

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning, 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FACE Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 105 West Fourth Street City or town, state or country, and ZIP + 4 Clare MI 48617	D Employer identification number 38-2277604 E Telephone number (989) 386-2315 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.faceproject.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **774,623.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	10,002.
	2 Program service revenue including government fees and contracts	2	14,876.
	3 Membership dues and assessments	3	
	4 Investment income	4	32,635.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	710,295.	
b Less: cost of goods sold	7b	167,245.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	543,050.	
8 Other revenue (describe ▶ <u>Miscellaneous Income</u>)	8	6,815.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	607,378.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10	300.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	542,743.
	13 Professional fees and other payments to independent contractors	13	126,167.
	14 Occupancy, rent, utilities, and maintenance	14	49,223.
	15 Printing, publications, postage, and shipping	15	12,263.
	16 Other expenses (describe ▶ <u>See Other Expenses Statement</u>)	16	309,997.
	17 Total expenses (add lines 10 through 16)	17	1,040,693.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-433,315.	
A S S E T S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,461,755.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-55,392.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	973,048.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	863,820.	391,926.
23	Land and buildings	642,074.	600,781.
24	Other assets (describe ▶ <u>See L-24 Stmt</u>)	159,987.	200,502.
25	Total assets	1,665,881.	1,193,209.
26	Total liabilities (describe ▶ <u>See L-26 Stmt</u>)	204,126.	220,161.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,461,755.	973,048.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III	Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? To advocate for action to reduce alcohol problems so people everywhere Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	<u>Produce research-based resources on alcohol, conduct training on sensible alcohol policies. Consult with local and statewide groups. Provide national visibility on key issues like underage drinking and alcoholism.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a 962,920.
29	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) ▶	32 962,920.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Penny Norton</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Executive Director 40.00	96,559.	7,725.	
<u>Tom Adams</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Chairperson 2.00	0.	0.	
<u>Greg Dorrien</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Vice Chair 2.00	0.	0.	
<u>Cindy Agle</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Secretary 2.00	0.	0.	
<u>Ray Senesac</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Treasurer 2.00	0.	0.	
<u>Mary Griffore</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Director 2.00	0.	0.	
<u>Lenny Shible</u> <u>105 West Fourth Street</u> <u>Clare MI 48614</u>	Director 2.00	0.	0.	

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Penny Norton Telephone no. ▶ (989) 386-2315
 Located at ▶ 105 West Fourth Street Clare MI ZIP + 4 ▶ 48614

		Yes	No
b	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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors receiving over \$100,000		

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

Sign Here	Signature of officer	05/05/09	Date
	Penny Norton Type or print name and title.	Executive Director	
Paid Preparer's Use Only	Preparer's signature	Tina Hop	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	TMH CONSULTING 3743 E HUBBARD RD MIDLAND MI 48642-9747	Check if self-employed <input checked="" type="checkbox"/>
			Preparer's Identifying Number (See instructions)

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	655,288.	670,000.	523,497.	14,709.	10,002.	1,873,496.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	655,288.	670,000.	523,497.	14,709.	10,002.	1,873,496.
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)						1,557,000.
6 Public support. Subtract line 5 from line 4						316,496.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	655,288.	670,000.	523,497.	14,709.	10,002.	1,873,496.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,621.	26,156.	43,895.	54,055.	32,635.	185,362.
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 IV.)	5,541.	14,819.	7,181.	6,815.	6,815.	41,171.
11 Total support. Add lines 7 through 10						2,100,029.
12 Gross receipts from related activities, etc. (see instructions)					12	3,620,980.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	15.07%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	13.45%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Pt II Line 17a: Per the IRS regulations, an organization failing to meet the 33 1/3% test can still be treated as "publicly supported" if it:

"Normally" receives a substantial part of its support from governmental units, from direct or indirect contributions from the general public, or both:

Meets the 10% of support test and the attraction-of-public-support test, to show that it meets the test

Each year, FACE conducts a letter campaign to solicit contributions from the general public. In addition to this fund-raising campaign, FACE continues to develop its funding sources, looking for new source of support, both public and private funding organizations and individuals. In addition, as part of its exempt purpose, representatives from FACE speak and educate the public at various conferences and meetings on a national level. This national exposure continues to attract support from the public on a national level.

The board of directors has remained consistent over the past several years and includes a local county probation officer, a faculty member from Northern Michigan University the executive director of the Michigan Resource Center in Lansing, Michigan, a former Michigan State representative, and several individuals with backgrounds in business management research and healthcare.

All products and services provided by FACE are available to the public. Events held be FACE are open to the general public.

In particular, the public may access the products and services via its website. By accessing the website, materials and products may

**Form 990-EZ
Part II**

Other Assets and Liabilities

2008

Name as Shown on Return
FACE

Employer Identification No.
38-2277604

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable	18,472.	38,660.
Pledges Receivable	1,000.	0.
Inventories	131,249.	150,409.
Prepaid expenses	9,266.	11,433.
Totals to Form 990-EZ, Part II, line 24	159,987.	200,502.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable	13,310.	42,375.
Deferred Revenue	248.	106.
Mortgage Payable	190,568.	177,680.
Totals to Form 990-EZ, Part II, line 26	204,126.	220,161.

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2008

Part I – Identifying Information

Employer Identification Number 38-2277604
 Name FACE
 Address 105 West Fourth Street Room/Suite
 City Clare State ... MI ZIP Code ... 48617
 Foreign Country
 Telephone Number (989) 386-2315 Extension
 Fax E-Mail Address

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$25,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | | <input type="checkbox"/> 527 Organization |
| | | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year – Ending month _____
- Short year – Beginning date _____ Ending date _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2008 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2007 overpayment credited to 2008 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/15/08</u>	_____	_____	_____	_____
2nd Quarter Payment	<u>06/16/08</u>	_____	_____	_____	_____
3rd Quarter Payment	<u>09/15/08</u>	_____	_____	_____	_____
4th Quarter Payment	<u>12/15/08</u>	_____	_____	_____	_____
Additional Payment 1		_____	_____	_____	_____
Additional Payment 2		_____	_____	_____	_____
Additional Payment 3		_____	_____	_____	_____
Additional Payment 4		_____	_____	_____	_____

Part VI – Electronic Filing Information

Electronic Filing:

[X] File the federal return electronically

Practitioner PIN program:

[X] Sign this return electronically using the Practitioner PIN

[X] ERO entered PIN

Officer's PIN (enter any 5 numbers) 76041

Date PIN entered 05/05/2009

Electronic Filing of Extensions:

[] Check this box to file Form 8868 (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name Penny Norton

Electronic Filing of Amended Return:

[] Check this box to file amended return electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

Yes No

[] [X] Use electronic funds withdrawal of federal balance due (EF only)?

[] [X] Use electronic funds withdrawal of Form 8868 balance due (EF only)?

[] [X] Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, (Review transferred information for accuracy)

Bank Information

Name of Financial Institution (optional)

Check the appropriate box [] Checking [] Savings

Routing number

Account number

Payment Information

Enter the payment date to withdraw tax payment

Balance due amount from this return

Enter an amount to withdraw tax payment

If partial payment is made, the remaining balance due

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) 01

QuickZoom to Firm/Preparer Info [icon]

QuickZoom to Form 990-EZ, Pages 1 through 4 [icon]

QuickZoom to Form 990, Page 1 [icon]

QuickZoom to Form 990-PF, Page 1 [icon]

QuickZoom to Form 990-T, Page 1 [icon]

QuickZoom to Form 990-N, e-PostCard [icon]

QuickZoom to Client Status



teew0101.SCR 02/25/09

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2008

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

FACE

38-2277604

Name and title of officer

Penny Norton

Executive Director

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>607,378.</u>
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **TMH CONSULTING** to enter my PIN **76041** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ **05/05/2009**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN **38639398008**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

IRS e-file Authentication Statement

2008

Keep for your records

Name(s) Shown on Return

Employer ID Number

FACE

38-2277604

A - Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) ... ERO entered Officer's PIN ...

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) ... EFIN 386393 Self-Select PIN 98008

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2008 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN ... 76041 Date ... 05/05/2009

Electronic Filing Information Worksheet

► Keep for your records

2008

Name(s) shown on return
FACE

Identifying number
38-2277604

Part I – Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return. If the ERO is not the same as the preparer designated on the return, enter a Preparer Code from the Firm/Preparer Info to assign an ERO to this return.

Check to use ERO name instead of firm name in electronic file and on Forms 8453, 8878A, & 8879 ►

Firm Name	Social Security Number or PTIN		
TMH CONSULTING	P00287237		
Name	Employer Identification Number		
Tina Hop	26-1142364		
Address	Phone Number	Fax Number	
3743 E HUBBARD RD			
City	State	ZIP Code	Electronic Filers Identification Number (EFIN)
MIDLAND	MI	48642-9747	386393
Country	E-mail Address		

Enter a Preparer Code from the Firm/Preparer Info to assign a different ERO to this return. (See Help) _____

Part II – Paid Preparer Information

Firm Name	Social Security Number or PTIN		
TMH CONSULTING	P00287237		
Name	Employer Identification Number		
Tina Hop	26-1142364		
Address	Phone Number	Fax Number	
3743 E HUBBARD RD			
City	State	ZIP Code	E-mail Address
MIDLAND	MI	48642-9747	
Country			

If your firm is **ONLY** the ERO and the return being transmitted was not prepared by your firm, enter a preparer code from the Alternative EF Preparer Information to assign a paid preparer. (See Help) ... ► _____

Part IV – Amended Returns

Enter the payment date to withdraw tax payment ► _____
Amount you are paying with the amended return ► _____

Check this box to file another **amended return** electronically

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	47,200.
New Media	101,512.
Marketing	118,164.
Office supplies	10,455.
Web Site Maintenance	8,992.
Bank Charges	7,866.
Professional development	7,865.
Training	3,840.
Internet	1,610.
Fund Development	1,298.
Travel	674.
Board Meetings	404.
Gifts	117.
Total	<u>309,997.</u>

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (Continuation Sheet)

be viewed and purchased. In addition, FACE offers web-based training on various alcohol-related issues in an attempt to make access easier for use by the public.

Other Income Part II, Line 10

Description: Other Revenue

2004: 5541.

2005: 14819.

2006: 366.

Description: Gross Rents

2006: 6815.

2007: 6815.

2008: 6815.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Education</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Mid Michigan Community College</u> <u>1375 South Clare Avenue</u> <u>Harrison MI 48617</u>	<u>Student Employer</u>	<u>250.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Development</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Clare Rotary Club</u> <u>P.O. Box 272</u> <u>Clare MI 48617</u>	<u>None</u>	<u>50.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
<u>Unrealized loss on investments</u>	<u>-55,392.</u>
Total	<u>-55,392.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Training	14,876.
Total	<u>14,876.</u>

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
Interest and Dividends	32,635.
Total	<u>32,635.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Salaries and Wages	442,721.
Payroll Taxes	42,033.
Other fringe benefits	57,184.
Workers Compensation Insurance	805.
Total	<u>542,743.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Contracts	114,314.
Legal and Accounting	6,295.
Technical Assistance	5,558.
Total	<u>126,167.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Rent	480.
Property Tax	921.
Office & Equipment Improvements	2,495.
Telephone	6,553.
Utilities	8,553.
Interest	11,020.
Insurance	5,019.
Repairs and maintenance	14,182.
Total	<u>49,223.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Postage	4,776.
Dues, subscriptions & fees	7,487.
Total	<u>12,263.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
Cash	180,181.
Savings	683,639.
Total	<u>863,820.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Cash	128,679.
Investments	263,247.
Total	<u>391,926.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

Description	Amount
Land, Buildings & Equipment	841,366.
Accumulated Depreciation	-199,292.
Total	<u>642,074.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
Land Buildings & Equipment	847,274.
Accumulated Depreciation	-246,493.
Total	<u>600,781.</u>

Supporting Statement of:

Sch. A, page 2/Line 1-1

Description	Amount
HH & GA Dow Foundation	625,000.
Dow Chemical Foundation	30,000.
Miscellaneous	288.
Total	<u>655,288.</u>

Supporting Statement of:

Sch. A, page 2/Line 1-2

Description	Amount
HH & GA Dow Foundation	500,000.
Dow Chemical Foundation	30,000.
Gerstacker Foundation	100,000.
Strosacker Foundation	40,000.
Total	<u>670,000.</u>

Supporting Statement of:

Sch. A, page 2/Line 1-3

Description	Amount
HH & GA Dow Foundation	400,000.
Miscellaneous	123,497.
Total	<u>523,497.</u>

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Special Events and Activities Smart Worksheet

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis), then Part II of Schedule G should be completed for events with gross receipts greater than \$5,000.

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis) and any part of the amount is gross revenue from gaming, then it must complete Schedule G, Part III, to report its gaming activities.

See the instructions for more information.

Is the organization required to complete Schedule G? →

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

QuickZoom to Schedule G, page 2, Part II, Fundraising Events →

☰

QuickZoom to Schedule G, page 2, Part III Gaming →

☰

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Other Expenses Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet →

☰

To view a calculated report of all depreciation information,
QuickZoom to Depreciation Reports →

☰

QuickZoom to Form 4562 →

☰

The following items carry to the expanding table on line 16 below:

A	Depreciation	47,200.
B	Amortization	_____

Sch. A, page 4: Schedule A, Page 4 Part IV, Supplemental Information

Supplemental Information Smart Worksheet

The descriptions will be automatically included in the lines below.

Line Number	Explanation
Pt II Line 17a	<u>Per the IRS regulations, an organization failing to meet the 33 1/3% test</u>
	<u>can still be treated as "publicly supported" if it:</u>
	<u>"Normally" receives a substantial part of its support from</u>
	<u>governmental units, from direct or indirect contributions from the</u>
See Supplemental Information Smart Worksheet	

Schedule A, Page 4

Supplemental Information Smart Worksheet

Line Number	Explanation
	general public, or both:
	Meets the 10% of support test and the attraction-of-public-support test, to show that it meets the test
	Each year, FACE conducts a letter campaign to solicit contributions from the general public. In addition to this fund-raising campaign, FACE continues to develop its funding sources, looking for new source of support, both public and private funding organizaions and individuals. In addition, as part of its exempt purpose, representatives from FACE speak and educate the public at various conferences and meetings on a national level. This national exposure continues to attract support from the public on a national level.
	The board of directors has remained consistent over the past several years and includes a local county probation officer, a faculty member from Northern Michigan University the executive director of the Michigan Resource Center in Lansing, Michigan, a former Michigan State representative, and several individuals with backgrounds in business management research and healthcare.
	All products and services provided by FACE are available to the public. Events held be FACE are open to the general public. In particular, the public may access the products and services via its website. By accessing the website, materials and products may be viewed and purchased. In addition, FACE offers web-based training on various alcohol-related issues in an attempt to make access easier for use by the public.