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PUBLIC DISCLOSURE COPY

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning	. 2023, and ending
or carefred year seem, or needs year segmining	, ====, a.i.a c.i.a.i.g

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer NATIONAL IMMIGRATION FORUM 13-1776711 DAWN BYRNE Name and title of officer or person subject to tax CHIEF FINANCIAL & ADMIN OFFICE Type of Return and Return Information Part I 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b** ______ **6 , 672 , 425 .** Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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. PIN: check one box only X | lauthorize HAN GROUP LLC 00001 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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 54701100001 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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. JENNIFER S. HAN 07/08/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023)

LHA 302521 01-05-24

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

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-87-19

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	ror the	e 2023 calendar year, or tax year beginning and	a enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	NATIONAL IMMIGRATION FORUM			
	Name change	Doing business as		13-17767	11
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
	Final return/		500	(202) 34	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	ı	G Gross receipts \$	6,672,425.
Г	Amend	WASHINGTON, DC 20002		H(a) Is this a group re	
F	lreturn Applic tion			for subordinates	
	Ition pendir	SAME AS C ABOVE			
_	_		\	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	┥ ′	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1954 N	f N State of legal domicile: $f NY$
P		Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	FORUM	ADVOCATES F	OR THE
Š	1	VALUE OF IMMIGRANTS & IMMIGRATION TO THE	E NATIO	ON.	
L a	2	Check this box if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	ssets.
š	3			3	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			15
<u>م</u>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			36
ţį				·····	15
Activities & Governance	1	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		4,688,800.	6,268,085.
en	9	Program service revenue (Part VIII, line 2g)		155,346.	229,052.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,943.	173,593.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,050.	1,695.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,913,139.	6,672,425.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(A	1	Oplania a the company and the complete beautiful (Dat IV) and the CA time 5.40	、	3,039,478.	3,612,015.
Expenses	160	Professional fundraising fees (Part IX, column (A), lines 5-10 Total fundraising expenses (Part IX, column (D), line 25) 452, 8	/ ·····	0.	0.
Sen	l loa	Total fundaciona expenses (Part IX, column (A), line 116)	R41		•
Ä	1,5			2,521,178.	2,871,837.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,560,656.	6,483,852.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
	19	Revenue less expenses. Subtract line 18 from line 12		-647,517.	188,573.
SOI			В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		11,554,677.	11,447,475.
TA PE	21	Total liabilities (Part X, line 26)		3,710,402.	3,414,627.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,844,275.	8,032,848.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparei	r has any knowledge.	
Sig	ın	Signature of officer		Date	
He		DAWN BYRNE, CHIEF FINANCIAL & ADMIN OFF	ICE		
110		Type or print name and title			
		Drint/Type preparer's pame		Date Check	TI PTIN
Do:		Print/Type preparer's name Preparer's signature		OHOOK _	
Pai		JENNIFER S. HAN JENNIFER S. HAN	N C	07/08/24 if self-employe	H00033304
	parer	Firm's name HAN GROUP LLC		Firm's EIN	
Use	Only	Firm's address 1020 19 STREET, NW, SUITE 800		, ,	001 000 5000
		WASHINGTON, DC 20036		Phone no. (2	02) 293-7000
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NIF ADVOCATES FOR THE VALUE OF IMMIGRANTS AND IMMIGRATION TO THE
	NATION. FROM A DIVERSITY OF PERSPECTIVES, THE FORUM USES
	COMMUNICATION, ADVOCACY AND POLICY EXPERTISE TO CREATE A VISION,
	CONCENSUS AND STRATEGY TO LEAD TO A BETTER, MORE WELCOMING AMERICA.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,817,906. including grants of \$) (Revenue \$)
	CONSTITUENCIES REFORM - THE NATIONAL IMMIGRATION FORUM SUPPORTS
	REPLACING OUR BROKEN IMMIGRATION SYSTEM WITH COMMONSENSE SOLUTIONS THAT
	ADDRESS THE FULL SCOPE OF THE SYSTEM. OUR IMMIGRATION SYSTEM NEEDS TO
	ADDRESS THE ECONOMIC NEEDS OF OUR COUNTRY AS WELL AS MAINTAIN OUR
	FAMILY VALUES.
4b	(Code:) (Expenses \$1, 330, 973. including grants of \$) (Revenue \$149, 052.)
	CONSTITUENCIES INTEGRATION - IT SUPPORTS EFFORTS TO PROMOTE
	CITIZENSHIP, CIVIC EDUCATION AND ACTIVE INVOLVEMENT IN COMMUNITY LIFE,
	INCLUDING MAKING CHANGES TO OUR COUNTRY'S NATURALIZATION PROCESS THAT
	WILL MAKE IT MORE ACCESSIBLE AND EFFICIENT FOR IMMIGRANTS.
	1 121 710
4c	(Code:) (Expenses \$1,131,718. including grants of \$) (Revenue \$)
	COMMUNICATIONS - THE NATIONAL IMMIGRATION FORUM'S COMMUNICATIONS TEAM
	IS A STRATEGIC PARTNER, WORKING WITH ALL FORUM DEPARTMENTS (POLICY,
	CONSTITUENCIES, INTEGRATION, DEVELOPMENT) TO ARTICULATE MESSAGES AND
	ADVANCE STRATEGIES TO BUILD SUPPORT FOR COMMONSENSE IMMIGRATION REFORM
	AMONG OUR CENTER RIGHT CONSTITUENCIES. THE COMMUNICATIONS TEAM
	DIFFERENTIATES ITSELF IN THE IMMIGRATION ADVOCACY SPACE BY LEVERAGING
	ITS RELATIONSHIPS IN MEDIA, BUSINESS, ACADEMIA AND OTHER AREAS TO
	AMPLIFY THE FORUM'S MESSAGES.
4d	
	(Expenses \$ 1,401,815 • including grants of \$) (Revenue \$ 40,000 •)
<u>4e</u>	Total program service expenses 5,682,412.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			_V
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	Λ	
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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,	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Λ	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		140		
J	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		х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

332003 12-21-23

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04 -	Schedule J	23	Х	
24 a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0Eh		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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? If			. v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 -7	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	I

332004 12-21-23

Form 990 (2023) NATIONAL IMMIGRATION FORUM Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 366 b If at least one is reported on Firm W-3, Transmittal of Wage and Tax Statements, 2a 366 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5					Yes	No
b If a least one is reported on line 2a, did the organization file all regulated referred employment tax returns? 5	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
38 DX If "Yes," has it filled a Form 990-T for this year? # Not for fire 3b, provide an explanation on Schedule 0 3b		filed for the calendar year ending with or within the year covered by this return	2a 36			
b If Yes, * fast if filled a Form 990-T for this year? If Mor 1 to fire 35, provide an explanation on Schedule 0 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? As If Yes, * enter the name of the foreign country Seu instructions for filling requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By Did any taxobe party notify the organization that was or is a party to a prohibitote as the lefter transaction? By Did any taxobe party notify the organization file Form 8888 17 By Did any taxobe party notify the organization file Form 8888 17 By Did any taxobic party notify the organization file Form 8888 17 By If Yes, * did the organization activate was or is a party to a prohibitote activation of the organization solicit any contributions was even to tax deductible? By Did Yes, * did the organization receive deductible contributions under section 170(c). By If Yes, * did the organization neceive a pyment in seces of \$75 made party as a contribution on party for goods and services provided to the payor? By If Yes, * did the organization receive a pyment in seces of \$75 made party as a contribution on party for goods and services provided to the payor? By If Yes, * did the organization neceive a pyment in seces of \$75 made party as a contribution on party for goods and services provided to the foreign cannot be foreign to the services of the organization receive a contribution of a contribution of a party for goods and services provided to the payor? By If Yes, * did the organization receive a contribution of a contribution o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
4a A any time during the calendary year, did the organization have an interest in. Or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes", "enter the name of the foreign country See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibitod tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sao r5b, did the organization the Germ 8898.77 5b If "Yes," did the organization to tax deductibles of Even 8898.77 5c If "Yes", "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization trackine apparent in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms \$282 fleed during the year 9 If If "Yes," indicate the number of Forms \$282 fleed during the year 10 Id the organization receive a payment makes sets \$2 fleed during the year 11 If the organization received an orthibution of cares, boats, simplanes, or other vehicles, did the organization file a Form 1098.07 12 If the organization received a contribution of cares, boats, simplanes, or other vehicles, did the organization file a Form 1098.07 13 Section \$40 (King) and the payment in the payment in the payment in the organization file a form 1098.07 14 Section \$40 (King) and the payme	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 ax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization and file Form 4720, Schedule N. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Intal B Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b It section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	10	Section 501(c)(7) organizations. Enter:				
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If "Yes," complete Form 6069.	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		If "Yes," complete Form 6069.				

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	15□			
	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		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	==			
_			2		Х
2		··· ⊢	_		- 21
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				v
	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 filed?		4		
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?	L	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 by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	··· ├	-		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		
360	tion b. Folicies (This Section B requests information about policies not required by the internal nevenue Code.)			V	NI.
40		Г	-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	├ ¹	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		I0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? [11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	L1	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	[1	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	-	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	⊨			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_		١.	150	Х	
а ь	The organization's CEO, Executive Director, or top management official		15a	X	
Ø	Other officers or key employees of the organization	├	l5b	42	
40	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				v
	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?	1	l6b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(or 501))	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	finar	icial	
	statements available to the public during the tax year.	,	αι		
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	DAWN BYRNE - (202) 347-0040				
	10 G STREET, NE, NO. 500, WASHINGTON, DC 20002				
	TO G DIRECT, NE, NO. 300, WASHINGTON, DC 20002			225	

332006 12-21-23

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

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

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

- 1a 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	orga 	111120	(0		про	iout	(D)	(E)	(F)
Name and title	Average		not cl	heck		than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC/	from the
	related	istee (trustee		ao	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) JENNIE MURRAY	38.00									
PRESIDENT&CEO	2.00			Х				261,820.	13,780.	32,990.
(2) DAWN BYRNE	38.00									
CHIEF FINANCIAL & ADMIN OFFICER	2.00			X				174,271.	9,172.	49,430.
(3) EMILY FOSTER	40.00									
VP OF CORPORATE ENGAGEMENT	0.00					Х		182,000.	0.	7,455.
(4) ADAM ESTLE	37.00					l		100 000	10 110	25 252
VP OF FIELD AND CONSTITUENCIES	3.00					Х		128,872.	10,449.	37,378.
(5) JEANNE M ATKINSON	39.00					x		167 071	1 201	2 511
CHIEF PROGRAMS OFFICER	34.00					^		167,071.	4,284.	2,511.
(6) LAURENCE BENENSON VP OF POLICY AND ADVOCACY	6.00					Х		121,571.	21,454.	11,711.
(7) DANIEL GORDON	36.00					^		121,371.	21,434.	11,/11•
VP OF STRATEGIC COMMUNICATIONS	4.00					x		112,127.	12,458.	24,731.
(8) REBECCA TALLENT	5.00							112,127	12,450.	24,7314
CHAIR		х		х				0.	0.	0.
(9) AKSHAY KHANNA	5.00							2 -		
VICE CHAIR		х		Х				0.	0.	0.
(10) ELIZABETH NEUMANN	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) ADRIAN BOTA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) EVELYN DEJESUS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SUZE FRANCOIS	1.00							_	_	
DIRECTOR		Х						0.	0.	0.
(14) GLENN HAMER	1.00							•	•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) SHIRLEY HOOGSTRA	1.00	,,						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) SARAH LENTI	1.00	х						0.	0.	_
DIRECTOR (17) CHANDLER MORSE	1.00	^	\vdash		_	\vdash		U •	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIVECTOR		Δ						U •	0.	- 000

332007 12-21-23

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C						
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average			Posi	more	than		Reportable	Reportable			timated	
	hours per week			ess per nd a di				compensation from	compensatior from related	1		nount of other	
	(list any	to						the	organizations			pensatio	าท
	hours for	director				p.		organization	(W-2/1099-MIS			om the	"
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizatio	า
	organizations	Itrus	nal tru		oyee	omo:		1099-NEC)			an	d related	l
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anization	S
	line)	Pu	lns	# 6	Key	Hig	윤						
(18) MARK PROSSER	1.00	X						0.		0.			Λ
DIRECTOR (19) MIREYA REITH	1.00	_	-			┢	_	0.		0.			0.
DIRECTOR	1.00	X						0.		0.			0.
(20) REV. MARK SEITZ	1.00	1	\vdash			\vdash		•		•			
DIRECTOR		\mathbf{x}						0.		0.			0.
(21) MUSTAFA TAMEEZ	1.00	+				t							
DIRECTOR		x						0.		0.			0.
(22) GREGORY ZOELLER	1.00												
DIRECTOR	1.00	x						0.		0.			0.
		1											
						<u> </u>							
		-											
1h Subtotal							<u> </u>	1,147,732.	71,59	7.	16	6,20	6.
1b Subtotal c Total from continuation sheets to Part \	/II Section A							0.	, _ , _ ,	0.			0.
d Total (add lines 1b and 1c)								1,147,732.	71,59	7.	16	6,20	6.
2 Total number of individuals (including but								eceived more than \$100					
compensation from the organization						•			•				12
												Yes I	No
3 Did the organization list any former office	r, director, trust	ee, l	key (empl	loye	e, o	hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		<u>X</u>
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	50,000? If "Yes,	," cc	mpl	ete S	Sche	edul	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nplete Schedui	e J i	for s	uch _l	pers	son					5		X
Section B. Independent Contractors		-1					4	W	\$100,000 of a series		-414		
1 Complete this table for your five highest c the organization. Report compensation fo	-									pens	ation	rom	
(A)	trie caleridar y	cai	enui	iiig w	VILII	OI W	<u> </u>	(B)	year.		(0	٠,	
Name and busines	s address							Description of s	ervices	С		nsation	
MONUMENT POLICY GROUP, 9	75 F ST	RE:	ET	, N	M/	,		RECRUITMENT	&				
SUITE 400B, WASHINGTON,	DC 2000	4					ļ	RELATIONSHIP			18	0,41	8.
							_						
							\dashv						
Total number of independent contractors	(including but r	ot li	mito	d to	tho	so li	l	d above) who received m	oro than				

Form **990** (2023)

\$100,000 of compensation from the organization

				10I'	NAL I	MMI	GRATION	FORUM		13-1776	711 Page 9
Pa	rt V	/	Statement of Re	veni	ue						
			Check if Schedule O	conta	ins a resp	onse	or note to any li				
								(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, G		С	Fundraising events								
iift ar /											
s, (mil			Government grants (contr								
ion r Si		f	All other contributions, gifts,	grants	, and						
but			similar amounts not included	-		6,	268,085.				
Jet JOI		a	Noncash contributions included in				<u> </u>	-			
Col		_	Total. Add lines 1a-1f					6,268,085.			
							Business Code				
ø	2	а	PROGRAM SERVI	CE	INCO	ME	900099	229,052.	229,052.		
Z (_	b							,		
Sel		c									
Program Service Revenue		d									
		e									
Pro		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					229,052.			
	3	<u> </u>	Investment income (includ					,			
	_		·	_				173,593.			173,593.
	4		Income from investment of								
	5		Royalties		•						
	Ŭ		110yunios		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a				-			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c				-			
			Net rental income or (loss)								
			Gross amount from sales of	/ <u> </u>	(i) Secur	ities	(ii) Other				
	b L c F d N 7 a G	assets other than inventory	7a	(1) 000011		(.,, 5	-				
		h	Less: cost or other basis	14				-			
ē			and sales expenses	7b							
evenue		_	Gain or (loss)	7c				-			
			Net gain or (loss)								
er			Gross income from fundraisir			···	T				
Other F	o	u	including \$								
			contributions reported on								
			Part IV, line 18		-	8a					
		h	Less: direct expenses				+				
			Net income or (loss) from				I				
			Gross income from gamin		Ū						
	·	-	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I	-	-	Ĭ <u></u>	T				
		_	and allowances			10a					
		h	Less: cost of goods sold				+				
			Net income or (loss) from				•				
		_	THE INCOME OF 1033/ HOTHS	Juico	OT HIVEIR	∪ 1 y	Business Code				
snc	11	a	HONORARIUM				900099	1,250.			1,250.
ne			REIMBURSEMENT	'S			900099	445.			445.
ella		C									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					1,695.			
	12	_	Total revenue. See instructio					6,672,425.	229,052.	0.	175,288.
								, , , , , ,	- ,		

Total revenue. See instructions

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

0001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	514,390.	420,972.	53,597.	39,821
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,466,749.	2,060,119.	157,707.	248,923
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105,676.	90,160.	4,240.	11,276
9	Other employee benefits	311,433.	262,376.	16,323.	32,734
10	Payroll taxes	213,767.	176,308.	16,425.	21,034
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,418.		1,418.	
С	Accounting	18,780.		18,780.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,629,791.	1,600,422.	5,020.	24,349
12	Advertising and promotion	96,368.	96,368.		
13	Office expenses	79,359.	69,649.	4,920.	4,790
14	Information technology				
15	Royalties				
16	Occupancy	6,349.	4,819.	510.	1,020
17	Travel	239,257.	230,786.	250.	8,221
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,809.	136,561.	94.	154
20	Interest	388.		388.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	352,022.	280,766.	38,140.	33,116
23	Insurance	22,203.		22,203.	
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 0.)				
а	DUES AND PUBLICATIONS	266,478.	238,327.	2,606.	25,545
b	COMMISSARY	21,248.	14,147.	5,453.	1,648
C	RECRUITMENT	1,367.	632.	525.	210
d		_,			
e	All other expenses			+	
25	Total functional expenses. Add lines 1 through 24e	6,483,852.	5,682,412.	348,599.	452,841
26	Joint costs. Complete this line only if the organization	.,,	.,,	,	,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-21-23				Form 990 (2023

Ра	ILΛ	balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			694,544.	1	347,687.
	2	Savings and temporary cash investments	6,472,370.	2	7,826,548.		
	3	Pledges and grants receivable, net	814,508.	3	428,880.		
	4	Accounts receivable, net		F	40,000.	4	46,905.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		· ·		5	
	6	Loans and other receivables from other disqua		T T			
		under section 4958(f)(1)), and persons describe	-	·		6	
Ø	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			17,517.	9	
	1	Land, buildings, and equipment: cost or other	I I		•		
		basis. Complete Part VI of Schedule D	10a	1,256,616.			
	l b	Less: accumulated depreciation			156,554.	10c	151,995.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		T		14	
	15	Other assets. See Part IV, line 11	3,359,184.	15	2,645,460.		
	16	Total assets. Add lines 1 through 15 (must equ			11,554,677.	16	11,447,475.
	17	Accounts payable and accrued expenses	352,911.	17	366,068.		
	18	Grants payable	332,7223	18			
	19	Deferred revenue	70,000.	19			
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or form		T			
Liabilities		trustee, key employee, creator or founder, subs					
iq		controlled entity or family member of any of the		i i		22	
Ë	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate		T		24	
	25	Other liabilities (including federal income tax, pa		T			
		parties, and other liabilities not included on line					
		of Schedule D	3,287,491.	25	3,048,559.		
	26	Total liabilities. Add lines 17 through 25			3,710,402.	26	3,414,627.
		Organizations that follow FASB ASC 958, ch		77	07.20720	20	0,122,02.0
es		and complete lines 27, 28, 32, and 33.	ook nei	· ==			
anc	27	Net assets without donor restrictions	3,411,505.	27	3,460,578.		
Bal	28	Net assets with donor restrictions	4,432,770.	28	4,572,270.		
p		Organizations that do not follow FASB ASC					
Ŀ		and complete lines 29 through 33.	500, OII				
٩	29	Capital stock or trust principal, or current funds	:			29	
ets	30	Paid-in or capital surplus, or land, building, or e		F		30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	7,844,275.	32	8,032,848.
2	33	Total liabilities and net assets/fund balances			11,554,677.	33	11,447,475.
	J	TOTAL HADIIILES ATTO HEL ASSELS/TUTTO DAIAFICES			,,	აა	

Form	1990 (2023) NATIONAL IMMIGRATION FOROM	T3-T1/(, ,	Pa	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		5,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,48	3,8	52.
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,84	4,2	75.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,03	2,8	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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				
2a	7 1		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3а	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 requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL IMMIGRATION FORUM

Employer identification number

13-1776711 Part I 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). 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 33 1/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7062378.	6351121.	6105492.	4688800.	6268085.	30475876.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	7062378.	6351121.	6105492.	4688800.	6268085.	30475876.	
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)						6456916.	
_6	Public support. Subtract line 5 from line 4.						24018960.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	7062378.	6351121.	6105492.	4688800.	6268085.	30475876.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	35,610.	6,966.	744.	37,276.	173,593.	254,189.	
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.)	16,389.	4,328.	8,101.	15,550.	1,250.		
11	Total support. Add lines 7 through 10						30775683.	
12	Gross receipts from related activities,					12	728,703.	
13	First 5 years. If the Form 990 is for the	· ·	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stor							
	ction C. Computation of Publ					l l	70 05	
	Public support percentage for 2023 (14	78.05 % 83.58 %	
15	Public support percentage from 2022					15		
16a	33 1/3% support test - 2023. If the c	•		•		•		
	stop here. The organization qualifies as a publicly supported organization X							
	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
4-								
1/a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances to	-			-	47 15 46		
b	10% -facts-and-circumstances tes	_					10% or	
	more, and if the organization meets the				-			
10	organization meets the facts-and-circ							
IQ	Private foundation. If the organization	ni dia not check a	DUX OH IINE 13, 16	a, 100, 17a, 0r 17k	, CHECK THIS DOX 8		(Form 990) 2023	

Schedule A (Form 990) 2023

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

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

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	ization's benefit and either paid to or expended on its behalf						
_			+				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and stop here	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	a, or 190, check t	ins dux and see i	กรถนบเบกรี	

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

332024 12-21-23

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	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 belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported 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	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization 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.

330225 12-21-23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 NATIONAL IMMIGRATION FO	ORUM		13-1776711 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section R. line 8. column Δ)	3		

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

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

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
<u>i</u> _	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

13-1776711 Page 8 NATIONAL IMMIGRATION FORUM Schedule A (Form 990) 2023 Part VI 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, Se 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.)

SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLAN	ATION	FOR	OTHER	INCOME:
MISC	ELLAI	NEOU	S INC	COME							
2019	JOMA	JNT:	\$	16,	389.						
2020	AMOT	JNT:	\$	4,3	0.0						
2021	AMO	JNT:	\$	8,1	0.4						
REIM	BURSI	EMEN	ГТ								
2022	AMO	JNT:	\$	11,8	880.						
воок	SALI	ES									
2022	AMOT	JNT:	\$	1,8	70.						
HONO	RARIU	JM									
2022	OMA	JNT:	\$	1,8	00.						
			\$		- ^						
-											

Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL IMMIGRATION FORUM

Employer identification number

13-1776711

Organization type (check one):									
Filers of:		Section:							
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special I	Rules								
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$									
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

NATIONAL IMMIGRATION FORUM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

NATIONAL IMMIGRATION FORUM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Humo, address, and En 1 1	\$182,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL IMMIGRATION FORUM

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Name of organization Employer identification number

NATIONAL IMMIGRATION FORUM

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through (e) and the followir haritable, etc., contributions of \$	ng line entry. For or 6 1.000 or less for th	ganizations e year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional s	space is needed.		, · · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
1 4111				
-		(e) Transt	fer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(-) N -				
(a) No. from	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
Part I				
-		(a) Tuanat		
		fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from	(h) Durnoso of gift	(a) Uso of (nift	(d) Description of how gift is hold
Part I	(b) Purpose of gift	(c) Use of (yiit	(d) Description of how gift is held
		_		
			_	
		(e) Transf	fer of gift	
	Transferee's name, address, ar	nd 7 IP + 4	R	elationship of transferor to transferee
Ī				
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		-		
ļ		(e) Transt	fer of gift	
	Therestone	- d 71D . 4	_	alationahin of human forms to himself
+	Transferee's name, address, ar	10 ZIP + 4	- Re	elationship of transferor to transferee
			-	

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public

Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

		L IMMIGRATION FOR			13-1776711
Pa	rt I-A Complete if the org	ganization is exempt unde	r section 501(c) c	or is a section 527 o	rganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campains.	ures ign activities		\$	
Pa	rt I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501(c)(3).
	Enter the amount directly expended		•		
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for sec	ction 527	
	exempt function activities			\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b				
	Did the filing organization file ${\bf Form}$				
	Enter the names, addresses, and e	the state of the s	•	_	
	made payments. For each organiza				
	contributions received that were pr				te segregated fund or a
	political action committee (PAC). If	 		I	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

	`			MIGRATION F			776711 Page 2
Pa	art II-A	Complete if the org	janization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
		section 501(h)).					
Α	Check	if the filing organiza	tion belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
		expenses, and share	re of excess lobbying	expenditures).			
В	Check	if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						(b) Affiliated group totals
16	a Total lob	bying expenditures to influ	94,133.				
k		bying expenditures to influ				51,332.	
(bying expenditures (add li				145,465.	
(empt purpose expenditure				6,338,387.	
6	Total exe	empt purpose expenditure	es (add lines 1c and 1	d)		6,483,852.	
1	f_Lobbyin	g nontaxable amount. Ente	er the amount from th	e following table in bot	h columns.	474,193.	
	If the am	ount on line 1e, column (a) c	or (b) is: The lob	bying nontaxable am	ount is:		
	not over	\$500,000,	20% of	the amount on line 1e.			
	over \$50	0,000 but not over \$1,000	0,000, \$100,00	00 plus 15% of the exc	ess over \$500,000.		
		000,000 but not over \$1,5		00 plus 10% of the exc			
	over \$1,	500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	over \$17	7,000,000,	\$1,000	,000.		110 510	
•	•	ots nontaxable amount (er	,			118,548.	
ŀ		line 1g from line 1a. If zer	•			0.	
i		line 1f from line 1c. If zero				0.	
j		s an amount other than ze		line 1i, did the organiza	ation file Form 4720	Г	¬
	reporting	section 4911 tax for this	•			L	Yes No
		(Some organizations the	hat made a section 5	eraging Period Under 501(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
			Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
		alendar year I year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
28	a Lobbyin	g nontaxable amount	403,899.	421,393.	425,262.	474,193.	1,724,747.
k	L obbyin	g ceiling amount					

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount	403,899.	421,393.	425,262.	474,193.	1,724,747.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,587,121.			
c Total lobbying expenditures	65,681.	80,877.	71,398.	145,465.	363,421.			
d Grassroots nontaxable amount	100,975.	105,348.	106,316.	118,548.	431,187.			
e Grassroots ceiling amount (150% of line 2d, column (e))					646,781.			
f Grassroots lobbying expenditures	44,580.	55,857.	21,162.	94,133.	215,732.			

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description				(b	o)	
of the lobbying activity.			No	Amo	nount	
b c d e	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
g h i 2a b c	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection		
	501(c)(6).			Yes	No	
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year?	2 3 5), or se	ection		
	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	cal	2a 2b 2c			
5 Par	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions	oolitical	4 5			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II-/	A, lines 1 a	and 2 (see		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL IMMIGRATION FORUM

Employer identification number 13-1776711

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	rring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	1	
	Preservation of land for public use (for example, recreated	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included on line 2c acqu			
_	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, ar	nd enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and an	forcing concentration of	ecoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hard	uling of violations, and en	forcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	a caticfy the requirements	of section 170/h)(//)(R)	v(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
•	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	research in furtherand	e 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 tre			· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Similar <i>I</i>	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at make si	gnificant use	of its		
	collection items (check all that apply).									
а	Public exhibition	d	ı <u> </u>	oan or exc	hange progra	am				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exer	npt purpose	n Part >	III.	
5	During the year, did the organization solicit of									
_	to be sold to raise funds rather than to be ma								Yes	└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the o	organizatior	n answered "	Yes" on F	Form 990, Pa	t IV, line	∍ 9, or	
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	contributio	ns or other a	ssets not	included			
	on Form 990, Part X?							Ш	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
								Α	Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						ty?	Ш	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.						······			
Pai	t V Endowment Funds Complete if			rior year	(c) Two year		d) Three years	hack /	(a) Four v	ears back
		(a) Current year	(D) F	nor year	(C) TWO year	15 Dack (u) Tillee years	Dack (e) i oui y	Gai S Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the curr	ront year and balance	L (line 1	a column ()) hold as:					
	Board designated or quasi-endowment	•	% (iii e 1	y, coluitiii (a	ajj rielu as.					
b	Permanent endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posse	· ·	ation tha	t are held a	nd administe	ered for th	ne			
-	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	', line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation	(0	d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			49	1,482.	4	91,482	•		0.
	Equipment									
	Other			76	5,134.	6	13,139	•	151	,995.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, column	(B))				151	,995.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 NATIONAL IMM Part VII Investments - Other Securities		1011	3-1776711 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) SECURITY DEPOSITS			28,178.
(2) RIGHT-OF-USE ASSETS - OPER	RATING LEASE		2,617,282.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		2,645,460.
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			3,048,559.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

3,048,559.

(3) (4) (5) (6) (7) (8)

Sche	dule D (Form 990) 2023 NATIONAL IMMIGRATION FORUM		13-1776711 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5			5
Pa	t XIII Supplemental Information		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line	e 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 addit	tional information.	
.	NM W T TAKE O		
PAI	RT X, LINE 2:		
miti		ITDANION DULAMINI	
TUI	ORGANIZATION FOLLOWS THE AUTHORITATIVE GU	DIDANCE RELATING	G TO ACCOUNTING
EΩI	O IINGEDMATNMY IN INGOME MAYEG INGI IDED IN A	ACCOUNTED CENTRE	ממגת
r OI	R UNCERTAINTY IN INCOME TAXES INCLUDED IN A	ACCOUNTING STAIN	DARDS
COI	DIFICATION TOPIC 740-10, INCOME TAXES. THES	TE DECUTETONE D	DOMEDE
COI	DIFICATION TOPIC /40-10, INCOME TAXES. THES	DE PROVIDIOND P	KOAIDE
COI	SISTENT GUIDANCE FOR THE ACCOUNTING FOR UN	ICEDMATNOV TNI TI	NCOME TAVEC
<u> </u>	ADIDIDATE GOIDANCE FOR THE ACCOUNTING FOR OF	ACTIVITATION TO	MCOUR IVVED
ם בי	COGNIZED IN AN ENTITY'S FINANCIAL STATEMENT	יק אאט ספבקרפדם	Ε Δ ΤΗΡΕΟΗΟΙ.Τ
1/11/	COULTRY IN WIN ENTITLE DELINANCIAL DIVIDUENT	O WIN I KENCKID	T WINDSHORD
ЭOF	"MORE LIKELY THAN NOT" FOR RECOGNITION AND) DERECOGNITION	ОЕ ТАХ
<u> </u>	HOW DIVIDIT THAN NOT FOR RECOGNITION AND	, PERECOGNITION	OI IAA

UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

Part XIII Supplemental Information (continued)
THE YEAR ENDED DECEMBER 31, 2023 AND DETERMINED THAT THERE WERE NO MATTERS
THAT WOULD REQUIRE RECOGNITION ON THE CONSLIDATED FINANCIAL STATEMENTS OR
THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF
LIMITATIONS GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S.
FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN
WHICH THE ORGANIZATION FILES TAX RETURNS.
0.1.1.7/5 000,000

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.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL IMMIGRATION FORUM

 $Employer\ identification\ number \\ 13-1776711$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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 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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the very did any payon listed on Forms CCC Part VIII. Continue A. line 15 with respect to the filling			
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: Receive a severance payment or change-of-control payment?	4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of the experience and provide the applicable affective for each term in the experience and provide the applicable affective for each term.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIE MURRAY	(i)	261,820.	0.	0.	19,636.	11,704.		0.
PRESIDENT&CEO	(ii)	13,780.	0.	0.	1,034.	616.		0.
(2) DAWN BYRNE	(i)	174,271.	0.	0.	14,120.	32,839.		0.
CHIEF FINANCIAL & ADMIN OFFICER	(ii)	9,172.	0.	0.	743.	1,728.		0.
(3) EMILY FOSTER	(i)	182,000.	0.	0.	5,490.	1,965.	189,455.	0.
VP OF CORPORATE ENGAGEMENT	(ii)	0.	0.	0.	0.	0.		0.
(4) ADAM ESTLE	(i)	128,872.	0.	0.	10,129.	24,446.		0.
VP OF FIELD AND CONSTITUENCIES	(ii)	10,449.	0.	0.	821.	1,982.		0.
(5) JEANNE M ATKINSON	(i)	167,071.	0.	0.	2,413.	35.	169,519.	0.
CHIEF PROGRAMS OFFICER	(ii)	4,284.	0.	0.	62.	1.	4,347.	0.
(6) LAURENCE BENENSON	(i)	121,571.	0.	0.	9,194.	760.		0.
VP OF POLICY AND ADVOCACY	(ii)	21,454.	0.	0.	1,623.	134.	23,211.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL IMMIGRATION FORUM 13-1776711 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: POLICY EXPENSES \$ 934,139. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 40,000.** AWARDS EVENT EXPENSES \$ 348,706. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ASSOCIATES AND GOVERNANCE EXPENSES \$ 118,970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORUM'S FORM 990 IS FIRST PREPARED BY ITS INDEPENDENT ACCOUNTANTS, AND THEN REVIEWED BY THE FINANCE DEPARTMENT, THEN THE EXECUTIVE TEAM, INCLUDING

PRESIDENT AND CEO, BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO MEMBERS OF THE BOARD OF DIRECTORS AND STAFF. THE POLICY IS REVIEWED AT THE BOARD OF DIRECTORS AND STAFF MEETINGS AT LEAST ANNUALLY. ALSO, BOARD MEMBERS AND STAFF RECEIVE A HARD COPY OF THE POLICY ANNUALLY AND MUST SIGN TO ACKNOWLEDGE RECEIPT AND UNDERSTANDING AND TO AGREE TO ADHERE TO THE POLICY. THE BOARD OF DIRECTOR IS ASKED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO RELATIONSHIPS AND BUSINESS TRANSACTIONS ANNUALLY. DETERMINATIONS ARE MADE AT THE MANAGEMENT LEVEL FOR STAFF AND AT THE BOARD LEVEL FOR MANAGEMENT LEVEL STAFF AND BOARD MEMBERS.

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

Schedule O (Form 990) 2023

Employer identification number 13-1776711

THE FORUM BOARD ADOPTED A CONFLICT OF INTEREST POLICY IN 1998. THE CURRENT CONFLICT OF INTEREST POLICY AND SEPARATE WHISTLEBLOWER POLICY WERE UNANIMOUSLY ADOPTED BY THE BOARD OF DIRECTORS IN 2008. THE BOARD INTENDED THIS TO COMMUNICATE TO STAFF THAT THE BOARD WILL SUPPORT ANY STAFF PERSON WHO REPORTS POSSIBLE CONFLICTS OF INTEREST OR ILLEGAL BEHAVIOR UNDER THESE POLICIES.

FINANCIAL CONTROLS ARE IN PLACE TO SAFEGUARD AGAINST FINANCIAL CONFLICT OF

INTEREST. PERSONS WITH A POTENTIAL CONFLICT ARE PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE

TRANSACTION BEING REVIEWED/INVESTIGATED.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE

COMPENSATION COMMITTEE FOR THE PRESIDENT AND CEO. THE COMMITTEE IS ASKED TO

COMPLETE A QUESTIONNAIRE TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND

CEO. THE QUESTIONNAIRE GATHERS QUALITATIVE AND QUANTITATIVE EVALUATIONS.

THE BOARD CHAIR MEETS WITH THE PRESIDENT AND CEO TO COMMUNICATE THE RESULTS

OF THE EVALUATION. COMPENSATION DECISIONS ARE BASED ON SEVERAL

CONSIDERATIONS INCLUDING PERFORMANCE, FINANCIAL POSITION OF THE

ORGANIZATION, GROWTH OF THE ORGANIZATION, COMPENSATION OF OTHER NON PROFIT

ORGANIZATIONS IN THE WASHINGTON, DC AREA AND THE FEDERAL GOVERNMENT.

OTHER STAFF COMPENSATION DECISIONS ARE BASED ON MAINTAINING HIGH LEVEL OF
PERFORMANCE, FINANCIAL POSITION OF THE ORGANIZATION, COMPENSATION OF OTHER
NON PROFIT ORGANIZATIONS IN THE WASHINGTON, DC AREA AND THE FEDERAL
GOVERNMENT. COMPENSATION DECISIONS ARE MADE BY AT LEAST TWO MANAGERS,
INCLUDING THE PRESIDENT AND CHIEF FINANCIAL OFFICER.

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization NATIONAL IMMIGRATION FORUM	Employer identification number 13-1776711
THE PROCESS WAS LAST CONDUCTED IN DECEMBER 2022.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING CO	PY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME	E, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT	T,VT,VA,WA,WV,WI,WY
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RE	EQUEST OF THE
MANAGEMENT OF THE ORGANIZATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	1,446,599.
MANAGEMENT AND GENERAL EXPENSES	5,020.
FUNDRAISING EXPENSES	24,199.
TOTAL EXPENSES	1,475,818.
RECRUITMENT & RELATIONSHIP:	
PROGRAM SERVICE EXPENSES	135,000
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	135,000.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	18,823.
MANAGEMENT AND GENERAL EXPENSES	0.
332212 11-14-23	Schedule O (Form 990) 2023

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL IMMIGRATION FORUM

Employer identification number 13-1776711

Part I Identification of Disregarded Entitles. Complete	te ii the organization answered Tes	Offi Offi 990, Part IV, life 30	J.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea	r assets Direct c	(f) ontrolling atity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, l	pecause it had on	e or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr enti	ity?
NATIONAL IMMIGRATION FORUM ACTION FUND -				501(c)(3))		Yes	No
26-4718617, 10 G STREET, NE, SUITE 500, WASHINGTON, DC 20002	IMMIGRATION POLICY ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)		NATIONAL IMMIGRATION FORUM	x	
,							

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

Schedule R (Form 990) 2023

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

organisation transfer and a partition in partition of the control													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage		
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		tions?	20 of Schedule	partne	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
	1												
	1												
											 		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
-	1								
	I	12							

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
		1 b		Х				
С	Gift, grant, or capital contribution from related organization(s)	1c		Х				
		1d		Х				
	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		Х				
		1g		Х				
		1h		Х				
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
1		11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х					
0	Sharing of paid employees with related organization(s)	10	X					
р	Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets throm related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Method of determining amount involved in the property of the determining amount invol			X				
q	Reimbursement paid by related organization(s) for expenses	1q	X					
				37				
		1r		X				
		1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							
	Name of related organization Transaction Amount involved Method of determining amount involved Method of determining amount involved	olved						
1)]	NATIONAL IMMIGRATION FORUM ACTION FUND N 74,032.FMV							

248,743. ACTUAL AMOUNT TRACKED TIME (2) NATIONAL IMMIGRATION FORUM ACTION FUND 0 (3) NATIONAL IMMIGRATION FORUM ACTION FUND 391,647. ACTUAL AMOUNT PAID Q (4) (5)

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0

332 165 09-28-23 Schedule R (Form 990) 2023 4 5