Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 9/30, 20 23

0,20,23

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2022

OMB No. 1545-0047

Name of filer EIN or SSN NATIONAL FOUNDATION FOR FACIAL 13-6013760 RECONSTRUCTION, INC. Name and title of officer or person subject to tax CRAIG DUGAN TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 9,870,400 2a Form 990-EZ check here
3a Form 1120-POL check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b ___ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b b Balance due (Form 8868, line 3c) ______ 5b _____ 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) ______ 6b ____ 7a Form 4720 check here 8a Form 5227 check here 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am a person subject to tax with respect to (name I am an officer of the above entity or , (EIN) and that I have examined a copy of the of entity) 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. RIN: check one box only Kudisch. Oster & Company, LLC X | I authorize _ as my signature __ to enter my PIN Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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. Signature of officer or person subject to tax _ Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 20965522545 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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. Date 05/16/24 William R Oster ERO's signature **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

<u>A</u>	For the 2022	calendar year, or tax year beginning $10/01/22$, and ending $09/30/$	/23	-	
В	Check if applicable:	C Name of organization NATIONAL FOUNDATION FOR FACIAL		D Employe	er identification number
	Address change	RECONSTRUCTION, INC.			
	Name change	Doing business as MYFACE			013760
\equiv	·	Number and street (or P.O. box if mail is not delivered to street address) 333 EAST 30TH STREET LOBBY UNIT	Room/suite	E Telephor	ne number 720-4701
\Box	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		91/-	/20- 1 /01
	terminated	NEW YORK NY 10016		- 0	ceipts\$ 10,256,879
	Amended return	F Name and address of principal officer:		G Gross red	ceipts\$ 10,230,679
	Application pending	CRAIG DUGAN	H(a) Is this a g	roup return for	subordinates? Yes X No
		333 EAST 30TH STREET, LOBBY UNIT	H(b) Are all su	bordinates inc	cluded? Yes No
		NEW YORK NY 10016	' '		t. See instructions
_	Tax-exempt status				
÷		WW.MYFACE.ORG	H(a) Group ov	omption numb	oor
J	Form of organization		Year of formation: 1		M State of legal domicile: NY
_	_	Immary	real of formation.	<u>. </u>	M State of legal doffliche. 111
		escribe the organization's mission or most significant activities:			
Ф		Schedule 0			
S C		benedure o			
Governance					
ove.	2 Check th	is box if the organization discontinued its operations or disposed of more than 2			
Ö				1 -	17
Š		of in department of the process of the process in a back (Dout VI, Fine Ab.)			17
itie		mber of individuals employed in calendar year 2022 (Part V, line 2a)			7
Activities		ash an of valuations (actions to if a conseque)		•	128
Ř		selected by river and respectively. Selected (O) line 40			0
		elated business revenue from Part VIII, column (C), line 12			0
-	D Not dillo	ated business taxable income from 10111 500 1,1 art 1, line 11	Prior Ye		Current Year
Ф	8 Contribu	tions and grants (Part VIII, line 1h)	4,48	4,715	9,111,964
Revenue	9 Program	service revenue (Part VIII, line 2g)			0
eve	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	79	6,193	911,559
8	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8	6,137	-153,123
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,19	4,771	9,870,400
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	1,62	3,802	1,414,443
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
es	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,00	1,304	877,379
xpenses	16aProfessi	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) 232,143			0
ă	b Total fur	draising expenses (Part IX, column (D), line 25) 232,143			
Ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,194	797,652
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,300	3,089,474
0	19 Revenue	less expenses. Subtract line 18 from line 12		9,471	6,780,926
Net Assets or	20 Total	cote (Part V. line 16)	Beginning of Cu		End of Year 31,707,605
Asse	20 Total as	sets (Part X, line 16)		2,649	83,760
Jet /	21 TOtal lia	ts or fund balances. Subtract line 21 from line 20	23,88		31,623,845
		gnature Block	23,00	1,303	31,023,043
		perjury, I declare that I have examined this return, including accompanying schedules and sta	stamonta and to t	he heet of n	ay knowledge and helief it is
	•	complete. Declaration of preparer (other than officer) is based on all information of which preparer			ly knowledge and belief, it is
	<u> </u>	<u> </u>	•		
Sig	Signatur	e of officer		Date	
He		IG DUGAN TREASURER			
•••		orint name and title	'		
	Print/Typ	e preparer's name Preparer's signature	Date	Check	X if PTIN
Pai	id _{Willi}	am R Oster William R Oster	05/16	5/24 self-er	
Pre	eparer Firm's n	Traditionals Contract Commission TTG	,	Firm's EIN	81-4412823
Us	e Only	129 Grove St			
	Firm's a	Montalain NT 07042	l,	Phone no.	973-338-7032
Ma		ss this return with the preparer shown above? See instructions			
		untion Act Notice and the congrete instructions			5 000 (2222)

	m Service Accomplishm	ents te to any line in this Part III	
1 Briefly describe the organization's mis	sion:	AT PAVE THE WAY FOR IMP	ROVED OUTCOMES.
2. Did the committee and destate and di		er the automorphish ways mat listed on the	
If "Yes," describe these new services Did the organization cease conducting services? If "Yes," describe these changes on S Describe the organization's program s	on Schedule O. g, or make significant changes in chedule O. service accomplishments for eac c)(4) organizations are required	how it conducts, any program th of its three largest program services, as measure to report the amount of grants and allocations to	ured by
CRANIOFACIAL CARE. CRANIOFACIAL CARE. CRANIOFACIAL CARE A' FROM WORLD-CLASS PRACCESS TO SURGICAL, ASPECTS OF CARE THA	THE CORE OF THI THE CORE OF THI NYU LANGONE HE ACTITIONERS. EMB DENTAL, PSYCHOS ARE ALL DELIVE	grants of \$ 1,300,000) (Revenue AT DELIVER HOLISTIC COMES WORK IS THE MYFACE CENTER OF THE MYFACE CENTER OF THE MYFACE CUTTOR OF THE MYFACE O	PREHENSIVE NTER FOR TER FOR TING-EDGE CARE PATIENTS HAVE NAL AND OTHER SHION.
4b (Code:) (Expenses \$ DELIVERY OF DIRECT S CRANIOFACIAL COMMUN: ADULTS, NEWBORN CARI CRANIOFACIAL DIFFERI	303,208 including g SERVICES THAT ME ITY, INCLUDING S E KITS SPECIALLY ENCE, COMPLIMENT	grants of \$ 114,443) (Revenue ET THE DAY-TO-DAY NEEDS EUPPORT GROUPS FOR CHILD DESIGNED FOR BABIES BOTTON TO BE TOUSING FOR FAMILIE OVERAGE OF THE COSTS OF	OF THE REN, PARENTS AND RN WITH A S TRAVELING TO
MEDICAL EXPENSES FOI	.		
CONDITION. MYFACE N SPECIFIC WEBINARS, O INFORM THE CRANIOFAC MAKE BETTER DECISION TEACH STUDENTS WHAT	WORKS WITH EXPER ONLINE RESOURCES CIAL COMMUNITY T WS. THROUGH PROG IT'S LIKE TO LI	RENESS AROUND LIVING WITTS IN THE FIELD TO PRODUCE AND CONTENT THAT SERVE	TH A CRANIOFACIANUCE TOPIC- TO EDUCATE AND LS THEY NEED TO R PROJECT, WE NCE, UNDERSTAND
•			
•			
4d Other program services (Describe on) /D	
(Expenses \$ 4e Total program service expenses	including grants of \$ 2,486,124) (Revenue \$)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			21
7	election in effect during the toy year? If "Vee " complete Schoolyle C. Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	44.		77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		Λ
•	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
. <u>_ u</u>	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	Chostalet of Reguliou Containaca)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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?	25h		v
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	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			
	porcope? If "Voe." complete Schoolule I. Part III	27		х
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>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled antity within the magning of section 512/h)/12/2 If "Vee" complete Schodule P. Part V. line 2			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt population.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			X
	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	35b 36		Х
36 37	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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 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			x
	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 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	36	x	
37	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 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 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.	36	x	
37	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 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 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. Statements Regarding Other IRS Filings and Tax Compliance	36	х	
37	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 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 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.	36	X	x
37	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 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 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. Statements Regarding Other IRS Filings and Tax Compliance	36		x
37	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 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 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. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	36		x
37 38	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 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 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. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	36		x

Form 990 (2022) NATIONAL FOUNDATION FOR FACIAL

13-6013760

Page 5

	Statements Regarding Other IRS Filings and Tax Compliance (continu	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 22	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the				
	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	s or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods			
			7a		<u> </u>
b			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	. 1	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e 7f		
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contractly the organization received a contribution of qualified intellectual property, did the organization file Forn		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	• • •	/!!		
	appropriate preprietation between expense business heldings at any time during the year?	aby and	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the appropriate organization make a distribution to a depart depart advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	а			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	1			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40.		
а			13a		
L	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	h			
С	Enter the amount of receives on hand				
	Did the experiencian receive any payments for indeer tenning convices during the tay year?	1	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>	 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ies			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

<u> 5ec</u>	ction A. Governing Body and Management				Var	N-
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		Yes	NO
	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	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			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 appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year b	y the following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	, \	X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Interr	nai Revenu	e Co		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the	Offfi?	11a	Λ	
b 122	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rico to	conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	1156 10	COMMICIS!	120	Λ	
C	describe an Ostantida O transition and demand			12c	х	
13	Did the organization have a written which blower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1-7	21	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisio	n?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, CA, FL, GA, HI,	IL,K	S,KY,MA	,MD,	ΜI	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(section	on 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	policy,			
	and financial 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 books and re-	ecords				
	ILLIAM VILLAFRANCO 333 EAST 30TH STREET					
TAT1	FW VODV NV 100	16	017	_72	$\Omega = A$. / / 1

Form 990 (2022) NATIONAL FOUNDATION FOR FACIAL

13-6013760

Page **7**

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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the org		•				<u>ation</u>	cor	mpensated any current off	icer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle cer ar	Pos heck ss pe	rson i lirecto	than of s both r/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHANIE PAUL EXECUTIVE DIR-RET	40.00			х				256,920	0	18,194
(2) ANDREA NEWMAN										
SR PROGRAM DIRECTOR	0.00					x		135,000	0	0
(3) KAREN LYNN LAZA						Λ		133,000	0	<u> </u>
DIR. OF CAMPAIGN DEV	40.00					x		111,000	0	0
(4) SANDY GILBERT	0.00					21		111,000	•	•
SR DEVELOPMENT DIR	0.00					x		110,000	0	0
(5) ERIN ASHAYERI										
TRUSTEE	2.00	x						o	0	0
(6) CHARLES BEEVER										
TRUSTEE	2.00 0.00	x						0	0	0
(7) JEREMIAH M BOGE										
TRUSTEE	2.00 0.00	x						0	0	0
(8) RAVI DESAI	0.00									
TRUSTEE	2.00	x						0	0	0
(9) CRAIG DUGAN	0.00	Λ						<u> </u>		<u> </u>
	2.00									
TREASURER	0.00	Х		Х				0	0	0
(10)VINCENT DeLUCA	2.00									
TRUSTEE	0.00	x						0	0	0
(11) FREDERICK M FRI	EDMAN									
	2.00							_	_	_
TRUSTEE	0.00	X						0	0	0

Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploy	rees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any	offi	k, unle	Pos heck ss pe	erson lirecto	than dis both	n an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(12) JOHN GORDON	2.00									
TRUSTEE (13) VINCENT HOM	0.00	Х						0	0	0
TRUSTEE	2.00 0.00	х						0	0	0
(14) MAXWELL KAHN	0.00									
TRUSTEE (15) ALEXANDRA KA	0.00 Y	Х						0	0	0
VICE PRESIDENT	2.00	x		x				0	0	0
(16) ROBIN KRAUSE	2.00	x						0	0	0
(17) SEAN McGOULD	2.00	1						0	0	
TRUSTEE (18) SONDRA NEUSC		X						0	0	0
SECRETARY	0.00	х		х				0	0	0
(19) DAVID SANTIA	2.00 0.00	x						0	0	
TRUSTEE 1b Subtotal		Λ					<u> </u>	612,920	0	18,194
c Total from continuation she d Total (add lines 1b and 1c)	eets to Part VII							612,920		18,194
Total number of individuals (in reportable compensation from	ncluding but not	limit								10,151
3 Did the organization list any for				uste	e, k	ev er	nplo	yee, or highest compensa	ted	Yes No
employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	" complete Sche	edule n of r	e <i>J fo</i> epor	or su table	ch ir e co	n <i>divid</i> mper	<i>dual</i> nsati	ion and other compensation	on from the	3 X
individual5 Did any person listed on line for services rendered to the o		crue	con	npen	satio	on fro	om a	any unrelated organization		5 X
Section B. Independent Contract						00		o to caen person		• ==
Complete this table for your fi compensation from the organ	ization. Report							ndar year ending with or w	rithin the organization's tax	
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent received more than \$100,000	contractors (inc	ludir on fro	ng bu om th	ıt no ne or	t lim gan	ited t	to th	ose listed above) who	0	

Forr	n 990	0 (2022) NAT]	LON	AL FOUND	ATI(ON FOR FACI	AL 13	-6013760		Page \$
				of Revenue				41. D. () ////		
		Check i	f Scr	nedule O cor	itains	a response or no				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	naigns		1a					
Gra Ioui	b	Membership du	es		1b					
ts, (An	С	Fundraising eve	ents		1c	428,929				
Giff lar	d	Related organiz	ations	 S	1d					
nS, imi	е	Government grants (c	ontribut	ions)	1e					
utioi Jer S	f	All other contributions and similar amounts r	, gifts, g	ırants,	1f	8,683,035				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions lines 1a-1f			1g §	56,249				
So	h				•		9,111,964			
						Business Code				
ce	2a									
ervi Je	b									
m S ⁄eni	С									
Program Service Revenue	d									
Pro	е									
		All other progra								
	3	Investment inco					911,559	911,559		
	4	Uner similar am	octm	ont of tox oxom	ot bond	proceeds	911,559	911,559		
	5									
	J	Royalles		(i) Real	<u></u>	(ii) Personal				
	6a	Gross rents	6a	(7)		(.,,				
	b									
	С	•	6c							
	d	Net rental incon	ne or	(loss)						
	7a	Gross amount from sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a							
ne	b	Less: cost or other								
Revenue		basis and sales exps.	7b							
	С	Gain or (loss)	7c							
her		Net gain or (los	,		· · · · · · · ·					
Oth	8a	Gross income from		_						
		(not including \$		428,929						
		of contributions re	•			222 256				
	L	1c). See Part IV, I			8a 8b	233,356 386,479				
		Less: direct exp				300,479	-153,123			
		Gross income f		_	EVELLES		100,120			
	Ja	activities. See F			9a					
	b	Less: direct exp			9b					
		Gross sales of	,							
		returns and allo		-	10a					
	b	Less: cost of go	ods s		10b					
					entory.					
ns	_		· <u> </u>			Business Code				
eo ne	11a									
en	b									
Miscellaneous Revenue	С									
Ē		All other revenu								
	_	Total, Add lines	110_	_11d						

9,870,400

911,559

0

12 Total revenue. See instructions

Page **10**

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

6 Compensation not included above to disqualified persons (as defined under section 4958(c)(1)(ii) and persons described in section 4958(c)(3)(iii) and persons described in a sectio	Sect	ion 501(c)(3) and 501(c)(4) organizations must co			mplete column (A).	
Total expenses Programs services Programs services Programs services Programs of the composition Programs services Programs of the composition Programs Progra						
Section Sect		• • • • • • • • • • • • • • • • • • • •	(A) Total expenses	(B) Program service		(D) Fundraising
and domasic pownments. See Part IV, line 2 1,300,000	8b, 9	9b, and 10b of Part VIII.				
2 Grants and other assistance to domestic individuals. See Part IV, line 122. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustates, and key employees 6 Compensation of current officers, directors, trustates, and key employees 7 Other situation and individual dative to disquarified persons (as defined under section 4958(IV)) and parsons described in section 4958(IV)) and parsons described in section 4958(IV) and an displayer contributions of the section 4958(IV) and 405(IV) employer contributions of the section 4958(IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 405(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495(IV) employer contributions of the section 4958 (IV) and 495 (IV) employer contributions of the section 4958 (IV) and 495 (IV) and 495 (IV) employer contributions of the section 4958 (IV) and 495 (IV) employer contributions of the section 4958 (IV) and 495 (I	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, line 22 114		and domestic governments. See Part IV, line 21	1,300,000	1,300,000		
3 Grafts and other assistance to foreign organizations, foreign progressions, foreign pr	2	Grants and other assistance to domestic				
organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4988(i)(i)) and persons described in section 4988(i)(ii) and persons described in section 4988(ii) and variety		individuals. See Part IV, line 22	114,443	114,443		
foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on included above to disqualifed persons (as defined under section 4956)(1) and persons described in section 4956)(1) and 4900, 495 7 Other salaries and wages 490,495 335,682 35,423 119,39 8 Pension plan accurats and contributions (include section 4916) (and 4930) employer contributions) 9 Other employee benefits 9 93,061 65,311 5,775 21,77 10 Payroll taxes 62,595 44,700 4,629 13,26 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 1 Lobbying 1 Professional fundrating services. See Part IV, line 1 f Investment management fees 9 Other, (filter 1g amount excessed 19% of ris 23, courn (x) amount lest line 1g expenses on Steddel 0.) 1 Advertising and promotion 1 On ,816 1 Occupancy 6 (5,116 6 (9,24) 6 (1,042 7 12 17 17 Travel 6 (9,924 6 (0,042 7 12 17 17 Travel 6 (9,924 6 (0,042 7 12 17 17 Travel 6 (9,924 6 (0,042 7 12 17 17 Travel 1 Payments to diffliates 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses literize expenses on line 24. If line 24 amount exceeds 10% of line 25, column (x) amount, list line 26 expenses on line 24. If line 24 amount exceeds 10% of line 25, column (x) amount, list line 26 expenses on line 24. If line 24 amount exceeds 10% of line 25, column (x) amount, list line 26 expenses on line 24. If line 24 amount exceeds 10% of line 25, column (x) amount, list line 26 expenses on line 24. If line 27, 757 1 Nutritionist staff exp 1 A Other expenses 1 Regional amount exceeds 10% of line 25, c	3	Grants and other assistance to foreign				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4958((1)) and persons described in section 4018() and 403(b) employer contributions 9 Other employee benefits 9 3, 061 65, 311 5, 775 21, 97 10 Payroll taxes 6 2, 595 44, 700 4, 629 13, 26 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV. line for fundraising services. See Part IV.		organizations, foreign governments, and				
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees (a Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(1)(1) and add (1)(1) employer contributions (include section 401(1)) and 403(1) employer contributions (include section 401(1)) and 401(1) employer contributions (include section 401(1)) and 403(1) employer contributions (include section 401(1)) and 403(1) employer contribution (include section 401(1)) and 403(1) employer contribution (include section 401(1)) and 401(1) employer employer (include section 401(1)) and 401(1) employer (include access		foreign individuals. See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1)) and persons described in section 4958(n)(2)(8) Pension plan accruals and contributions (include section 401(n) and 405(n) employee contributions) Persons plan accruals and contributions (include section 401(n) and 405(n) employee contributions) Persons plan accruals and contributions (include section 401(n) and 405(n) employee contributions) Persons or services (nonemployees): A management Persons or services (nonemployees): A management B Legal C Accounting C Lobbying C Professional fundraising services. See Part IV. line of Pro	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and 20(th) employer contributions (notice section 401(r)) and 40(th) employer contributions (notice section	5	Compensation of current officers, directors,				
persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) 7		trustees, and key employees	231,228	174,706	12,846	43,676
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension pan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Other employee benefits 6 2,595 44,700 4,629 13,26 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line f Investment management fees 9 Other (iffile 11g amount exceeds 10% of fine 25, column (A) amount, list line 11g expenses on Strakds O) 13 Office expenses 13 Office expenses 14 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 Conferences, conventions, and meetings 16 Interest 17 Travel 18 Payments to affiliates 19 Option (interest) 19 Option (interest) 10 Option (interest) 10 Option (interest) 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Depreciation, depletion, and amortization 14 Interest (interest) 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Payments of travel or entertainment expenses for any federal, state, or local public officials 23 Interest 24 Payments of trave	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 401(b) employer contributions) 9 Other employee benefits 1 Payroll taxes 1 Fees for services (nonemployees): A Management b Legal c Accounting d Lobbying Orbit (film e 11g amount exceets 10% of line 25, column (A) amount its life 12de sprease of Shedule O.) 1 For State, or local public officials 1 For State, or local public officials 1 Payments to affiliates 2 Depreciation, depletion, and amonization 2 Insurance 2 Other expenses (conventions, and meetings interest in Each accoundation (A) amount, list line 24e spreases on Shedule O.) 2 Direct accompdation 2 Other expenses in Emize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e spreases on Shedule O.) 2 Direct accompdation 3 Office expenses (Conventions, and meetings interest (Conventions) and meetings (persons (as defined under section 4958(f)(1)) and				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 401(b) employer contributions) 9 Other employee benefits 1 Payroll taxes 1 Fees for services (nonemployees): A Management b Legal c Accounting d Lobbying Orbit (film e 11g amount exceets 10% of line 25, column (A) amount its life 12de sprease of Shedule O.) 1 For State, or local public officials 1 For State, or local public officials 1 Payments to affiliates 2 Depreciation, depletion, and amonization 2 Insurance 2 Other expenses (conventions, and meetings interest in Each accoundation (A) amount, list line 24e spreases on Shedule O.) 2 Direct accompdation 2 Other expenses in Emize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e spreases on Shedule O.) 2 Direct accompdation 3 Office expenses (Conventions, and meetings interest (Conventions) and meetings (persons described in section 4958(c)(3)(B)				
8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 93,061 65,311 5,775 21,97 10 Payroll taxes 62,595 44,700 4,629 13,26 11 Fees for services (nonemployees): a Management b Legal CACCOUNTING CACC	7	Other salaries and wages	490,495	335,682	35,423	119,390
9 Other employee benefits 93,061 65,311 5,775 21,97 10 Payroll taxes 62,595 44,700 4,629 13,26 11 Fees for services (nonemployees): a Management b Legal 6 CAccounting 6 Lobbying 6 Professional fundraising services. See Part IV, line 7 6 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 100,816 1	8					
10 Payroll taxes		section 401(k) and 403(b) employer contributions)				
10 Payroll taxes	9	Other employee benefits	93,061		5, <mark>775</mark>	21,975
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 7 f Investment management fees g Other. ((filine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Apyments of travel or entertainment expenses for any federal, state, or local public officials 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.) 23 Direct accomodation 24 Amount, list line 24e expenses on Schedule 0.) 25 Direct accomodation 26 Direct accomodation 27,757 27,757 27,757 27,757 27,757 27,757 28 All other expenses. Add lines 1 through 24e 28 Total functional expenses. Add lines 1 through 24e 37,289 3,99,474 2,486,124 371,207 232,14	10		62,595	44,700	4,629	13,266
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 7 f Investment management fees g Other. (film 1g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1.55, 7.31	11	Fees for services (nonemployees):				
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 7 f Investment management fees g Other. (film 1g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1.55, 7.31	а	Management				
C Accounting C	b	Legal				
d Lobbying Professional fundraising services. See Part IV, line I Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 13 Office expenses 24,079 15 Royalties 16 Occupancy 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Initial Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, llemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 20 Direct accomodation 20 Direct accomodation 20 All other expenses 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses on Inie 24e, if line 25e expenses on Schedule 0.) 25 Board development 27,757 27,757 27,757 27,757 28 All other expenseses 37,289 3,998 37,289 3,998 37,289 3,998 371,207 323,114	С	Accounting				
e Professional fundraising services. See Part IV, line f Investment management fees g Other. (If ine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 155,731		Labbuina				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses on line 24e. If line 24e amount, list line 24e expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule O.) 15 Payments to affiliates 15 Verification of travel or entertainment expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule O.) 15 Payments to affiliates 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses on force and force and travel or entertainment expenses on force and force and travel or entertainment expenses on force and force and travel or entertainment expenses on force and force a	е	Professional fundraising services. See Part IV, line 17				
Advertising and promotion 155,731 42,199 113,532 Advertising and promotion 100,816 100,816 Office expenses 24,079 2,909 21,17 Information technology 15 Royalties 66,116 66,116 Occupancy 66,116 66,924 6,042 712 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 12 Payments to affiliates 19 Depreciation, depletion, and amortization 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 26,223 29,540 29,540 Other expenses. Itemize expenses on Schedule O. 20 Direct accomodation 203,419 203,419 203,419 203,419 27,757 27,757 27,757 27,757 37,260 72,130 93 27,757	f	Investment management fees				
12 Advertising and promotion 100,816 100,816	g	Other. (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses		(A) amount, list line 11g expenses on Schedule O.)	155,731		113,532	
13 Office expenses	12	Advertising and promotion		100,816		
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Direct accomodation b Webinar, podcast & educ C Board development d Nutritionist staff exp e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Total functional expenses. Add lines 1 through 24e 27, 745	13	Office expenses	24,079		2,909	21,170
15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 Direct accomodation 2	14	Information technology				
16 Occupancy 66,116 66,116 7 Travel 7 Travel 7 Travel 6,924 6,042 712 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7 Conferences, conventions, and meetings 8 Interest 8 Interest 9 Inter	15					
17 Travel 6 , 924 6 , 042 712 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest	16	Occupancy				
Payments of travel or entertainment expenses for any federal, state, or local public officials	17	Travel	6,924	6,042	712	170
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
20 Interest		for any federal, state, or local public officials				
Payments to affiliates 22 Depreciation, depletion, and amortization 56,223 29,540 29,540 29,540	19	Conferences, conventions, and meetings				
Payments to affiliates Separation Sepa	20					
Depreciation, depletion, and amortization 56,223 29,540 29,540	21	Payments to affiliates				
29,540 20,540 2	22	Depreciation, depletion, and amortization				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Direct accomodation b Webinar, podcast & educ c Board development d Nutritionist staff exp e All other expenses 203,419 203,419 203,419 27,757 27,757 27,757 4 Nutritionist staff exp 5 16,698 5 16,698 6 27,757 7	23	Insurance	29,540			
Inine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a Direct accomodation 203,419 203,419 b Webinar, podcast & educ 73,060 72,130 93 c Board development 27,757 27,757 d Nutritionist staff exp 16,698 16,698 e All other expenses 37,289 9,978 15,745 11,56 25 Total functional expenses. Add lines 1 through 24e 3,089,474 2,486,124 371,207 232,14						
a Direct accomodation b Webinar, podcast & educ c Board development d Nutritionist staff exp e All other expenses 25 Total functional expenses. Add lines 1 through 24e 203,419 203,419 203,419 203,419 27,757		line 24e amount exceeds 10% of line 25, column				
b Webinar, podcast & educ		(A) amount, list line 24e expenses on Schedule O.)		<u> </u>		
c Board development 27,757 27,757 d Nutritionist staff exp 16,698 16,698 e All other expenses 37,289 9,978 15,745 11,56 25 Total functional expenses. Add lines 1 through 24e 3,089,474 2,486,124 371,207 232,14	а					
d Nutritionist staff exp 16,698 16,698 e All other expenses 37,289 9,978 15,745 11,56 25 Total functional expenses. Add lines 1 through 24e 3,089,474 2,486,124 371,207 232,14	b			72,130		930
e All other expenses 37,289 9,978 15,745 11,56 25 Total functional expenses. Add lines 1 through 24e 3,089,474 2,486,124 371,207 232,14	С	·			27,757	
25 Total functional expenses. Add lines 1 through 24e 3,089,474 2,486,124 371,207 232,14	d	Nutritionist staff exp				
	е	All other expenses				11,566
		• • • • • • • • • • • • • • • • • • • •	3,089,474	2,486,124	371,207	232,143
	26	Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and						
fundraising solicitation. Check here if						
following SOP 98-2 (ASC 958-720)						Form QQ(2022)

Balance Sheet

		Balance Sheet Check if Schedule O contains a response or note	e to any li	ne in this Part X					
		Official in Confedure O Contains a response of flori	o to arry in	THE IT WIST CITY	(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			356,188	1	691,123		
	2	Savings and temporary cash investments			4,225,815	2	647,107		
	3	Pledges and grants receivable, net		1,245,788	3	151,230			
	4	Accounts receivable, net	· · ·	4	•				
	5	Loans and other receivables from any current or forme							
		trustee, key employee, creator or founder, substantial							
		controlled entity or family member of any of these pers				5			
	6	Loans and other receivables from other disqualified pe		defined					
ts		under section 4958(f)(1)), and persons described in se		6					
Assets	7	Notes and loans receivable, net			7				
Ä	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			677,980	9	1,442,300		
	10a	Land, buildings, and equipment: cost or other	.]]						
		basis. Complete Part VI of Schedule D	10a	2,323,844					
	b	Less: accumulated depreciation							
		Investments—publicly traded securities		1,573,445 15,844,596	11	1,517,222 27,172,223			
	12	Investments—other securities. See Part IV, line 11			12				
	13	Investments—program-related. See Part IV, line 11			13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		66,400	15	86,400			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		23,990,212	16	31,707,605		
	17	Accounts payable and accrued expenses	•		102,649	17	83,760		
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete Part IV		21					
S	22								
Liabilities		trustee, key employee, creator or founder, substantial	contributo	r, or 35%					
ap		controlled entity or family member of any of these pers	ons			22			
	23	Secured mortgages and notes payable to unrelated thi	rd parties			23			
	24	Unsecured notes and loans payable to unrelated third	parties			24			
	25	Other liabilities (including federal income tax, payables	to related	d third					
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X					
		of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			102,649	26	83,760		
S		Organizations that follow FASB ASC 958, check h	ere X						
JC.		and complete lines 27, 28, 32, and 33.							
Fund Balances	27				17,405,464		25,267,460		
B	28	Net assets with donor restrictions		<u></u>	6,482,099	28	6,356,385		
Ĕ		Organizations that do not follow FASB ASC 958, o	heck her						
		and complete lines 29 through 33.							
ts o	29	Capital stock or trust principal, or current funds				29			
set	30	Paid-in or capital surplus, or land, building, or equipme	nt fund			30			
Net Assets or	31	Retained earnings, endowment, accumulated income,	or other f	unds		31			
Net	32				23,887,563	32	31,623,845		
_	33	Total liabilities and net assets/fund balances			23,990,212	33	31,707,605		

Form **990** (2022)

	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,87	0,4	Ŧ00
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			0,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	,88	7,5	<u> 563</u>
5	Net unrealized gains (losses) on investments	5		95	55,3	<u> 356</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	31	,62	3,8	<u> 345</u>
	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.</u>	X
			_		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 O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

	Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ied)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	k, unle	Pos heck ss pe	rson	than is both or/trus Highest compensated	n an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(20	0) WILLIAM S VI ESIDENT	LLAFRANC 2.00 0.00	о х		x				0	0	0
	1) BARBARA ZUCK USTEE		x						0	0	0
С	Total from continuation should from continuation should follow the should be	eets to Part VII	, Se	ctio	1 A		 		ove) who received more the	an \$100,000 of	
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and person listed on line for services rendered to the organization.	" complete Schene 1a, is the sum inizations greate	edule of r or tha 	e <i>J fo</i> epor an \$1 	table 50,0	ch ir e coi 000? satid	mper mper If "\ 	dual nsat /es, 	ion and other compensation complete Schedule J for any unrelated organization	on from the such or individual	3 Yes No
Sect	tion B. Independent Contrac	tors									
1	Complete this table for your fi compensation from the organ	ization. Report of							ndar year ending with or w	vithin the organization's tax	
	Name and	(A) d business address							Descrip	(B) otion of services	(C) Compensation
2	Total number of independent received more than \$100,000								ose listed above) who		

SCHEDULE A (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.

(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.

Internal Revenue Service

Name of the organization

Department of the Treasury

NATIONAL FOUNDATION FOR FACIAL

Employer identification number

RECONSTRUCTION, INC. 13-6013760 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(vi) Amount of other support (see instructions)
			Yes	No	
(A)					
(B)					
(C)					
(D)					
(E)					
Total		'			

NATIONAL FOUNDATION FOR FACIAL

13-6013760

Page 2

Schedule A (Form 990) 2022

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,713,791	1,650,430	3,446,096	4,484,715	8,663	3,036	20,958,068	
2	Tax revenues levied for the organization'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	2,713,791	1,650,430	3,446,096	4,484,715	8,663	3,036	20,958,068	
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)							6 962 700	
6	Public support. Subtract line 5 from line 4							6,863,799	
<u>6</u> Sec	tion B. Total Support							14,094,269	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	
7	American forms line 4	2,713,791	1,650,430	3,446,096	4,484,715	8,663		20,958,068	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	415,371	548,419	523,687	602,354		,559	3,001,390	
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.)	91,930			31,540	123	3 ,4 70	246,940	
11	Total support. Add lines 7 through 10							24,206,398	
12	Gross receipts from related activities, etc	. (see instructions)					12	1,144,915	
13	First 5 years. If the Form 990 is for the o	•	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)			
	organization, check this box and stop he						<u></u>		
	tion C. Computation of Public S						1 1		
14	Public support percentage for 2022 (line	6, column (f) divide	ed by line 11, colu	mn (f))			14	58.23%	
15	Public support percentage from 2021 Sch	nedule A, Part II, lir	ne 14				15	%	
16a b	33 1/3% support test—2022. If the organization quality support test—2021. If the organization quality support test—2021. If the organization quality support test—2021.	alifies as a publicly	supported organiz	zation				X	
b	this box and stop here. The organization			ronization					
17a	10%-facts-and-circumstances test—2				16a or 16h and				
174	10% or more, and if the organization mee								
	Part VI how the organization meets the fa				-				
	organization		_			•			
b	10%-facts-and-circumstances test—2								
	15 is 10% or more, and if the organization	•							
	in Part VI how the organization meets the				•	•			
	organization			•	•				
18	Private foundation. If the organization of								
	instructions								

Page 3

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

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

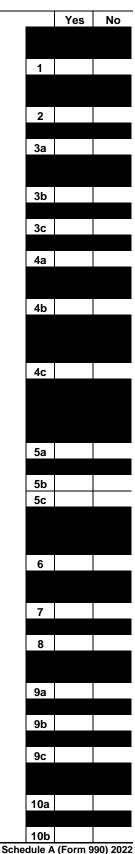
Sec	tion A. Public Support			, <u>, , , , , , , , , , , , , , , , , , </u>	· ·	,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	, ,			
2	Gross receipts from admissions, merchandise sold or services performed, 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 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 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
С	Add lines 10a and 10b						
11	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,						
14	and 12.) First 5 years. If the Form 990 is for the o	rganization's first	second, third, for	ırth, or fifth tax ve:	ar as a section 50	1(c)(3)	
-	organization, check this box and stop he	•				` ' ' '	
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2022 (line 8			umn (f))		15	%
16	Public support percentage from 2021 Sch						%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2022 (line 10c, column ((f), divided by line	13, column (f))		17	%
18 lı	nvestment income percentage from 2021 S		II line 17			10	%
19a	33 1/3% support tests—2022. If the orga	anization did not d					
	17 is not more than 33 1/3%, check this b	-	-			-	Ц
b	33 1/3% support tests—2021. If the orga						
	line 18 is not more than 33 1/3%, check the	-	-	•		-	
20	Private foundation. If the organization d	d not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	

Supporting Organizations

(Complete only if you checked a box on 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

- 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.
- 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.
 - 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified 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.
- 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.
 - 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.)



	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	3 11 3 11			
	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,			
Saat	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		V	NIa
	Many a majority of the appropriation? directors of the device of the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	ion 217th Type in cupperting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	NO
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		A
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
D	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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	~~		
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

13-6013760

NATIONAL FOUNDATION FOR FACIAL Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b **b** Average monthly cash balances **c** Fair market value of other non-exempt-use assets 1c **d Total** (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 3

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

4

5

Schedule A (Form 990) 2022

4 Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

NATIONAL FOUNDATION FOR FACIAL

13-6013760

Schedu	ıle A (Form 990) 2022 NATIONAL FOUNDATI				760 Page 7
	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continue	ed)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.	-			
3	Excess distributions carryover, if any, to 2022	-			
	From 2017	-			
<u>b</u>	From 2018	-			
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	-			
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years	-			
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.	-			
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

NATIONAL FOUNDATION FOR FACIAL 13-6013760 Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part II, Line 10 - Other Income Detail 246,940 Other Income Supplemental Information SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2018 AMOUNT: \$ 91,930. 2021 AMOUNT: \$ 31,540.

DAA Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization Employer identification number NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION, INC. 13-6013760 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2022 NATIONAL FOUNDATION FOR FACIAL

13-6013760

Page 2

	Organizations Maintainin	ng Collections o	of Art, Historical	Treasures, or O	ther Simi	lar Asso	ets (con	tinued)			
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	ds, check any of the fo	ollowing that make sig	nificant use	of its	,				
а	Public exhibition	d 🗌 l	oan or exchange pro	gram							
b	Scholarly research		Other	=							
С	Preservation for future generations					•					
4	Provide a description of the organization's of	collections and explai	n how they further the	organization's exem	pt purpose in) Part					
•	XIII.	onounous and oxpia.		0.gaa 0 0/10111	p. pa. pood						
5	During the year, did the organization solicit	or receive donations	of art_historical treasu	ires or other similar							
	assets to be sold to raise funds rather than						Yes	No			
	Escrow and Custodial Ar		oart of the organization			<u> </u>					
	Complete if the organization		s" on Form 990. F	Part IV. line 9. or	reported a	an amoi	int on Fo	orm			
	990, Part X, line 21.			a, 5, c.							
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contributions	or other assets not							
			-				Yes	No			
h	included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table:										
Amour											
c	Beginning balance				1c						
u 0	Additions during the year				1e						
f	Distributions during the year				16						
י 2a	Ending balance	Form 990 Part Y line	21 for escrow or cus	todial account liabilit			Yes	No			
	If "Yes," explain the arrangement in Part XII				y:		163				
	Endowment Funds.	i. Oncok here ii the e	Apianation has been p	JOVICE OILL ALL VIII							
	Complete if the organization	n answered "Ye	s" on Form 990 F	Part IV line 10							
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four ye	ars back			
1a	Beginning of year balance	2,729,359	3,300,337	3,150,633		1,031		8,548			
	Contributions		0,000,001	0,200,000	0,00	_,,,,					
	Net investment earnings, gains, and										
·	lanear .	135,893	-349,442	240,286	22	3,740	1.47	2,218			
Ч	Grants or scholarships	200,000	313,111	210,200		37,10	,_,				
	Other expenditures for facilities and										
C	,	176,273	221,536	90,582	12	4,138	16	4,735			
f	Administrative expenses	2,0,2,0		70,502		-,					
	End of year balance	2,688,979	2,729,359	3,300,337	3.15	0,633	3.05	1,031			
					0,10	0,000					
	Board designated or quasi-endowment	%	be (iiile 19, coluitiii (a)) Held as.							
	Permanent endowment 100.00 %										
	Term endowment %										
·	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%									
3a	Are there endowment funds not in the posse	•	ation that are held and	d administered for the	7						
-	organization by:	occion of the organiz			,		Υ	es No			
	(i) Unantated annualizations							X			
	(!!) Deleted enemiestics						3a(ii)	X			
b	If "Yes" on line 3a(ii), are the related organization						3b				
	Describe in Part XIII the intended uses of the						[0.0]				
Ė	Land, Buildings, and Equ		ownion rando.								
	Complete if the organization	•	s" on Form 990 F	Part IV line 11a	See Form	990 Pa	art X line	e 10			
	Description of property	(a) Cost or other b			Accumulated	1	(d) Book val				
	1 1 21 2	(investment)	(other	` '	epreciation		.,				
1a	Land										
	D. Halle and		2.24	1,860	724,63	38	1,517	,222			
	Leasehold improvements							,			
	Equipment		Я	1,984	81,98	34					
	Other			-,	<u> </u>						
	L Add lines 1a through 1e. (Column (d) must		rt X column (B) line :	10c.)			1,517	-222			

chedule D (Form 990) 2022	NATTONAL	FOUNDATION	FOR	FACTAL

Schedule D (Form 990) 2022 NATIONAL FOUNDATION F	OR FACIAL	13-6013760	Page
Investments – Other Securities. Complete if the organization answered "Yes" or	S Form 000 Part IV	/ line 11h See Form 000 F	Part V lina 12
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)	(3) 2001. Talab	Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments – Program Related.	Corres OOO Dort IV	/ line 11e Coe Form 000 F	lart V line 10
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.			
Complete if the organization answered "Yes" or	ı Form 990, Part IV	/, line 11d. See Form 990, F	
(a) Description			(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Other Liabilities.	<u></u>		
Complete if the organization answered "Yes" or	n Form 990, Part I\	V, line 11e or 11f. See Form	990, Part X,
line 25.			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		
Liability for uncertain tax positions. In Part XIII, provide the text of the foo organization's liability for uncertain tax positions under FASB ASC 740. Che	-	-	

Schedule D (Form 990) 2022 NATIONAL FOUNDATION FOR FACIAL 13-6013760 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 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 c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 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.) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities ______ 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (F	Form 990) 2022	NATIONAL	J FOUNDATION	FOR :	FACIAL	13-6013760	Page 5
	Suppleme	ental Informati	FOUNDATION on (continued)				
	-						
							• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •							

SCHEDULE G (Form 990)

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION INC

Employer identification number 6013760

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.										
Form 990-E	Z filers are not required	to complete	this p	art.						
1 Indicate whether the org	anization raised funds through	any of the follow	ing ac	tivities	s. Check all that apply					
a Mail solicitations	e	e Solicitation of non-government grants								
b Internet and email so	olicitations f	f Solicitation of government grants								
c Phone solicitations	g	g Special fundraising events								
d In-person solicitation	าร									
2a Did the organization have	ve a written or oral agreement w in Form 990, Part VII) or entity i	ith any individua	l (inclu	uding	officers, directors, trus	stees,	Yes No			
b If "Yes," list the 10 higher	est paid individuals or entities (fu 5,000 by the organization.				_		Tes . NO			
(i) Name and ad	dress of individual fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Γotal										
	ne organization is registered or I			ibutio	ns or has been notifie	d it is exempt from				

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts (greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	40 T (c) c (c)
			SPRING FUNDRAIS	RACES FOR FACES	None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(overte type)	(total Hamber)	· · · · · · · · · · · · · · · · · · ·
Revenue	1	Gross receipts	459,143	203,142		662,285
æ	•	Gloss receipts	437,143	203,142		002,203
	2	Less: Contributions	428,929			428,929
		Gross income (line 1 minus	===,===			110,711
	-	line 2)	30,214	203,142		233,356
		,	•	-		-
	4	Cash prizes				
	5	Noncash prizes				
"						
ses	6	Rent/facility costs	100,241	20,939		121,180
per						
Direct Expenses	7	Food and beverages .				
rec	_	Fatastalianasat	EQ 722	1 200		60 022
Ճ	8	Entertainment	59,722	1,200		60,922
	۵	Other direct expenses	106,940	97,437		204,377
	Э	Other direct expenses	100,540	J1, ±31		201,577
	10	Direct expense summary	. Add lines 4 through 9 in column	(d)		386,479
		Net income summary. Su	btract line 10 from line 3. column	(d)		-153,123
		Gaming. Com	plete if the organization an	swered "Yes" on Form 990	, Part IV, line 19, or re	ported more than
			rm 990-EZ, line 6a.			•
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	_					
irect Expenses	2	Cash prizes				_
oen	•	Name and a single				
$\bar{\Xi}$	3	Noncash prizes				
ect	1	Rent/facility costs				
₫	7	Reniviacinty costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary	. Add lines 2 through 5 in column	(d)		
	8	Net gaming income sumr	nary. Subtract line 7 from line 1, c	olumn (d)		
9			e organization conducts gaming a			
				h of these states?		
b	IT "	No," explain:				
10a	\Λ/ <i>ε</i>	ere any of the organization	's gaming licenses revoked susp	ended, or terminated during the ta	v. vear?	Yes No
		Yes," explain:	o garring noonsos reveneu, suspi	ondoa, or terminated during tile ta		
~	••	- 2)				
	•					

3che	edule G (Form 990) 2022 NATIONAL FOUNDATION FOR FACIAL 13-6013760			Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			,,
-	records:			
	Name			
	Address			
l5a	Does the organization have a contract with a third party from whom the organization receives gaming			
				Yes No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
-	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
-				
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Discrete of the contraction of the contraction			
	Director/officer			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	ratain the state gaming licenses			Yes No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			103 110
D	spent in the organization's own exempt activities during the tax year \$			
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) an	d (v): and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i			
	See instructions.			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization NATIONAL FOUNDATION		CIAL					mployer identification number
RECONSTRUCTION, ING							3-6013760
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assista Describe in Part IV the organization's procedures for moderate and Other Assistance to Describe in Part IV the organization or assistance to Describe in Part IV the organization	he amount of the nce?onitoring the use o	grants or a	ds in the United States	Governments.	Complete if the	organization	
Part IV, line 21, for any recipient that (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WYSS DEPT OF PLASTIC SURGERY C/O NYU SOM NEW YORK NY 10016			1,300,000		,		TO TREAT PATIENTS WI
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin 	organizations list	ed in the lir	ne 1 table				>

SCHEDULE J (Form 990) **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL FOUNDATION FOR FACIAL

Employer identification number

OMB No. 1545-0047

13-6013760

RECONSTRUCTION, INC.

	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, 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 residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, 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			1
	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 establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	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:	F.		v
	The organization?	5a 5b		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	อม		Λ
	ii Tes Offilite 3a Of 3b, describe iii Fait 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		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For paragraphic listed on Form 200 Port VIII Coption A line 4e did the contribution and the contribution of the design of the contribution of the design of the contribution of the contri			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	,		v
۰	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			ł
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		х
	in Part III	0		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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.

			and/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
STEPHANIE PAUL	(i)	256,920	0	0	3,840	14,354	275,114	(
EXECUTIVE DIR-RET	(ii)	0		0	0	0		(
	(i)								
	(ii)	•							
	(i)								
1	(ii)	•							
	(i)								
	(ii)	•							
	(i)								
	(ii)	•							
·	(i)								
	(ii)	•							
	(i)								
	(ii)	• • • • • • • • • • • • • • • • • • • •							
	(i)								
	(1)	• • • • • • • • • • • • • • • • • • • •							
	(1)								
	(i)	•							
	(ii)								
	(i)	•							
	(ii)								
	(i)								
	(ii)								
	(i)	•							
	(ii)								
	(i)	•							
	(ii)								
	(i)								
<u> </u>	(ii)								
	(i)	•							
i	(ii)								
	(i)		<u> </u>	l					
3	(ii)								

Schedule J (Form 990) 2022

Schedule J (F	orm 990) 2022	NATIONA	L FOUNDA	TION FOR	FACIAL	13-60	13760				Page 3
Provide the for any add	Suppleme e informatior ditional inforr	ental Informat	ion or description	ns required fo	r Part I, lines	1a, 1b, 3, 4a, 4	4b, 4c, 5a, 5b, 6	a, 6b, 7, and 8	, and for Part I	I. Also comple	ete this part
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											
•											
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL FOUNDATION FOR FACIAL

RECONSTRUCTION, INC.

Employer identification number

OMB No. 1545-0047

13-6013760

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization No (1) (2) (3) (4) (5)

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year	
	under section 4958	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the

organization reported an amount on Form 990. Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) I to or	from	(e) Original principal amount	(f) Balance due	(g) ln ((g) In default'		proved ard or nittee?	(i) W agree	ritten ment?
			the o	org.? From			Yes	No	Yes	No	Yes	No
(1)												
<u>(2)</u>												
_(3)												
(4)												
_(5)												
_(6)												
(7)												
_(8)												
(9)												
(10)												

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990 Part IV line 27

Complete if the organization answered	163 Offi Offi 930, Fattiv, III	IC 21.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
_(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
(10)				
For Paperwork Reduction Act Notice, see the Instruction DAA	uctions for Form 990 or 990	-EZ.		Schedule L (Form 990) 2022

Total

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" or Form 980, Pathtoroph between the transaction of the path of th								
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Shari of organization (f) Description of transaction (h) Description of transaction of		Complete if the	organization answered "\	Yes" on Form 990 Part IV line	28a, 28b, or 28c.			
Supplemental Information. Provide additional information for responses to questions on Schedule L, Part V - Additional Information (a) Realization between (b) Realization (c) Amount of transaction (d) Description of transaction (e) Amount of transact				100 0111 01111 000,1 011111, 11110		_		
interested person and the organization transaction revenues a supplemental Information. Provide additional information on Schedule L (see instructions).		(a) Name of inter	ested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	haring
Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information		(1)				(1)	rever	org. nues?
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information				organization			Yes	No
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part V - Additional Information								
Schedule L, Part V - Additional Information								
		Provide addition	al information for respon	ses to questions on Schedule L	_ (see instructions).			
THE DIRECTOR OF FAMILY PROGRAMS IS THE DAUGHTER OF ONE OF THE BOARD MEMI	cned	uie L, Pa	irt v - Addit	lonal informati	LOII			
THE DIRECTOR OF FAMILY PROGRAMS IS THE DAUGHTER OF ONE OF THE BOARD MEMI		ATDECEOD O	E EMILY DD	CDANG TO MUE D	ALIGUMED OF	ONE OF MUE DOAD!		MED 1
	HE L	DIRECTOR C	F FAMILY PRO	GRAMS IS THE DA	AUGHTER OF	ONE OF THE BOARD) MEI	MR.

SCHEDULE M (Form 990)

Noncash Contributions

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.

Department of the Treasury Internal Revenue Service

2022

OMB No. 1545-0047

Employer identification number Name of the organization RECONSTRUCTION, INC. 13-6013760 Types of Property (c) (a) (b) (d) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art — Works of art 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities — Publicly traded 36,249 FMV 4 9 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 17 Real estate — Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 20,000 FMV OF AIRLINE TICKETS Other (AIRLINE TICKET\$ 25 1 26 27 Other (_____) Other (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Fo	orm 990) 2022 NATIONA	L FOUNDATION	FOR FACIAL	L 13-6013760	Page 2
	the organization is re	porting in Part I, colu	ımn (b), the num	red by Part I, lines 30b, 32b, ber of contributions, the numb	and 33, and whether per of items received,
	or a combination of b	oth. Also complete t	his part for any a	dditional information.	
•					

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Ns

Attach to Form 990 or Form 990-EZ.

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

ame of the organization	NATIONAL	FOUNDAT	ION	FOR	FACIAL
	RECONSTRU	JCTION,	INC.	•	

Employer identification number 13-6013760

Form 990 - Organization's Mission or Most Significant Activities

MYFACE IS A NON-PROFIT ORGANIZATION DEDICATED TO TRANSMORMING THE LIVES OF

PATIENTS WITH FACIAL DIFFERENCES. WITH A SPECIAL FOCUS ON CHILDREN AND

THEIR FAMILIES, MYFACE FUNDS MEDICAL, SURGICAL, DENTAL, SPEECH AND

PSYCHOSOCIAL SERVICES AS WELL AS RESEARCH AND PUBLIC AWARENESS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FORM 990 IS PERPARED BY THE AUDITORS. THE DRAFT IS REVIEWED BY THE

AUDIT COMMITTEE AND COMMENTS REVERT BACK TO THE AUDITORS. THE FINAL DRAFT

IS GIVEN TO THE BOARD OF TRUSTEES FOR THEIR REVIEW, COMMENT AND APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICT OF INTEREST STATEMENTS ARE PROVIDED TO AND REVIEWED ANNUALLY BY T

HE CHAIR OF THE AUDIT COMMITTE. IN ADDITION, EACH TRUSTEE, OFFICER AND KEY

EMPLOYEE REPORTS PROMPTLY TO THE SECRETARY OF THE ORGANIZATION ANY POTENT

IAL CONFLICT OF INTEREST AS AND WHEN IT ARISES.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD UTILIZES THE GUIDESTAR COMPENSATION REPORT TO DETERMINE COMPENSA
TION. ALL RAISES AND COMPENSATION FOR ALL EMPLOYEES ARE APPROVED BY THE PR
ESIDENT OF THE BOARD.

Form 990, Part VI, Line 15b - Compensation Process for Officers
THE BOARD UTILIZES THE GUIDESTAR COMPENSATION REPORT TO DETERMINE

COMPENSATION. ALL RAISES AND COMPENSATION FOR ALL EMPLOYEES ARE APPROVED BY For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

NATIONAL FOUNDATION FOR FACIAL	13-6013760
THE PR	
Form 990, Part VI, Line 17 - Other States Wh	ere Copy of Return is Filed
Minnesota, Mississippi, North Carolina, Nort	h Dakota, New Hampshire,
New Hampshire, New Mexico, Oklahoma, Oregon,	Pennsylvania, Rhode Island,
South Carolina, Tennessee, Utah, Virginia, W	isconsin, West Virginia
Form 990, Part VI, Line 19 - Governing Docum	ents Disclosure Explanation
NFFR MAKES IT'S GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST POLICY AVAILABLE
UPON REQUEST. THE ORGANIZATION'S FINANCIAL	STTAEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST AND THOUGH THE ORGANIZAT	ION'S WEBSITE
THE ORGANIZATION HAD NOT CHANGED ITS OVERSIG	HT PROCESS OR ITS SELECTION
	Page 1 of 1

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

ttachment 179

Name(s) shown on return NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION, INC.

Identifying number 13-6013760

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 56,223 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM S/L i Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year 40 yrs. MM S/L **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 56,223 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **990**

Event Income and Deduction Worksheet

Description SPRING FUNDRAISER/ GALA

Name

NATIONAL FOUNDATION FOR FACIAL

Taxpayer Identification Number

13-6013760

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	30,214	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.	428,929	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	459,143	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense13.		
14. Fundraising Expense 14.	266,903	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	266,903	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	192,240	On non-investment property
· —		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	_	Expense Details - Exempt Activity Expense:
Labor	_	Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
	_	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages	_	
Pension plan contributions	_	Expense Details - Fundraising Expense:
Other employee benefits	_	Cash prizes
Payroll taxes	_	Non-cash prizes
Total Employment Expense	_	Rent and facility costs 100,241
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses 106,940
Management		Other direct expenses 106,940
Legal		Total Fundraising Expense 266,903
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-	T. Schedule A:	Allocation of Expense to Program Service Accomplishments:
	#	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Tl. !!
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990**

Event Income and Deduction Worksheet

Description RACES FOR FACES

Name

NATIONAL FOUNDATION FOR FACIAL

Taxpayer Identification Number

13-6013760

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	203,142	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	203,142	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.	119,576	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	119,576	On investment property
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property
Tot Not incomo 2000 Einio 7 mindo Einio 10 ji	00,000	Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Depletion Total Depreciation Expense
Beginning inventory		Total Depressation Expense
Purchases		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor		Rad dehts
Section 263A costs Other costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions Dividend recd deductions
Total Cost of Goods Sold		Readership costs
Expense Details - Employment Expense:		Readership costs
		Other expenses Total Exempt Activity Expense
Compensation of officers Other salaries and wages		Total Exempt Activity Expense
Other salaries and wages		Expense Details - Fundraising Expense:
Pension plan contributions Other employee honefits		
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes Rent and facility costs 20,939
Total Employment Expense		
Francis Dataila Francisco Comisco		Food & beverages (Part II only)
Expense Details - Fees for Services:		Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses 1,200 97,437
Management		Other direct expenses 97,437
Legal		Total Fundraising Expense 119,576
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for year an Farm 999.7	Cohodulo A	Allocation of Evnance to Breazem Comics Assemblishments
Information is indicated for use on Form 990-T		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq	# <u></u>	First
Part VI Controlled Org Income		Second
Part VII, Controlled Org Income		Third
Part VIII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

NATIONAL NATIONAL FOUNDATION FOR FACIAL 5/16/2024 11:24 AM **Federal Statements** 13-6013760 FYE: 9/30/2023 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US Obs (\$ or %) Business Code Code 6/30/75 Amount 12,311 12,311 Total **Taxable Dividends from Securities** Description Unrelated Exclusion Postal Acquired after US Business Code Code Obs (\$ or %) Amount 6/30/75 899,248 899,248 Total

NATIONAL NATIONAL FOUNDATION FOR FACIAL

5/16/2024 11:24 AM

Federal Statements

FYE: 9/30/2023

13-6013760

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Tota Expen		Program Service	Mar 	nagement & General	 Fund Raising
Professional fees	\$ 15	5,731 \$	42,199	\$	113,532	\$ _
Total	\$ 15	5,731 \$	42,199	\$	113,532	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	<u>E</u>	Total xpenses	Program Service	agement & General	1	Fund Raising
Miscellaneous Food & entertainment Equipment rental	\$	15,239 14,253 7,797	\$ 5,079 4,899	\$ 7,948 7,797	\$	2,212 9,354
Total	\$	37,289	\$ 9,978	\$ 15,745	\$	11,566

NATIONAL NATIONAL FOUNDATION FOR FACIAL 13-6013760

Federal Statements

5/16/2024 11:24 AM

FYE: 9/30/2023

Schedule A, Part II, Line 12 - Current year

Description	Amount
SPRING FUNDRAISER/ GALA RACES FOR FACES	\$ 12,311 899,248 30,214 203,142
Total	\$ 1,144,915

NATIONAL NATIONAL FOUNDATION FOR FACIAL

Federal Statements

5/16/2024 11:24 AM

FYE: 9/30/2023

13-6013760

SPRING FUNDRAISER/ GALA Other Direct Fundraising or Gaming Expenses

Description	_	Amount
SALARIES AND BENEFITS	\$	83,505
COMPUTER EXPENSE		7,871
PRINTING, POSTAGE		6,414
BANK CHARGES		4,515
DUES AND SUBSCRIPTIONS		5
MARKETING		454
MMETINGS AND TRAVEL	_	4,176
Total	\$	106,940

NATIONAL NATIONAL FOUNDATION FOR FACIAL 13-6013760 Federal Statements

5/16/2024 11:24 AM

FYE: 9/30/2023

13-6013760

RACES FOR FACES

Other Direct Fundraising or Gaming Expenses

Description	_	Amount
SALARIES AND BENEFITS	\$	83,505
PRINTING, POSTAGE		4,857
LICENSES AND PERMITS		25
MARKETING EXPENSE		550
BANK CHARGES		8,002
MEETINGS AND TRAVEL		498
Total	\$	97,437