in amount for ot	0		6		x
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Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If Y'es, ' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, ' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If Yes, ' complete Schedule D, Part VI 11a X 11 If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, ' complete Schedule D, Part VII 11a X 11 It the organization report an amount for investments or the tax year include a foothore that addresses the organization separate or consolidated financial statements for the tax year? 11a X 11 It the organization separate or consolidated financial statements for the tax year? 114 X 12 Did the organization aspearate N, line 16? If Yes, ' complete Schedule D, Part X 114 X <	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments? 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, line 126,			8		Х
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 116 X 14 Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X 116 X 15 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 116 X 16 Did the organization outbain separate, independent audret financial statements for the tax year? 117 X 17 Did the organization automa and to complete schedul	9	,			
10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII,		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a 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? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX,			14h	x	
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 			15		х
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21		24		x
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
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			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	Х		
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				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		<u> </u>	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v	
	"Yes," complete Schedule L, Part IV	28a		X X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b			
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х		
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	- 11		
50	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
02	Schedule N, Part II	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>	
•••	Part V, line 1	34	х		
35a	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				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		
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021)					OURSELVES,		
Sta	tements	Regarding C	ther IRS Fili	ngs ar	nd Tax Compliar	nce _{(contin}	ued)

			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 233		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	0-	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a oh	 X	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b	Δ	
+d	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Ба	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		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
;	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4		x
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
,	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2021)

Part V

Form	990	(2021)
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FACING HISTORY AND OURSELVES, INC.

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		35			
	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		35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervisior	ו			
	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	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?		•		8a	х	
	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 read						
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Codo)		v		
	This Section B requests mornation about policies not required by the internal Re-	<u>enue</u>				Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?			1	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
1	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
		Deloi	e ming the r	Onn	па	<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				40	v	
	on Schedule O how this was done				12c	X X	
13	Did the organization have a written whistleblower policy?				13		
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval		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	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				_
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, NY, IL, O	н,т	N				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 5	601(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	olicy, and	financ	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 boo	ks and	d records	•			
	MARIEL GONZALES - 617-735-1658						
	89 SOUTH STREET, SUITE 401, BOSTON, MA 02111						
	· · · · · · · · · · · ·					990	

Form 990 (2	D21) FACING HISTORY AND OURSELVES, INC.	04-2761636	Page 7							
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complet	e 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 al 	of the organization's current officers, directors, trustees (whether individuals or organizations), regardl	less of amount of compens	ation.							
Enter -0- in c	olumns (D), (E), and (F) if no compensation was paid.									

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and tile Average hours per bulker metabolise and tile Average hours per bulker metabolise and tile Reportable compensation from related organization Reportable compensation from related organization Estimated and the compensation Estimated and the organization (1) Rock E ROCKS 35.00 X 477,512. 0. 45,986. (2) ANNE MARIE FIT2GERALD 35.00 X 477,512. 0. 45,986. (3) STVE BECTON 35.00 X 291,778. 0. 41,904. (41) ANNE MARIE FIT2GERALD 35.00 X 254,261. 0. 38,636. (4) ANNE MARIE C, OORALES 35.00 X 252,749. 0. 38,550. (41) ANNE MARETING & COMM. 35.00 X 232,192. 0. 35,491. (7) CARESTON, LCC FRES. 4 COD X 232,192. 0. 35,491. (7) CARESTON, LCR, MARETING & COMM. 35.00 X 232,192. 0. 35,491. (7) CARESTON, LCR, MARESTING & COMM. 35.00 X	(A)	(B)		(C)		(D)	(E)	(F)			
hours per vex. box. organization service and a record value of the form of the form of the form of the form of the organization (W2/1099-MISC/ 1099-MISC/ 1090-MISC/ 1000-MISC/ 1000-MISC	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
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(9) JON CRAMER 35.00 X 182,204. 0. 31,245. (10) DIMITRY ANSELME 35.00 X 178,562. 0. 33,425. (11) MARTI TIPPENS-MURPHY 35.00 X 179,400. 0. 21,459. (12) KAREN MURPHY 35.00 X 177,197. 0. 21,056. (13) MARC SKVIRKSY 35.00 X 117,895. 0. 20,563. (14) ABDULLAH T. ANTEPLI 1.00 X 117,895. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 1.00 X 117,895. 0. 20,563. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		35.00									
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(10) DIMITRY ANSELME 35.00 X 178,562. 0. 33,425. (11) MARTI TIPPENS-MURPHY 35.00 X 179,400. 0. 21,459. (12) KAREN MURPHY 35.00 X 177,197. 0. 21,056. (13) MARC SKVIRKSY 35.00 X 177,197. 0. 21,056. (14) ABDULLAH T. ANTEPLI 1.00 X 0. 0. 0. DIRECTOR X 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0110 DIRECTOR X 117,895. 0. 20,563. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(9) JON CRAMER	35.00									
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(11) MARTI TIPPENS-MURPHY 35.00 X 179,400. 0. 21,459. (12) KAREN MURPHY 35.00 X 177,197. 0. 21,056. (13) MARC SKVIRKSY 35.00 X 177,197. 0. 21,056. (13) MARC SKVIRKSY 35.00 X 117,895. 0. 20,563. FMR. VP FOR SPECIAL INITIATIVES 1.00 X 117,895. 0. 20,563. (14) ABDULLAH T. ANTEPLI 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(10) DIMITRY ANSELME	35.00									
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(12) KAREN MURPHY 35.00 X 177,197. 0. 21,056. (13) MARC SKVIRKSY 35.00 X 117,895. 0. 20,563. (14) ABDULLAH T. ANTEPLI 1.00 X 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 01100 X 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td></td> <td>35.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		35.00									
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(13) MARC SKVIRKSY 35.00 X 117,895. 0. 20,563. FMR. VP FOR SPECIAL INITIATIVES 1.00 X 0. 0. 0. (14) ABDULLAH T. ANTEPLI 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) PAUL H. BERZ 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (16) JEFFREY J. BUSSGANG 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. UITOR X 0. 0. 0. 0. 0. 0. 0.	(12) KAREN MURPHY	35.00									
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(14) ABDULLAH T. ANTEPLI 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) PAUL H. BERZ 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) JEFFREY J. BUSSGANG 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.	(13) MARC SKVIRKSY	35.00									
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(15) PAUL H. BERZ 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) JEFFREY J. BUSSGANG 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) AMY K. CARLSON 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	(14) ABDULLAH T. ANTEPLI	1.00									
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(16) JEFFREY J. BUSSGANG 1.00 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) AMY K. CARLSON 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0.		1.00									
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(17) AMY K. CARLSON DIRECTOR X 0. 0. 0.		1.00								<u> </u>	
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00								<u> </u>	
	DIRECTOR		Х						0.	0.	

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Form 990 (2021)

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2021.05080 FACING HISTORY AND OURSEL 266592_1

Form 990 (2021) FACING H									04-27	7616	536	Page 8
Part VII Section A. Officers, Directors, Trus		oloy I	ees,			ghes	t C		· /	—		
(A)	(B)				C) sitior			(D)	(E)		-	F)
Name and title	Average		not cl	heck	more	than o		Reportable	Reportable			nated
	hours per week					is both pr/trus		compensation	compensatio			unt of
	(list any				1		,	- from	from related	I		her
	hours for	lirecto						the organization	organizations (W-2/1099-MIS	I	•	ensation n the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			ization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1420)		•	related
	below	lual t	tiona		yoldr	st cor	-	1000 1120)				zations
	line)	In dividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Lationic
(18) CARETHA COLEMAN	1.00		_	0	×	1 0	-			-		
DIRECTOR		x						0.		0.		0.
(19) EDDA COLLINS COLEMAN	1.00											
DIRECTOR		x						0.		0.		0.
(20) REGGIE CRENSHAW	1.00											
DIRECTOR		x						0.		0.		0.
(21) CHERYL STRAUSS EINHORN	1.00											
DIRECTOR		x						0.		0.		0.
(22) DEBRA ENGEL	1.00											
DIRECTOR		x						0.		0.		0.
(23) MARK S. FIFE	1.00											
DIRECTOR		x						0.		0.		0.
(24) LORI R. FIFE	1.00											
DIRECTOR		х						0.		0.		0.
(25) CRISTINA S. FOCKLER	1.00											
DIRECTOR		x						0.		0.		0.
(26) JILL GARLING	1.00											
DIRECTOR		х						0.		0.		Ο.
1b Subtotal								3,049,200.		0.	440	,827.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								3,049,200.		0.	440	,827.
2 Total number of individuals (including but r	not limited to th	ose	liste	d at	oove) wh	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												48
											Y	es No
3 Did the organization list any former officer	, director, trust	ee, k	key e	mp	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	such individual										3 2	x
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual		[4 2	X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ich i	pers	on .					5	X
Section B. Independent Contractors	-											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion from	1
the organization. Report compensation for	the calendar ye	ear e	endin	ng w	ith o	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s		C	ompens	ation
ECHO & CO								DIGITAL PLATI	FORM AND			
240 ELSM STREET, SOMERVII	LLE, MA	02	14	4			_	WEB DESIGN			<u>,117</u>	<u>,701.</u>
LAUREL STRATEGIES INC					_			MARKETING AND				
44 OXFORD STREET, CHEVY CHASE, MD 20815							_	FUNDRAISING I			481	,860.
FOUR KITCHENS, 9450 SW GI		IV	E :	PM	В			DIGITAL PLATI	FORM &			
85198, BAVERTON, OR 97008	3						_	WEB DESIGN			437	,631.
DELOITTE CONSULTING LLP								CONSULTANT -			0.0.4	0.0.0
PO BOX 844717, DALLAS, TY	\$ 75284							STRATEGIC PLA			281	,000.
LONG STORY SHORT MEDIA			- ~	~	~ ~	~ -		VIDEO PRODUC	LTON		1	40.4
2830 GEORGIA AVE, NW, WAS	SHINGTON	,	DC	-2	00	01	ŀ	SERVICES			132	,494.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **b** 8 2

\$100,000 of compensation from the organization ► 8 SEE PART VII, SECTION A CONTINUATION SHEETS Form **990** (2021)

Part VII Section A. Officers, Directors, T	i uslees, key Li	npic	yee	s, ar	пап	ligne	est	Compensated Employe	es (continued)	
(A)	(B)		-	(((D)	(E)	(F)
Name and title	Average hours per	(c	heck I	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) JUDITH M. GOLDMAN DIRECTOR	1.00	x						0.	0.	0
28) KAREN G. HARRISON	1.00	^						0.	0.	0
DIRECTOR		x						0.	0.	0
(29) ANDREW S. JANOWER	1.00									
DIRECTOR		Х						0.	0.	0
30) JILL ELLEN KARP DIRECTOR	1.00	x						0.	0.	0
(31) DANIEL KATZ	1.00									
DIRECTOR		Х						0.	Ο.	0
(32) EUNICE LEE	1.00									
DIRECTOR		Х						0.	0.	C
33) JULIE ABRAMS LEFF	1.00									_
DIRECTOR	1	Х						0.	0.	0
(34) EMILY LEVENTHAL	1.00							0	0	
DIRECTOR	1 00	Х						0.	0.	0
(35) LAWRENCE M. LEVY DIRECTOR	1.00	x						0.	0.	C
(36) MADELINE LEVY	1.00	^						0.	0.	U
DIRECTOR	1.00	x						0.	0.	C
(37) RICHARD I. MELVOIN	1.00	- 23							••	,
DIRECTOR		x						0.	0.	C
(38) SAUL PANNELL	1.00								•••	
DIRECTOR		х						0.	0.	C
(39) RICHARD PERRY	1.00									
DIRECTOR		х						0.	0.	0
(40) DEBORAH L. PLUMMER	1.00									
DIRECTOR		Х						0.	0.	0
41) FERNANDO M. REIMERS	1.00									
DIRECTOR		Х						0.	0.	0
(42) SUSIE RICHARDSON	1.00								_	-
DIRECTOR		Х						0.	0.	0
43) MYKHANH SHELTON	1.00								•	
DIRECTOR	1 00	Х						0.	0.	C
44) JUDY WISE	1.00	.,							•	_
DIRECTOR	1 00	Х						0.	0.	C
(45) DR. CAROL JOHNSON-DEAN	1.00								•	
TRUSTEE	1 00	Х						0.	0.	0
(46) STACY SHARPE TRUSTEE	1.00	x						0.	0.	C

2021.05080 FACING HISTORY AND OURSEL 266592_1

Form 990 FACING HI	STORY A	ND	0	UR	SE	LV	ES	, INC.	04-276	1636		
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, ai	nd H	ligh	est (Compensated Employees (continued)				
(A) Name and title	hours			(C Pos	C) ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations		
(47) MARCUS L SMITH TRUSTEE	1.00	x						0.	0.	0.		
(48) WENDY FISCHMAN	1.00											
TRUSTEE		X						0.	0.	0.		
		-										
		-										
		-										
Total to Part VII, Section A, line 1c							<u></u>					

132201 04-01-21

		Check if Schedule O c	contains a res	ponse	or note to any line	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1 a	Federated campaigns	18						
Contributions, Gifts, Grants and Other Similar Amounts	b	•• • • • •	11						
Ū Ū	c			;	933,593.				
ar A	с			1					
s, G	e	Government grants (contri		•					
r Si	f	All other contributions, gifts,	grants, and						
ibut the		similar amounts not included	above 1f		29,175,935.				
d O	g			\$	633,005.				
<u> </u>	h	Total. Add lines 1a-1f				30,109,528.			
		7776			Business Code	1 201 000	1 201 000		
ice	2 a				611710	1,381,008.	1,381,008.		
er v ue	b								
m S ven	c								
Program Service Revenue	e								
Pro	f		revenue						
	c					1,381,008.			
	3	Investment income (includ				· · ·			
		other similar amounts)	-			319,865.		-77,864.	397,729.
	4	Income from investment o							
	5	Royalties							
			(i) Re	eal	(ii) Personal				
	6 a		6a						
	b	• • • • • • • • • • • • • • • • • • • •	6b						
	c	()	6c						
	с 7 с) (i) Secu		(ii) Other				
	7 a	a Gross amount from sales of assets other than inventory		,079.					
	h	Less: cost or other basis	7a 575	, 0 / 5 .					
Ð	~	and sales expenses	7b	Ο.					
Revenue	c	Gain or (loss)		,079.					
Rev		Net gain or (loss)			▶	973,079.			973,079.
<u> </u>	8 a	Gross income from fundraisir	ng events (not						
Othe			933,593. of						
		contributions reported on	line 1c). See						
		Part IV, line 18		. <u>8a</u>					
		Less: direct expenses				-			
		Net income or (loss) from t	-		····· ►	0.			
	9 a	Gross income from gamin							
	6	Part IV, line 19 Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le		<u> </u>					
		and allowances		10a	44,498.				
	b	Less: cost of goods sold							
		Net income or (loss) from			>	-5,157.			-5,157.
ω					Business Code				
sou:	11 a	a							
Miscellaneous Revenue	b)						ļ	
Sev	c				├				
Mis	C	All other revenue							
		Total. Add lines 11a-11d				32,778,323.	1,381,008.	-77,864.	1365651.
10000	12 9 12-09	Total revenue. See instructio	лıъ 		····· 🚩	52,110,523.	1 1,501,000.	1 ,7,004.	Form 990 (2021

FACING HISTORY AND OURSELVES, INC. 04-2761636 Page 9

132009 12-09-21

Form 990 (2021)

12

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 respon			(0)	
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
-	2 226 252	0 450 044	424 252	001 550
	3,206,072.	2,479,341.	434,953.	291,778.
	12 607 644.	8 397 799.	1 578 052.	2,631,793.
	12,00,,0110	0,00,000	1757670521	2,001,,000
	765,827.	512,296.	101,539.	151,992.
	2,188,655.	1,335,079.	393,958.	459,618.
	1,142,836.	737,188.	162,462.	243,186.
Fees for services (nonemployees):				
Management				
	26,834.			
	259,302.		259,302.	
	3.817.938.	2,430,598,	1.046.814.	340.526.
		259,397.		340,526. 35,664.
-		,		
	727,251.	246,133.	481,118.	
Occupancy				88,848.
Travel	79,109.	57,316.	3,192.	18,601.
	100 250	77 740	0 724	101 002
	100,339.	//,/42.	0,/34.	101,883.
	17,603,	17.031.	295.	277.
Lesson and the second				37,714.
Other expenses. Itemize expenses not covered				-
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (Δ)				
amount, list line 24e expenses on Schedule 0.)				
				13,151.
				32,161.
				3,076. 6,587.
			15,397.	7,506.
· · · · · · · · · · · · · · · · · · ·			4 690 677	4,464,361.
	<u> </u>	<u> </u>	±,000,077•	-,-U-,JUI•
educational campaign and fundraising solicitation.				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. 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, 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) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Legal Accounting Lobbying Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on ine 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SUPPLIES TELEPHONE AUDIO VISUAL & LIBRARY POSTAGE AND SHIPPING All other expenses Aul other expenses	Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. (A) Total expenses Grants and other assistance to domestic individuals. See Part IV, line 21 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 3, 206, 072. Compensation of current officers, directors, trustees, and key employees 3, 206, 072. Compensation of current officers, directors, trustees, and key employees 3, 206, 072. Compensation of included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 12, 607, 644. Other salaries and wages 1, 142, 836. Pension plan accruals and contributions (include 765, 827. 2, 188, 6555. 2, 188, 6555. Payroll taxes 1, 142, 836. Fees for services (nonemployees): 3, 817, 938. Management 266, 834. Legal 26, 834. Accounting 295, 061. Office expenses 79, 109. Payments of travel or entertainment expenses for any federal, state, or local public officials 79, 109. Conferences, conventions, and meetings 179, 588. Other expenses. Itemize expenses on line 24e. If ine 24e anount exceeds 10% of line 25, columnt (A), amount, list line 24e expenses on l	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Total expenses Program service expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 Benefits paid to or for members Image: Compension of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees 3, 206, 072. 2, 479, 341. Compensation not included above to disqualified persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 12, 607, 644. 8, 397, 799. Other salaries and wages 2, 188, 655. 1, 335, 079. Payroll taxes 765, 827. 512, 296. Compensation not included above to disqualified persons described in section 4958(r)(1) and persons described in section 4958(r)(2) 2, 188, 655. 1, 335, 079. Payroll taxes 765, 827. 512, 296. Cother employee benefits 2, 108, 655. 1, 335, 079. Professional fundraising services. See Part IV, line 17 1, 142, 836. 737, 188. Professional fundraising services (nonemployees): 3, 817, 938. 2, 430, 598. Management 26, 834. 26, 634. Legal 26, 61. 259, 397. Other (II line 110 amount exceeds 10% of line 25, column (A), amount, list line 10g expreses	Instruction amount response of the set of t

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FACING HISTORY AND OURSELVES, INC.

(A) (B) Beginning of year End of year 11,569,861. 17,606,015. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 9,724,559. 6,975,650. Pledges and grants receivable, net 3 3 279,471. 356,807. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 40,352. 34,097. 8 Inventories for sale or use 8 354,696. 344,445. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,242,723. basis. Complete Part VI of Schedule D _____ 10a 1,202,124. 209,255. 2,040,599. b Less: accumulated depreciation 10b 10c 6,472,434. 5,936,597. Investments - publicly traded securities 11 11 44,610,166. 39,039,459. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 742. 18,405. Other assets. See Part IV, line 11 15 15 73,328,621. 72,284,989. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 2,806,411. 2,143,419. Accounts payable and accrued expenses 17 17 18 18 Grants payable 15,200. 5,075. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 87,003. 9,495. of Schedule D 25 2,908,614. 2,157,989. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 27,109,256. 32,885,843. Net assets without donor restrictions 27 27 37,241,157. Net assets with donor restrictions 43,310,751. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 70,420,007. 70,127,000. 32 Total net assets or fund balances 32 73,328,621. 72,284,989. 33 33 Total liabilities and net assets/fund balances

04-2761636 Page 11

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Form 990 (2021)

	990 (2021) FACING HISTORY AND OURSELVES, INC.	04-	<u>2761</u>	636	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,77		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,66		
3	Revenue less expenses. Subtract line 2 from line 1	3		,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,42		
5	Net unrealized gains (losses) on investments	5	-6	,40	3,3	31.
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	70	,12	7,0	00.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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 on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X 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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	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 requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Nam	e of t	he organization							identification number				
D -		FACI	NG HISTORY	AND OURSELVE	ES, IN	IC.		0	4-2761636				
Pa	τι	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)							
1		A church, convention of chu				n 170(b)(1	l)(A)(i).						
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)								
3		A hospital or a cooperative					-						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov	•				.,						
7	X												
_		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe			-								
9		An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or				
40		university:		U									
10		An organization that norma											
		activities related to its exem							•				
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) ind	in busines	ses acqui	red by the org	anization a	arter Julie 30, 1975.				
11		An organization organized a		vely to test for public sat	fotu Soo u	section 5()Q(a)(4)						
12		An organization organized a	-	•	•			rry out the	nurnoses of one or				
		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
а		Type I. A supporting orga						-	giving				
		the supported organization	-	-	•	-							
		organization. You must c											
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	/ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi	,	•	-								
е		Check this box if the orga					Type I, Type I	II, Type III					
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.							
		r the number of supported c	•										
g		vide the following information) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	· ·	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)				
				above (see instructions))	100								
Tota	I												

Schedule A (Form 990) 2021 FACING HISTORY Part II Support Schedule for Organizations Desc

FACING HISTORY AND OURSELVES, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	30218120.	26688960.	23742592.	<u>37292715.</u>	30109528.	148051915			
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	30218120.	26688960.	23742592.	<u>37292715.</u>	30109528.	148051915			
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)						<u>36595296.</u>			
	Public support. Subtract line 5 from line 4.						111456619			
Sec	ction B. Total Support	1	r	1						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	30218120.	26688960.	23742592.	37292715.	30109528.	148051915			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	184,581.	185,304.	187,923.	224,626.	319,865.	1102299.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						149154214			
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>,839,720.</u>			
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)				
-	organization, check this box and sto									
	ction C. Computation of Public		-				7/ 72			
	Public support percentage for 2021 (I		•			14	74.73 %			
	Public support percentage from 2020					15	76.05 %			
168	33 1/3% support test - 2021. If the other test is a support test - 2021.									
h	stop here. The organization qualifies		-			or more check the				
D	33 1/3% support test - 2020. If the organization gua									
47-	and stop here. The organization qual									
1/a	10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
h	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
D.	more, and if the organization meets the	-								
	organization meets the facts-and-circl									
18	Private foundation. If the organization		•							
					,		(Form 990) 2021			
							- · · · · · · · · · · · · · · · · · · ·			

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9 10a	Amounts from line 6 a 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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 th	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
							>
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2021. If the					33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 ⁻	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiz	zation
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions .	
1320	23 01-04-22					Sche	edule A (Form 990) 2021

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FACING HISTORY AND OURSELVES, INC. Schedule A (Form 990) 2021 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021 FACING HISTORY AND OURSELVES, INC. 04-2761636 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image 1 Image 1 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image 1 Image 1 b A family member of a person described on line 11a above? Image 1 Image 1

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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. Section C. Type II Supporting Organizations

			Yes	
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	ſ	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

11c

No

Yes No

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_	dule A (Form 990) 2021 FACING HISTORY AND OURS			04-2761636 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1
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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-functiona	ally integrat	ed Type III supporting org	anization (see

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instructions).

FACING	HISTORY	AND	OURSELVES,	INC.
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Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a)(3) Supporting Orga	inizations (continu	ied)	F	
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>w</i>	(11)	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021	1
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	FACING	HISTORY	AND OUR	SELVES,	INC.	04-2761636 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. Pr lines 1, 2, 3b, 3c, 4b	ovide the explana o, 4c, 5a, 6, 9a, 9t ; Part IV, Section	ations required b o, 9c, 11a, 11b, E, lines 1c, 2a, 2	y Part II, line 1 and 11c; Part ∣ 2b, 3a, and 3b;	0; Part II, line 17a V, Section B, line Part V, line 1; Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	2						Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

Employer identification number

-		
	FACING HISTORY AND OURSELVES, INC.	04-2761636
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizati	ion is covered by the General Rule or a Special Rule.	

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	FACING HISTORY AND			04-2761636
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		held in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pa		ganization answered "	/es" on Form 990, Par	
1	Purpose(s) of conservation easements held by the organizati			· · · ·
-	Preservation of land for public use (for example, recrea		<u></u>	nistorically important land area
	Protection of natural habitat	Г		certified historic structure
	Preservation of open space	L		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contr	ibution in the form of a	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			
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a			
u	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rel			
Ŭ	year >	icasca, extinguisrica, o		
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		ction bandling of	
5	violations, and enforcement of the conservation easements in			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		and enforcing conserv	
0	Stan and volunteer nours devoted to monitoring, inspecting,	nationing of violations,	and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservation	essements during the year
'	Amount of expenses incurred in monitoring, inspecting, hand \$	and the second	entorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) above	o satisfy the requireme	nts of soction 170/b)//	
0				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati			
9	balance sheet, and include, if applicable, the text of the footr			
		note to the organization		s that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Tr	easures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" on Form	•		
10	If the organization elected, as permitted under FASB ASC 95		wanua atatamant and	helenee aboat works
Id		· ·		
	of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its final			
L				and chart works of
a	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthera	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical tre			lin, provide
	the following amounts required to be reported under FASB A	-		
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	s tor form 990.		Schedule D (Form 990) 2021
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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets: (continued). a Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Deploy excitation's acquisition, accession, and other records, check any of the following that make significant use of its collections and explain how they further the organization's exception of the organization sollections and explain how they further the organization's exception of the organization sollections and explain how they further the organization's exception of the organization accession? Yes: No. Partial Escrow and Custodial Arrangements. Complete the organization accessor? Yes: No. Partial Escrow and Custodial Arrangements. Complete the toilowing table: Image: the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 300, Part X. Image: the organization angent, trustee, custodian or other intermediary for contributions or custodial account lability? Yes: No. b If "Yes," explain the arrangement in Part XIII. Each Part (b) Part	Sche		HISTORY AND					04-27			age 2
collection terms (check all that apply): □ Colle collubition □ Construction □ Construction<	Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(contin	ued)	
a Public exhibition d Clam or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make sig	nificant ı	use of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization's active status and a rank in the organization's collection? Yes No Part U Escrow and CutStolial Arrangements. Complete if the organization's collection? Yes No Part V Escrow and CutStolial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part X, line 21, or resported an amount on Form 900, Part X, line 21. Is the organization and part Arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes Yes No b If Yes,'' explain the arrangement in Part XIII. Check here if		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 7 Part VI Exerce vand Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 21. 1a Is the organization an agent, thustee, custodial or order intermediary for contributions or other assets not included on form 990, Part X, line 21. Ine organization and part in the arrangement in Part XIII and complete the following table: C Beginning balance 1d d Additions during the year 1d 2a During the year (0) Pinry year (0) Pinry year (0) Pinry year back (0) Tinry years back (0) Port years back (0) Tinry years back (0) Port years back (0) Port years back (0) Pinry year (0) Pinr	а	Public exhibition	d	Loan or exc	hange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is a the organization angenet. In Part XIII and complete the following table: Celling balance Celling balance	b	Scholarly research	е	Other							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is a the organization angenet. In Part XIII and complete the following table: Celling balance Celling balance	с	Preservation for future generations									
5 During the year, did the organization activity of receive donations of art, historical treasures, or other similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Tele Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 6 Beginning balance Intermediary for a set of the organization and part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes' explain the arrangement in Part XII. Go Current Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 9 If 'Yes' explain the arrangement in Part XII. Go Current Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 10 Current Yes Intermediary (Part of Part Yes') Yes No 11 Beginning of year balance 10 Current Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 12 Additis crabines and programs 1, 133, 521, 1,	4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	pt purpo	se in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 10, line	5										
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII) Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account flability? Ves No b If "Yes," explain the arrangement in PATKIL Check here if the explanation has been provided on Part XII Image: Complete intermediary in the explanation has been provided on Part XIII No b If "Yes," explain the arrangement in PATKIL Check here if the explanation has been provided on Part XII No b If "Yes," explain the arrangement in PATKIL Check here if the explanation has been provided on Part XII No b If the explanation asswered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization asswered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 29, 617, 220, 243, 339, 754, 20, 586, 645, 20, 600, 335, 10, 000, 5, 270, 000, 34, 817, 20, 000, 035, 10, 000, 5, 270, 000, 34, 817, 20, 000, 036, 11, 0, 000, 5, 270, 000, 34, 817, 20, 000, 036, 11, 0, 000, 5, 270, 000, 34, 817, 20, 000, 036, 11, 0, 000, 5, 270, 000, 36, 11, 0, 000, 5, 270, 000, 36, 11, 0, 000, 5, 11, 0, 0000, 5, 11, 0, 0000, 5		to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?				Yes		No
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1a Land		Description of property		.,		• •				value	e
b Buildings 566,011. 10,372. 555,639. c Leasehold improvements 1,214,147. 1,191,752. 22,395. e Other 1,462,565. 1,462,565. 1,462,565. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,040,599.	10	Land	`		(011101)						
c Leasehold improvements 566,011. 10,372. 555,639. d Equipment 1,214,147. 1,191,752. 22,395. e Other 1,462,565. 1,462,565. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,040,599.											
d Equipment 1,214,147. 1,191,752. 22,395. e Other 1,462,565. 1,462,565. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) ▶ 2,040,599.				56	6 011		י ד 10	72	555	5 6	39
e Other 1,462,565. 1,462,565. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ≥ 2,040,599.											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						<u> </u>	<u>~ _ , / .</u>				
	TULA	. Aud intes ta through te. (Column (a) MUST ed	<u>uai Forni 990, Part X</u>	<u>, column (B), line 1</u>							

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) MULTISTRATEGY INVESTMENT			
(B) FUND	32,712,261.	END-OF-YEAR MARKET	VALUE
(C) LARGE CAP	3,304,940.	END-OF-YEAR MARKET	
(D) INTERNATIONAL SMALL CAP	3,022,258.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	39,039,459.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(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)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15)		
Part X Other Liabilities.			1
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTIES			9,495.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			9,495.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions. In Part All, provide		-	

FACING HISTORY AND OURSELVES, INC.

Schedule D (Form 990) 2021

04-2761636 Page 3

132053 10-28-21

Schedule D (Form 990) 2021

	61636 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	27,072,985.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b 402,254.	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
	-5,705,338.
3 Subtract line 2e from line 1 3 32	32,778,323.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
	0
c Add lines 4a and 4b	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 5	<u>32,778,323.</u>
c Add lines 4a and 4b	32,778,323.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	32,778,323. 27,365,992.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 32 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 2	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 1	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 32 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 2 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 402,254. a Donated services and use of facilities 2 402,254. b Prior year adjustments 2 2 402,254. c Other losses 2 0 0	
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 32 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 2 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 402,254. a Donated services and use of facilities 2 402,254. b Prior year adjustments 2 4	27,365,992.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2' 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a Donated services and use of facilities 2a 402,254. b Prior year adjustments 2b 2c c Other losses 2c 205,739. d Other (Describe in Part XIII.) 2d 295,739. e Add lines 2a through 2d 2e 2e	<u>27,365,992.</u> 697,993.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 2 1 Total expenses and losses per audited financial statements 1 2' 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a Donated services and use of facilities 2a 402, 254. b Prior year adjustments 2b 2c c Other losses 2c 2 d Other (Describe in Part XIII.) 2d 295, 739. e Add lines 2a through 2d 2e 2e	27,365,992.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2' 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a Donated services and use of facilities 2a 402,254. b Prior year adjustments 2b 2c c Other losses 2c 205,739. d Other (Describe in Part XIII.) 2d 295,739. e Add lines 2a through 2d 2e 2e	<u>27,365,992.</u> 697,993.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a Donated services and use of facilities 2a 402,254. b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 295,739. e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 20	<u>27,365,992.</u> 697,993.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 a Donated services and use of facilities 2a 402, 254. b Prior year adjustments 2b 2c c Other (Describe in Part XIII.) 2d 295, 739. e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 20 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 4	<u>27,365,992.</u> 697,993.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2' 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 402,254. 2 Donated services and use of facilities 2b 2 2 b Prior year adjustments 2b 2 2 2 c Other (Describe in Part XIII.) 2d 295,739. 2e 3 2 3 Subtract line 2e from line 1 3 20 3 20 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 20 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4a b Other (Describe in Part XIII.) 4a 4c 4c	27,365,992. 697,993. 26,667,999. 0.
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 32 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 1 Total expenses and losses per audited financial statements 1 2' 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 402,254. 2 Donated services and use of facilities 2b 2 2 b Prior year adjustments 2b 2 2 2 c Other (Describe in Part XIII.) 2d 295,739. 2e 3 2 3 Subtract line 2e from line 1 3 20 3 20 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 20 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4a b Other (Describe in Part XIII.) 4a 4c 4c	<u>27,365,992.</u> 697,993.

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

PART V, LINE 4:

FACING HISTORY'S PERMANENTLY RESTRICTED ENDOWMENT IS MANAGED SO AS TO
PROVIDE CONSISTENT, RELIABLE SUPPORT FOR THE ORGANIZATION'S PROGRAMS AND
OPERATING BUDGET. WHILE IT HAS ENJOYED MODEST INVESTMENT INCOME AND FUND
GROWTH OVER THE YEARS, THE ENDOWMENT IS INVESTED CONSERVATIVELY SO AS TO
PROTECT ITS PRINCIPAL AND PROVIDE HIGHLY RELIABLE INCOME TO THE
ORGANIZATION'S OPERATING BUDGET.

PART X, LINE 2:

FACING HISTORY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS

BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX

POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION 132054 10-28-21

Schedule D (Form 990) 2021

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2021.05080 FACING HISTORY AND OURSEL 266592_1

Schedule D (Form 990) 2021 FACING HISTORY AND OURSELVES, INC. 04-2761636 Page 5 Part XIII Supplemental Information (continued)
UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR
POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE
UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY
ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN
TAX POSITIONS. FACING HISTORY HAS IDENTIFIED ITS TAX STATUS AS A
TAX-EXEMPT ENTITY, AND ITS DETERMINATIONS OF WHICH INCOME IS RELATED AND
UNRELATED, AS ITS ONLY SIGNIFICANT TAX POSITIONS; HOWEVER, FACING HISTORY
HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN ANY UNCERTAINTIES
REQUIRING RECOGNITION. FACING HISTORY IS NOT CURRENTLY UNDER EXAMINATION
BY ANY TAXING JURISDICTION. FACING HISTORY'S FEDERAL AND STATE RETURNS ARE
GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII,
LINE 10B: 49,655.
EXPENSES FOR EVENTS 246,084.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 295,739.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD - NETTED ON FORM 990, PAGE 9, PART VIII,
LINE 10B: 49,655.
EXPENSES FOR EVENTS 246,084.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 295,739.

Schedule D (Form 990) 2021

132055 10-28-21

Name of the organization					Employer identifi	cation number
FACING HISTORY	AND OURSE	ELVES, II	NC.		04-276163	6
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV						
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
United States.	a fallauian Dad					
3 Activities per Region. (Th	(b) Number of		n be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				PROFESSIONA	L DEVELOPMENT	
EUROPE (INCLUDING				FOR TEACHER	S INCLUDING	
ICELAND & GREENLAND)	0	14	PROGRAM SERVICES-FRANCE	CONTENT DEV	ELOPMENT	85,678.
				PROFESSIONA	L DEVELOPMENT	
				FOR TEACHER	S INCLUDING	
NORTH AMERICA	0	0	PROGRAM SERVICES - CANADA	CONTENT DEV	ELOPMENT	13,479.
					L DEVELOPMENT	
			PROGRAM SERVICES - SOUTH		S INCLUDING	
SUB-SAHARAN AFRICA	0	1	AFRICA	CONTENT DEV	ELOPMENT	25,000.
				DDOFECTIONA	L DEVELOPMENT	
EUROPE (INCLUDING					S INCLUDING	
ICELAND & GREENLAND)	0	5	PROGRAM SERVICES-UK	CONTENT DEV		173,825.
					DIGIMENT	175,025.
2 a Cubtotal	0	20				297,982.
3 a Subtotal	0	20				431,302.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	20				297,982.

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public Inspection

Schedule F (Form 990) 2021

04-2761636

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f			I	1	1
			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			
3 Enter total number of	other organizations o	or entities				🕨		

04-2761636

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

	Foreign Forn					
Schedule F	(Form 990) 2021	FACING	HISTORY	AND	OURSELVES,	INC.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F	(Form 990) 2021	FACING H	IISTORY	AND OUF	RSELVES,	INC.	04-2761636	Page 5
Part V	Supplementa	al Information						
	Provide the infor	mation required b	y Part I, line 2	(monitoring of	funds); Part I,	line 3, column	(f) (accounting method; amounts of	
							nting method); and Part III, column (c)	
							tional information. See instructions.	
	(estimated hume	bei of recipients), a		Also complete	this part to pr	ovide arry add		
							-	
132075 12-20-2	21						Schedule F (Form 9	990) 2021

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury			Open to Public						
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
						Employer ide $04 - 2761$	r identification number		
	ing Activities.	Complete if the organization answe				ine 1			
· · · · · · · · · · · · · · · · · · ·	complete this part	t. ed funds through any of the followin	a ootiv	ition (Chook all that apply				
a Mail solicitat					overnment grants				
b Internet and	email solicitations	f Solicita	tion of	gover	nment grants				
c Phone solici		g Special	fundra	lising	events				
d In-person so 2 a Did the organizatio		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with p					Ye:	s 🗌 No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e	
			(;;;)	Did		60	Amount paid		
(i) Name and addres or entity (func		(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
				<u> </u>					
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

 Schedule G (Form 990) 2021
 FACING HISTORY AND OURSELVES, INC.
 04-2761636
 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1 NY VIRTUAL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	1,179,677.			1,179,677.
	2	Less: Contributions	933,593.			933,593.
	3	Gross income (line 1 minus line 2)	246,084.			246,084.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	20,375.			20,375.
Direct Expenses	7	Food and beverages	40,129.			40,129.
ā	8	Entertainment				
	9	Other direct expenses				185,580.
	10	Direct expense summary. Add lines 4 through			►	246,084.
		Net income summary. Subtract line 10 from I				0.
a	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
₽ĕ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	│	└── Yes %	└── Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
208	2 10	-21-21			Sch	edule G (Form 990) 202

Schedule G (Form 990) 2021	FACING HISTORY AND OURSELVES, INC. 04	-2761636 Page 3
	gaming activities with nonmembers?	Yes No
	eneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	?	Yes No
13 Indicate the percentage of gami		
	the person who prepares the organization's gaming/special events books and records:	[130] 70
Name 🕨		
Address 🕨		
15a Does the organization have a co	ontract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of ga	ming revenue received by the organization > \$ and the amount	
	he third party ▶\$	
c If "Yes," enter name and addres	s of the third party:	
Nome N		
Address ►		
16 Gaming manager information:		
Name 🕨		
Gaming manager compensation		
Carning manager compensation	ψ	
Description of services provided	→ ▶	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	ler state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?)	Yes No
b Enter the amount of distribution	is required under state law to be distributed to other exempt organizations or spent in the	÷
organization's own exempt activ		
	prmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,
	as applicable. Also provide any additional information. See instructions.	
132083 10-21-21	Sci	hedule G (Form 990) 2021
	42	,, _ .

Schedule G	i (Form 990) Supplemental Infor	FACING	HISTORY	AND	OURSELVES,	INC.	04-2761636	Page 4
Part IV	Supplemental Infor	mation (con	tinued)					
							Schedule G (F	orm 990)

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132084 11-18-21

SC	HEDULE J		OMB No.	1545-004	47		
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		000-				
\	Compensated Employees		20	21			
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to Public				
	The Treasury Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
-		nployer ider	yer identification number				
	FACING HISTORY AND OURSELVES, INC.	04-276	5163	6			
Pa	rt I Questions Regarding Compensation						
				Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	D,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal	use					
	Travel for companions Payments for business use of personal reside	ence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, c	chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee Written employment contract						
	X Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations	mittee					
	During the user slid environment listed on Fours 200. Dark VIII. Openion: A list 15, with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a related organization:		10		x		
a b	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?		4a 4b		X		
			4c		X		
U	Participate in or receive payment from an equity-based compensation arrangement?						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
-	contingent on the revenues of:						
а	The organization?		5a		X		
b	Any related organization?		5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?		6a		X		
	Any related organization?		6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III		7	Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
			8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?		9		Ĺ		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2021		

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROGER BROOKS	(i)	440,137.	35,000.	2,375.	26,071.	19,915.	523,498.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE MARIE FITZGERALD	(i)	290,950.	0.	828.	21,989.	19,915.	333,682.	0.
VP, OPERATIONS/ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE BECTON	(i)	252,677.	0.	1,584.	18,721.	19,915.	292,897.	0.
CHIEF OFFICER, EQUITY & INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ABBY WEISS	(i)	251,798.	0.	1,548.	18,722.	19,830.	291,898.	0.
SMITH FAMILY SR. VICE PRES. & CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIEL C. GONZALES	(i)	251,921.	0.	828.	18,635.	19,915.	291,299.	0.
TREASURER/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LARA J. JAMES	(i)	246,839.	0.	1,548.	18,596.	19,915.	286,898.	0.
CHIEF OFFICER, MARKETING & COMM.	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAMERON F. LOGAN	(i)	224,631.	0.	7,561.	17,909.	17,582.	267,683.	0.
CHIEF OFFICER, TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAMELA HAAS	(i)	202,889.	0.	828.	15,580.	19,869.	239,166.	0.
EXECUTIVE DIRECTOR, NEW YORK	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JON CRAMER	(i)	181,472.	0.	732.	11,462.	19,783.	213,449.	0.
SENIOR DIRECTOR, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DIMITRY ANSELME	(i)	177,734.	0.	828.	13,598.	19,827.	211,987.	0.
EXECUTIVE PROGRAM DIR., PROF. LEARNI	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARTI TIPPENS-MURPHY	(i)	177,852.	0.	1,548.	13,446.	8,013.	200,859.	0.
EXECUTIVE DIRECTOR, REGIONAL OPERATI	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KAREN MURPHY	(i)	175,649.	0.	1,548.	13,051.	8,005.	198,253.	0.
DIRECTOR, INTERNATIONAL STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARC SKVIRKSY	(i)	104,673.	0.	13,222.	10,663.	9,900.	138,458.	0.
FMR. VP FOR SPECIAL INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 7

SEE SCHEDULE J, PART II, COLUMN (B)(III) FOR DISCRETIONARY BONUSES PAID

IN CALENDAR 2021.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public

Inspection

Department of the Treas	Irv
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the	organization
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FACING	HISTORY	AND	OURSELVES,	INC.

Employer identification number 04-2761636

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Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	15	633,005.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz		•			0	
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement 29			
20-	During the year did the exercit ation reactive by	contributio	n any proporty rap	arted in Dart I. lines 1 through	h 00 that it	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date exempt purposes for the entire holding period?					30a	x
ь						30a	
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	ouires the review (of any ponstandard contribut	ions?	31 X	
	Does the organization have a gift acceptance p					31 21	
528			-	cit, process, or sell horicash		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is chec	ked.		
	describe in Part II.				,		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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	Л (Form 990)				-	OURSELVES,	INC
Part II	Suppler	nental	Informatio	D. Provide the	informa	tion required by Part	L lines 3

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN (B) OF SCHEDULE M REPRESENTS THE NUMBER

OF CONTRIBUTIONS OF EACH ITEM.

Schedule M (Form 990) 2021

04-2761636

Page 2

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48 2021.05080 FACING HISTORY AND OURSEL 266592_1 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FACING HISTORY AND OURSELVES, INC.

04-2761636

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

STAND UP TO BIGOTRY AND HATE.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS LORI R. FIFE AND MARK S. FIFE HAVE A FAMILY RELATIONSHIP.

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

PRIOR TO FILING, THE DRAFT VERSION OF FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE FORM 990 WAS THEN PROVIDED TO THE BOARD OF DIRECTORS VIA EMAIL. THE FORM 990 WILL BE FILED UPON APPROVAL BY THE AUDIT COMMITTEE.

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

ALL OFFICERS, DIRECTORS AND SENIOR LEVEL EMPLOYEES ARE REQUIRED TO FAMILIARIZE THEMSELVES WITH THE CONFLICTS OF INTEREST POLICY AND TO ENSURE COMPLIANCE OF RELATED PARTIES WITH IT. IN ADDITION TO THE DISCLOSURES REQUIRED BY THIS POLICY, EACH ARE ANNUALLY PROVIDED WITH A STATEMENT TO COMPLETE AND RETURN INDICATING THAT THEY HAVE READ, UNDERSTAND AND ARE IN COMPLIANCE WITH THIS POLICY. THE CEO IN CONJUNCTION WITH THE CFO AND COO MANAGES THIS PROCESS. IF ANY DIRECTOR HAS A CONFLICT, AT A MINIMUM, THEDIRECTOR WITH THE CONFLICT WILL RECUSE THEMSELVES FROM THE MEETING AND/OR VOTE. OFFICERS AND SENIOR LEVEL EMPLOYEES WHO KNOWINGLY OR UNKNOWINGLY VIOLATE THE POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING POSSIBLE DISMISSAL.

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

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

Schedule O (Form 990) 2021

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Name of the organization FACING HISTORY AND OURSELVES, INC.	Employer identification number 04-2761636
EXECUTIVE DIRECTOR/PRESIDENT COMPENSATION PACKAGE REVIEWED	
CONSULTING FIRM TO ESTABLISH COMPARABILITY DATA AND RECOMM	
COMPENSATION PACKAGE TO THE BOARD OF DIRECTORS FOR APPROVA	
	EXTERNAL
BENCHMARKING RESOURCES ARE REFERENCED SUCH AS THE MOST REC	ENT GUIDESTAR
NONPROFIT COMPENSATION REPORT. FINAL RECOMMENDATIONS ARE M	ADE TO THE
EXECUTIVE DIRECTOR/PRESIDENT WITH A FINAL REVIEW BY THE BO	ARD OF DIRECTORS.
THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORAN	EOUSLY.
FORM 990, PART VI, SECTION C, LINE 19:	

OUR FORMS 990 (CURRENT AND PRIOR THREE YEARS) ARE AVAILABLE ON OUR WEBSITE AS WELL AS THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL OF MASSACHUSETTS AT WWW.CHARITIES.AGO.STATE.MA.US AND GUIDESTAR AT WWW2.GUIDESTAR.ORG. WE ALSO MAKE OUR FORM 1023, FORM 990-T, ARTICLES OF INCORPORATION, AND BYLAWS AVAILABLE TO THE PUBLIC UPON REQUEST. OUR AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE AS WELL AS THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL OF MASSACHUSETTS AT WWW.CHARITIES.AGO.STATE.MA.US. WE DO NOT MAKE OUR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

IN ADDITION, VARIOUS OTHER GOVERNING DOCUMENTS ARE ALSO AVAILABLE ON THE OFFICIAL WEBSITE OF THE SECRETARY OF STATE OF MASSACHUSETTS AT: WWW.CORP.SEC.STATE.MA.US/CORP/CORPSEARCH/CORPSEARCHINPUT.ASP

132212 11-11-21

SCHEDULE	R
(= 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-2761636

Department of the Treasury Internal Revenue Service Name of the organization

FACING HISTORY AND OURSELVES, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS OF FACING HISTORY AND OURSELVES -							
04-2754319, 89 SOUTH STREET, SUITE 401,	SUPPORT FOR FACING HISTORY						
BOSTON, MA 02111	AND OURSELVES	MASSACHUSETTS	501(C)(3)	PF	N/A		х
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 FACING HISTORY AND OURSELVES, INC.

04-2761636 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2021 FACING HISTORY AND OURSELVES, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		Х

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 FACING HISTORY AND OURSELVES, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	
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Part VII | Supplemental Information

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

Schedule R (Form 990) 2021

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