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



Department of the Treasury Internal Revenue Service

АГ		2023 calendar year, or tax year beginning and e	enaing					
B C	heck if pplicable:	C Name of organization		D Employer identification number				
	Address	NATIONAL ITALIAN AMERICAN FOUNDATION, I						
	Name Change	Doing business as		52-10717	23			
	Initial		Room/suite	E Telephone numbe				
	Final	1860 19TH STREET, NW	nooni/suite	(202)387				
L	⊥return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,127,988.			
	Amende			H(a) Is this a group re				
	Applica tion			for subordinates				
	pending	SAME AS C ABOVE		H(b) Are all subordinates ir				
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 🗌 527		list. See instructions			
	Vebsite			H(c) Group exemptio				
ΚF	orm of o	organization: Corporation Trust X Association Other	L Year	of formation: 1975	VI State of legal domicile: DC			
Pa	nrt I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities: $\ {f THE} \ {f F}$	FOUNDA	TION PROVID	ES ALL			
Activities & Governance		TALIAN AMERICANS WITH A NATIONAL HEADQUAN						
rna	2 (Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.			
Š	3 N	Jumber of voting members of the governing body (Part VI, line 1a)			50			
Ğ	4 M	lumber of independent voting members of the governing body (Part VI, line 1b)			50			
se 8	5 T	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			12			
vitie	6 T	otal number of volunteers (estimate if necessary)		6	29			
<u>(cti</u>	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b١	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
ø	8 (Contributions and grants (Part VIII, line 1h)		2,557,025.	2,343,745.			
nue	9 F	Program service revenue (Part VIII, line 2g)		2,249,683.	2,253,508.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		271,939.	224,504.			
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,078,647.	4,821,757.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	- 4 4 F			720,265.	793,972.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 1,376,077.	0. 1,468,960.			
sesue	15 S 16a F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.			
xpenses	15 S 16a F b T	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	25.	0. 1,376,077. 0.	0. 1,468,960. 0.			
Expenses	15 S 16a F b T 17 C	Calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25.	0. 1,376,077. 0. 2,759,636.	0. 1,468,960. 0. 3,252,915.			
Expenses	15 S 16a F b T 17 C 18 T	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 100, 82 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25.	0. 1,376,077. 0. 2,759,636. 4,855,978.	0. 1,468,960. 0. 3,252,915. 5,515,847.			
	15 S 16a F b T 17 C 18 T 19 F	Calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25.	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090.			
	15 S 16a F b T 17 C 18 T 19 F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	25. Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year			
	15 S 16a F b T 17 C 18 T 19 F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	25. Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364.			
	15 S 16a F b T 17 C 18 T 19 F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	25. Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032. 856,302.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364. 798,195.			
Net Assets or Fund Balances	15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Ret assets or fund balances. Subtract line 21 from line 20	25. Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364.			
D Net Assets or b Eund Balances	15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N 17 II	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Let assets or fund balances. Subtract line 21 from line 20 Signature Block	85. Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032. 856,302. 11,547,730.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364. 798,195. 11,436,169.			
Def Net Assets or Balances	15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N ort II er penalt	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Let assets or fund balances. Subtract line 21 from line 20 Signature Block lies of perjury, I declare that I have examined this return, including accompanying schedules	Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032. 856,302. 11,547,730.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364. 798,195. 11,436,169.			
Def Assets or Balances	15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N ort II er penalt	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Let assets or fund balances. Subtract line 21 from line 20 Signature Block	Be	0. 1,376,077. 0. 2,759,636. 4,855,978. 222,669. ginning of Current Year 12,404,032. 856,302. 11,547,730.	0. 1,468,960. 0. 3,252,915. 5,515,847. -694,090. End of Year 12,234,364. 798,195. 11,436,169.			

Sign	Signature of officer		Date						
Here	ROBERT V. ALLEGRINI, PRESI	IDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	l .					
Paid			11/15/24 self-employed						
Preparer	Firm's name CST GROUP, CPAS, 1		Firm's EIN 54-1019	9610					
Use Only	Firm's address 10740 PARKRIDGE BI	LVD 5TH FLOOR							
	RESTON, VA 20191-4	4424	Phone no. (703) 39	91-2000					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 2
Par	t III 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 NATIONAL ITALIAN AMERICAN FOUNDATION (NIAF) IS A NONPROFIT,
	NONPARTISAN EDUCATIONAL FOUNDATION THAT PROMOTES ITALIAN AMERICAN
	CULTURE AND HERITAGE. THE NIAF SERVES AS A RESOURCE IN THE ITALIAN
	AMERICAN COMMUNITY AND HAS EDUCATIONAL AND YOUTH PROGRAMS INCLUDING
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	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, 206, 267. including grants of \$793, 972.) (Revenue \$404, 711.)
та	SCHOLARSHIPS/ GRANTS: APPROXIMATELY \$794K WAS AWARDED FOR GRANTS,
	SCHOLARSHIPS AND OTHER EDUCATION PROGRAMS. SCHOLARSHIPS WERE PRESENTED
	TO STUDENTS AT THE COLLEGE AND GRADUATE LEVELS. GRANTS WERE AWARDED FOR
	SUCH CATEGORIES AS GENERAL UNDERGRADUATE, WOMEN'S STUDIES, ITALIAN
	LANGUAGE, COMMUNICATIONS, ETC.
4b	(Code:) (Expenses \$1,895,931. including grants of \$) (Revenue \$1,071,528.)
	GALA DINNER: AN ANNUAL EVENT THAT HONORS DISTINGUISHED ITALIAN AMERICAN
	MEN AND WOMEN WHO HAVE MADE SUBSTANTIAL CONTRIBUTIONS TO THEIR
	PROFESSIONS IN SUCH FIELDS AS EDUCATION, HUMANITARIANISM, BUSINESS,
	ENTERTAINMENT, SCIENCE, AND SPORTS. PROCEEDS FROM THE DINNER SUPPORT
	NIAF'S CULTURAL, SCHOLARSHIP, AND EDUCATIONAL PROGRAMS.
4c	(Code:) (Expenses \$287,167. including grants of \$) (Revenue \$)
	MEMBER SERVICES: TIERED MEMBERSHIP PROGRAM OFFERING VARIOUS
	OPPORTUNITIES FOR EACH LEVEL OF MEMBERSHIP. MEMBERSHIP SUPPORT HAS
	ALLOWED NIAF TO EXPAND ITS MANY YOUTH PROGRAMS, SCHOLARSHIP OFFERINGS
	AND GRANT AWARDS TO THOUSANDS OF DESERVING ITALIAN AMERICANS THROUGHOUT
	THE COUNTRY.
<u> </u>	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 204,785. including grants of \$) (Revenue \$ 727,924.)
4.	
4e	Total program service expenses 3,594,150. Form 990 (2023)
333000	12-21-23
002002	2

NATIONAL	ITALIAN	AMERICAN	FOUNDATION	, INC	52-1
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Part IV Checklist of Required Schedules Yes No. 1 Is the organization described in Schedule (3) (3) of 437(3)(1) (other than a private foundation)? If X 2 2 Is the organization eragen of index on index of policy activities on behalf of or in opposition to candidates for public office? If Yiss, "complete Schedule (2, Part I 3 X 3 Exection 501(6)(2) organization. D the organization eragen on totology activities on here a section 501(9) election in effect during the tax year? If Yiss, "complete Schedule (2, Part I 4 X 4 Section 501(6) organization. D the organization eragen in totology activities on there a section 501(9) election in effect during the tax year? If Yiss, "complete Schedule (2, Part I 4 X 5 Schedule 50(1) (3) organization activities on any avriain traves accents in towich denos have the right to provide activities and accomentation activities are accents in towich denos planes. 6 X 7 D DD the organization matrix an explore the schedule 20 (Part I) 6 X 9 D DD the organization eragen in botto is that accomplete Schedule 20, Part I 6 X 9 D DD the organization account for towast of any heritation traves and heritation account for the schedule 20, Part I 7 X 9 D D	Form	990 (2023) NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071	723	Р	age 3
1 Is the organization described in sections 501(p)(g) or 4047(q)(1) (other than a private foundation)? 1 X 2 Is the organization requiped in direct or index positive and page activities on balaf of or incorporations on additional organization requiped in lobbying activities, or have a section 501(h) election in effort index or index positive and page activities, or have a section 501(h) election in effort index page 10 (h)	Par	t IV Checklist of Required Schedules			
If "Yes," complete Schedule A. 1 X 2 1s the organization required to complete Schedule P. Contributions '7 See instructions 2 X 3 Def the organization required to complete Schedule P. Pert I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "yes," complete Schedule C. Part II. 4 X 5 Is the organization reavers on 501(c)(4). 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 801(3) (7 Yes," complete Schedule C. Part II. 6 X 5 Did the organization required to fold a contervation assertment. Indicator any solital masses of 2 Yes," complete Schedule D. Part I 8 X 9 Did the organization required to fold a contervation assertment in Class assects. The Yes, " complete Schedule D. Part II. 8 X 9 Did the organization required to active strong or schedule defined assects. The Yes, " complete Schedule D. Part II. 8 X 9 Did the organization required to active strong or schedule defined assects. The Yes, " complete Schedule D. Part VI. 10 X 10 Did the organization required the management, redd repart, or debt negotiation services? 1 X 11 H				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Contribution 7 See instructions 2 X 3 DD the organization regulate Schedule 0, Part I 3 X 4 Section 501(tp(3) organizations. Did the organization range in lobbying activities, or have a section 501(tp) election in effect of under the organization activity of the organization in investment of the organization activity of theory of t	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in cliect or induced policeal campaign activities on behalf of or in opposition to candidate for public officer 17 Yes, "complete Schedule 0, 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 dring the tax year // Yes, "complete Schedule C, Part II 4 X 5 Is the organization match and other on any similar fundes or any similar fundes or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Mink or any somilar beserve open space. The environment, historic land areas, or thistoric structures? If Yes, "complete Schedule D, Part II 6 X 7 IX 8 X 7 X 8 Did the organization match and correst of the similar assets? If Yes, "complete Schedule D, Part II 8 X 9 Did the organization match and environments. 9 X 7 X 9 Did the organization match and accenservation digesaments to preserve open space. The environment in Part X, Ime 21, Part IX 8 X 9 Did the organization report an amount in Part X, Ime 21, Part IX, Ime 10, Part IV 8 X 10 Did the organization report an amount for thend, buiidings, and equipment in Part X, Ime 12, that is 5% or		If "Yes," complete Schedule A			
public officing 'f integrit 'complete Schedule C, Part I 3 X 4 Sectors 05(16)(3) organizations. Did the organization engage in lobbying activities, or have a sectors 05(16) election in effect 4 X 5 Is the organization a section 501(6)(6). 501(6)(6) organization the receives membership dues, assessments, or similar amounts as defined in Nev. Proc. 98:197. If Yag, 'complete Schedule C, Part II 6 X 6 Did the organization receive or hold a conservation essement, including assemants to preserve open space, the evicinement, historical transurs, or victors of vice, 'complete Schedule D, Part II 6 X 7 Z X 8 X 8 X 8 Did the organization receive or hold a conservation essement, including assemants to preserve open space, the evicinament, historical transurs, or order transurs, order transurs, order transurs, order transurs, order transurs, or order tran	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Sectors 501(c)3 arguinzations. Dd the organization ergage in lobbying activities, or have a section 501(b) election in effect during the tax year? if "Yes," complete Schedule C, Part II 4 X 5 Is the organization assets on 501(b) (e), 501(c)(b),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the fix year? if Yes,* complete Schedule C, Part I 4 X 5 is the organization a section S01(C)(4), 501(C)(5) or 501(C)(5) o		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that neeves membership dues, assessments, or similar amounts as defined in Rev. Proc. 9619? if "Yes," complete Schedule C, Part II 5 X 6 Dot the organization maintain any donor advased funds or any similar lunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Dot the organization relation control on contervation essemers, including essements to preserve open space. 7 X 8 Dot the organization relations of advastor and the transures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Dot the organization relation amount in Part X, line 21, for escrew or custodial account lability serve as a custodian for amounts not listed in Part X, or provide ordid counseling, debt management, credit repair, or debt negolation services? 9 X 10 Did the organization report an amount for investments -other securities in Part X, line 10, IV, Wil, W, or, or X, a applicable. 10 X 11 If the organization report an amount for investments -other securities in Part X, line 12, Ire 13, with 35 for more of its total assets reported in Part X, line 137, Ire 14, Ves, "complete Schedule D, Part X 114 X 12 Did the organization report an amount for investments -other securities in Par	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98.197. #1%2; "complete Schedule Q, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "res," complete Schedule D, Part II 6 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "res," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical ressures, or other similar assets? If "res," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts no tilscin Part X, or provide credit conseling, debt management, credit repart, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 10 X 11 the organization report an amount for law settions is "Yes," then complete Schedule D, Part IV. 10 X 11 the organization report an amount for investments- orber securities in Part X, line 10? III "Yes," complete Schedule D, Part VIII 11 X 11 the organization report an amount for investments- program related in Part X, line 10? IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // */vs, * complete Schedule D, Part // B X Did the organization receive or hold a conservation assement, including assements by peerve open space, the environment, historic all areas, or historic structure? // */vs, * complete Schedule D, Part // B Did the organization organization of any rots of art, historical treasures, or other similar assets? // */vs, * complete Schedule D, Part // B Did the organization report an amount in Part X, line 12, for accow or custodial account liability: serve as a custodian for amounts on tisted in Part X, ione 21, Part // Did the organization report an amount for lack pailed organization, report any of the following questions is *Yes,* then complete Schedule D, Part V If the organization report an amount for lack pailed organization, report an amount for lack pailed organization. Did the organization report an amount for lack pailed organization is answer to any of the following questions is *Yes,* then complete Schedule D, Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part X Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? // *Yes,* complete Schedule D, Part X Did the	5				
provide advice on the distribution or investment of amounts in such fundo 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. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custolial account liability; serve as a custodian for amounts no tilsed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 D dth eorganization report an amount for investments - organization is "Yes," then complete Schedule D, Part X 11 X 13 D dth eorganization report an amount for investments - organization report an amount for investments - organization report an amount for investments - organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 13 D dth eorganization report an		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "ke," complete Schedule D, Part II. 7 X 8 X Did the organization maintain collections of work of ark, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for in quasi-endownents? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - organization report an amount for the liabilitis in Part X, line 25, If "Yes," complete Schedule D, Part X 11b X 14 Did the organization is labilify for unceratin tax positions under FIN 48 (ASC 7407) If "Yes," co	6				
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Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization a school described in section 170(b)(1)A(i)(i)? If "Yes," complete Schedule E 13 X 14a Did the organization and office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign organization report a total of 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 of gross income and contributions on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization orport m			11f	A	
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	21		21	x	
	332002				<u> </u> (2023)

332003 12-21-23

 Form 990 (2023)
 NATIONAL ITALIAN AMERICAN FOUNDATION, INC
 52-1071723
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i>	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or peter to any line in this Part V	38	Х	
ια	Check if Schedule O contains a reasonable or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Vca	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aLoEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
332004	12-21-23		990	(2023)
	4			/

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	_		77
				5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 TO			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible as charitable contributions?	-		60		x
h	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		- 23
U			0	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor?	7a	х	
				7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
-	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by tl	ne			
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:		1			
a	Gross income from members or shareholders	11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	104		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	130				
	Did the second state of th			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Eor~	990	(2022
332005	12-21-23			FULL	1000	17073

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NATIONAL ITALIAN AMERICAN FOUNDATION, INC

52-1071723 Page 5

332005 12-21-23

Form 990 (2023)

Form 990	(2023)
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Section A. Governing Body and Management

NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723

Page 6

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. X

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

4.0	Enter the number of verting members of the sevening body at the and of the territory	4.		50		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	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 0.			- A			
-	Enter the number of voting members included on line 1a, above, who are independent	1b		50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the			1			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		х
6	Did the organization have members or stockholders?				6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				x
	more members of the governing body?				7a		~
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			1	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		////:	11a	23	
					10-	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37	
	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 approva	l by ine	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				40-		X
	taxable entity during the year?				16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				4.02		
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ld 990	-T (section 5	01(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain)	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			licy, and	finano	cial	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo NATIONAL ITALIAN AMERICAN FOUNDATION, INC - (202)-93						
	1860 19TH ST NW, WASHINGTON, DC 20009						
							(202

Form 990 (2	023) NATIONAL ITALIAN AMERICAN FOUNDATION, INC	52-1071723	Page 7						
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.

• 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.

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

Name and title Average hours per weak (ist ary, builts ary, four since before and a stretch mater) before and a stretch mater) before ine) Personance before and related organization (W2-71099-NEC) Estimated componsation promited and related organizations (W2-7109-NEC) (1) ROBERT V. ALLBORINI PRESIDENT 40.000 X X 328,116 0.62,284. (2) GERALDINE JONES 40.000 X X 0.0.0.0. 0.0.0.0. (3) PETER J. ARDUINI VICE CHAIRMAN OF FUND DEVE 3.000 X X 0.0.0.0.0.0.0.0. (4) REINERT J. ASPROMONTE 3.000 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(A)	(B)			(0	C)			(D)	(E)	(F)
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(12) FRANK GIORDANO3.00XX0.0.0.EVP OF GOVERNMENT RELATIONXXX0.0.0.(13) ANTONIO GIORDANO, MD0.30XX0.0.0.AT LARGE MEMBERS OF EXECUTXX0.0.0.0.(14) GERARD S. LAROCCA3.00XX0.0.0.EVP OF NATIONAL MEMBERSHIPXX0.0.0.0.(15) JOSEPH D. LONARDO ESQ.3.00XX0.0.0.GENERAL COUNSELXX0.0.0.0.(16) ANITA BEVACQUA MCBRIDE3.00XX0.0.0.VICE CHAIR NATIONALXX0.0.0.0.(17) JOSEPH H. MOGLIA0.30X0.0.0.0.BOARD MEMBERXX0.0.0.0.	(11) MIKE A. FERGUSON	0.30									
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(14) GERARD S. LAROCCA3.00XX0.0.0.EVP OF NATIONAL MEMBERSHIPXXX0.0.0.(15) JOSEPH D. LONARDO ESQ.3.00XX0.0.0.GENERAL COUNSELXXX0.0.0.(16) ANITA BEVACQUA MCBRIDE3.00XX0.0.0.VICE CHAIR NATIONALXXX0.0.0.(17) JOSEPH H. MOGLIA0.30X0.0.0.BOARD MEMBERXX0.0.0.		0.30									
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(15) JOSEPH D. LONARDO ESQ.3.00XX0.0.0.GENERAL COUNSELXXX0.0.0.0.(16) ANITA BEVACQUA MCBRIDE3.00XX0.0.0.VICE CHAIR NATIONALXXX0.0.0.(17) JOSEPH H. MOGLIA0.30X0.0.0.BOARD MEMBERXX0.0.0.	(14) GERARD S. LAROCCA	3.00									
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(16) ANITA BEVACQUA MCBRIDE3.00XX0.0.VICE CHAIR NATIONALXX0.0.0.(17) JOSEPH H. MOGLIA0.30X0.0.0.BOARD MEMBERXX0.0.0.	(15) JOSEPH D. LONARDO ESQ.	3.00									
VICE CHAIR NATIONALXX0.0.0.(17) JOSEPH H. MOGLIA0.30X0.0.0.BOARD MEMBERX0.0.0.0.			Х		X				0.	0.	0.
(17) JOSEPH H. MOGLIA0.30X0.0.BOARD MEMBERX0.0.0.0.		3.00							_		
BOARD MEMBER X 0. 0. 0.			X		X				0.	0.	0.
		0.30	_ _						_		
	BOARD MEMBER		Х						0.	0.	

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Form 990 (2023)

	ITALIAN	IA	ME	RI	CA	N	FC	DUNDATION, INC	52-10)71	/23	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average	(-1-		Posi				Reportable	Reportable		Est	timated
	hours per		not cl , unles					compensation	compensatio	n	am	ount of
	week	offi	cer an	d a di	irecto	or/trus	tee)	from	from related]	(other
	(list any	ctor						the	organizations	s	comp	pensation
	hours for	r dire				eq		organization	(W-2/1099-MIS	iC/	fro	om the
	related	tee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anization
	organizations	ndividual trustee or director	nal tr		ƙey employee	duo		1099-NEC)			and	l related
	below	/idua	Institutional t	er	em pl	loyee	ner				orga	nizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(18) JOHN P. ROSA	0.30											
BOARD MEMBER		х						0.		0.		0.
(19) LOUIS E. TOSI ESQ.	0.30											
AT LARGE MEMBERS OF EXECUT		х						0.		0.		0.
(20) PATRICIA DE STACY HARRISON	0.30									~		
BOARD MEMBER	0.30	x						0.		0.		0.
	0.20	Δ						0.		<u> </u>		0.
(21) NICHOLAS R. CAIAZZO ESQ.	0.30											•
BOARD MEMBER		Х						0.		0.		0.
(22) GEORGE M. SIMEONE	3.00											
TREASURER		Х		Х				0.		0.		0.
(23) ANTHONY S. DISANDRO JR.	1.30											
SECRETARY		х		х				0.		0.		0.
(24) ALFONSO RUFFO	0.30											
BOARD MEMBER		х						0.		0.		0.
(25) ANTONIO DE MATTEIS	0.30	Δ						0.				0.
	0.30							0				0
BOARD MEMBER		Х						0.		0.		0.
(26) JOSEPH V. DEL RASO ESQ.	0.30											
BOARD MEMBER		Х						0.		0.		0.
1b Subtotal								495,738.		0.	92	2,662.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								495,738.		0.	92	2,662.
2 Total number of individuals (including but n									000 of reportable			-
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				2
												Yes No
3 Did the organization list any former officer,	director truct			mol	~~~~	~ ~r	hia			ſ		
	-		•	•							•	X
line 1a? If "Yes," complete Schedule J for s											3	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual			4	X
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	ual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m
the organization. Report compensation for	the calendar ye	ear e	endin	ıg wi	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)
Name and business	address							Description of s	ervices	С	ompen	
THE OMNI SHOREHAM HOTEL								VENUE FOR NIA				
2500 CALVERT ST. NW, WASH		п	с ·	201	۸۸	Q		FALL GALAS, 1			365	3,950.
· · · · · · · · · · · · · · · · · · ·					00	0	_					5,950.
CIPRIANI, 42ND STREET LES	-	C,	Т.	τU				VENUE FOR NIA			105	7 600
EAST 42ND STREET, NEW YOR								EVENTS AND MI			197	7,509.
ARIZONA BILTMORE, 2400 EA		OU	RI					VENUE FOR NIA				
AVENUE, PHOENIX, AZ 85016								PHOENIX REGIO	ONAL GAL		<u>158</u>	<u>3,234.</u>
GLEN OAKS CLUB, 175 POST	ROAD, O	LD						VENUE FOR NIA	AF'S			
WESTBURY, NEW YORK, NY 10	-							ANNUAL NEW YO			149	9,735.
QCORE GROUP, LLC								ONE OF TWO I				
6321 ALBRO LN, ALEXANDRIA	. VA 22	31	2					PROVIDERS FOR			135	5,491.
2 Total number of independent contractors (iii				1 + ~ +	thee							,.,
		or IIf	meo	1 10 1	0105 F	5 115	.eu	above, who received mo	ne ulati			
\$100,000 of compensation from the organiz		T NT	יעדד	mτ		, 	UT	שתפ			- (
SEE PART VII, SECTION	A CONT	ти	0A	т т,		ວ.		Q L L			rorm 3	990 (2023)
332008 12-21-23												

332008 12-21-23

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	(organization
	related	stee o	rustee			en sat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) DANIEL M. DILELLA	line)	-	=	10	Ϋ́	Ŧ	Fc			
BOARD MEMBER	0.30	x						0.	0.	0 .
(28) JOSEPH D. GULINO	0.30									
BOARD MEMBER		x						0.	0.	0.
(29) FRANK MATTEI	0.30									
BOARD MEMBER		х						0.	0.	0.
(30) DINO F. PETRONGOLO	0.30									
BOARD MEMBER		Х						0.	Ο.	0.
(31) CARL SCHRAMM	0.30									
BOARD MEMBER		Х						0.	0.	0.
(32) ALAN A. DAMBROSIO ESQ.	0.30									
BOARD MEMBER		Х						0.	0.	0.
(33) AURELIO DE LAURENTIIS	0.30									
BOARD MEMBER		Х						0.	0.	0.
(34) DOMINIC CAGLIOTI	0.30								0	0
BOARD MEMBER	0.30	Х						0.	0.	0.
(35) GERARD V. CENTIOLI BOARD MEMBER	0.30	x						0.	0.	0.
(36) ANDREA DELFINI	0.30	^						0.	0.	0.
BOARD MEMBER	0.30	х						0.	0.	0.
(37) JANET M. DIFIORE	0.30	- 11							••	
BOARD MEMBER		x						0.	0.	0.
(38) DEBRA DIMAGGIO ESQ.	0.30									
BOARD MEMBER		х						0.	0.	0.
(39) MICHAEL MATURO	0.30									
BOARD MEMBER		Х						0.	Ο.	0.
(40) MASSIMO PETRONE	0.30									
BOARD MEMBER		Х						0.	0.	0.
(41) PETER RIGUARDI	0.30									
BOARD MEMBER		Х						0.	0.	0.
(42) GARY J. SILVI	0.30									-
BOARD MEMBER		Х						0.	0.	0.
(43) NICK SINATRA	0.30								0	•
BOARD MEMBER	0.20	X						0.	0.	0.
(44) GIOVANNI COLAVITA BOARD MEMBER	0.30	x						0.	0.	0.
(45) FUCSIA NISSOLI FITZGERALD	0.30	^						U•	υ.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(46) JOSEPH GUCCIONE	0.30	<u> </u>							• •	0.
BOARD MEMBER		х						0.	0.	0.
	1	- × ×				I		~ ~ 	•	5.

								UNDATION, INC		1723
Part VII Section A. Officers, Directors, Tru	1	nplo	yee			ligh	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	۲.				lo yee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the organization
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		and related
	organizations	truste	al trus		yee	m pen				organizations
	below	dual t	ution	-	Key employee	st co	'n			organizationio
	line)	Individual trustee or director	Institutional trustee	Officer	Key e	Highest com pen sated em ployee	Former			
(47) STEFANO LUCCHINI	0.30									
BOARD MEMBER		X						0.	Ο.	0.
(48) CHARLES LYNCH	0.30									
BOARD MEMBER		X						0.	Ο.	0.
(49) KENNETH REALI	0.30									
BOARD MEMBER		x						0.	0.	0.
(50) PATRICK SALVI	0.30									
BOARD MEMBER		х						0.	0.	0.
(51) JOHN SILVESTRI	0.30									
BOARD MEMBER		х						0.	0.	0.
(52) ANGELO VIVOLO	0.30									
BOARD MEMBER		х						0.	0.	0.
		1								
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Total to Part VII, Section A, line 1c										

332201 04-01-23

					ITAL	IAN AMER	ICAN FOUNDA	ATION, INC	52-1071	723 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1	а	Federated campaigns		1a					
ant	•				1b	793,489.				
ອີຍີ			Fundraising events		1c	/ -				
Contributions, Gifts, Grants and Other Similar Amounts					1d					
nia:			Government grants (contrib		1e					
Sin			All other contributions, gifts, g							
her		•	similar amounts not included a		1f	1,550,256.				
ot ib		g	Noncash contributions included in lir		1g \$, ,				
		-	Total. Add lines 1a-1f		.914		2,343,745.			
0.0				<u></u>		Business Code	, , -			
Ð	2	а	GALA DINNER			900099	1,071,528.	1,071,528.		
vic	-	b	SPECIAL PROJECTS			900099	712,628.	712,628.		
Ser		ĉ	EDUCATION DEPARTMENT			900099	404,711.	404,711.		
E a		d	PUBLICATIONS REVENUE			541800	49,345.	,		49,345.
Program Service Revenue		e	OTHER			900099	15,296.	15,296.		
Pro		-	All other program service re	evenue			,	,		
		a	Total. Add lines 2a-2f				2,253,508.			
	3	3	Investment income (includi							
				•			240,092.			240,092.
	4 Income from investment of tax-exempt bond pr									
	5		Royalties		• •					
			[] []		i) Real	(ii) Personal				
	6	а	Gross rents	6a	-					
		b		6b						
		с	· · · · ·	6c						
			Net rental income or (loss)							
			Gross amount from sales of		ecurities	(ii) Other				
	-	-		7a 2,2	290,643.					
		b	Less: cost or other basis	10. /	,					
e				7b 2,3	306,231.					
evenue		с			-15,588.					
Jev			Net gain or (loss)		-		-15,588.			-15,588.
Other R			Gross income from fundraising				,			,
Ę	-		including \$							
•			contributions reported on li							
			Part IV, line 18	-						
		b	Less: direct expenses							
			Net income or (loss) from fu							
			Gross income from gaming							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from g							
	10		Gross sales of inventory, le							
			and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from s		······ —					
		_	· · ·			Business Code				
snc	11	а								
Miscellaneous Revenue		b								
ella		с								
S a			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				4,821,757.	2,204,163.	0.	273,849.
33200	9 12-	21-					-	-		Form 990 (2023)

332009 12-21-23

Form 990 (2023) NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 10 Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b. Total appendix Program Bervice expensions 1 Guts and other assistance to domestic individuals. See Part V, line 22 200, 325. 200, 325. 200, 325. 200, 325. 200, 325. 200, 325. 200, 325. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 23 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 415, 472. 416, 410, 410, 410, 410, 410, 410	0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
To, Bb, B, and 10b of Fart VIII. Total and other assistance to domestic organization. Total and other assistance to domestic organization. Total and other assistance to domestic and torgin domest. Total and other assistance to domestic and torgin domest. Total and other assistance to forsign organization. Total and and other assistance to forsign organization. Total assistanc	Do		(A)	(B)		(D)
ard domestic governments. See Part IV, Ine 21 178,175. 178,175. 2 Granta and Other assistance to domestic individuals. See Part IV, Ine 22 200,325. 200,325. 3 Granta and Other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 415,472. 415,472. 4 Berefits pair to for members 5 Compensation of increat differs, directors, trustees, and key employees 5 6 Compensation of increat differs, directors, trustees, and key employees 1,129,135. 542,035. 523,018. 64,082. 9 Person (size dired under section 468(r)(1) and persons desched in the section 468(r)(1) and persons desched information persons desched (0) and 402(b) employer contributions (include section 401(k) and 402(b) employer contributions (include section 401(k) and 402(b) employer contributions (include section 401(k) annuagement to escience of the section 468(r) (1) and throad and persons desched (0) and 402(b) employer contributions (include section 401(k) annuagement to escience of the section 468(r) (1) and throad and persons desched (0) and 402(b) employer contributions (include section 401(k) annuagement to escience of the section 468(r) (1) and throad and persons desched (0) and 402(b) employer contributions (include section 401(k) annuagement to escience of the section 468(r) (1) and throad and thread any end terms of section 401(k) annuagement to escience of the section 468(r) (1) annuagement to escience of the secti			l otal expenses		general expenses	
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3 Grants and other assistance to threem individuals. See Part IV, lines 15 and 16 415,472. 415,472. 4 Benefits paid to of ormembers 5 6 6 1 3 3 6 6 4 10 7 7 9 3 7 4 4 10 7 6 0 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10<	2	Grants and other assistance to domestic				
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individuals. See Part Vi, lines 15 and 16 4 15, 472. 4 15, 472. 4 15, 472. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3	Grants and other assistance to foreign				
4 Benefits paid to of to members		organizations, foreign governments, and foreign				
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tustese, and key employes Compensation not included above to disqualified persons (socilied in derivation additional displayment is a defined under section 4958(r)(3)(8)	4	Benefits paid to or for members				
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26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·	5,515,847.	3,594,150.	1,820,872.	100,825.
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educational campaign and fundraising solicitation.						

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NATIONAL ITALIAN AMERICAN FOUNDATION, INC

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
		p	,		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			97,240.	1	166,187.
	2	Savings and temporary cash investments			2,203,058.	2	1,739,550.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,352,171.	4	1,743,604.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	าร		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				174,872.	9	242,368.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,335,780.			
	b	Less: accumulated depreciation	10b	1,686,121.	702,163.	10c	649,659.
	11	Investments - publicly traded securities			6,874,528.	11	7,692,996.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	12,404,032.	16	12,234,364.
	17	Accounts payable and accrued expenses			223,372.	17	240,011.
	18	Grants payable				18	
	19	Deferred revenue		131,500.	19	63,305.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	r, director,			
liti		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrelate		23			
	24	Unsecured notes and loans payable to unrelated	arties		24		
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	501 400		404 050
		of Schedule D		······ -	501,430.		494,879.
	26	Total liabilities. Add lines 17 through 25		TT	856,302.	26	798,195.
s		Organizations that follow FASB ASC 958, chee	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			2 272 246		1 742 720
alar	27	Net assets without donor restrictions			2,272,346.	27	1,743,738.
ä	28	Net assets with donor restrictions			9,275,384.	28	9,692,431.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95	b8, chec	k here			
ъ		and complete lines 29 through 33.				00	
its e	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or eq				30	
jt A	31	Retained earnings, endowment, accumulated inc			11,547,730.	31	11 126 160
ž	32	Total net assets or fund balances			12,404,032.	32	<u>11,436,169.</u> 12,234,364.
	33	Total liabilities and net assets/fund balances			14, IV4, VJ4.	33	Form 990 (2023)

Form 990 (2023)

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part IX, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 -694, 090. 4 11, 547, 730. 5 8 6 -694, 090. 4 11, 547, 730. 5 582, 529. 6 0 7 1 8 0 9 0. 9 0. 10 11, 436, 169. 9 0. 11 Accounting method used to prepare the Form 990: Cash 11 Accounting method used to prepare the Form 990: Cash 12 Accounting method used to prepare the Form 990: Cash 14 Accounting method used to prepare the Form 990: Cash 14 Accounting method used to prepare the Form 990: Cash 14 Accounting financial statements audited by an independent accountant? 2a 14 Accounting method used to prepare the F	Form	1990 (2023) NATIONAL ITALIAN AMERICAN FOUNDATION, INC	52-	10717	23	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4,821,757. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,515,847. 3 Revenue less expenses. Subtract line 2 from line 1 3 -694,090. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11,547,730. 5 Net uncalized gain (losses) on investments 6 - - 6 7 Investment expenses 7 - 8 9 0. 9 0. 9 0. 9 0. 11,436,169. Part XII Financial Statements and Reporting X X 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 - 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X - 2a X If "Yes," check a box below to indicate whether the financial statements contailed and separate basis. Consolidated basis. Both consolidated basis.	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 515, 847. 3 Revenue less expenses. Subtract line 2 from line 1 3 -694, 090. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 11, 547, 730. 5 Donated services and use of facilities 6 7 7 8 6 7 8 Prior period adjustments 8 9 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)) 11, 436, 169. Yes No 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		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
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7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 11,436,169. Check if Schedule O contains a response or note to any line in this Part XII X Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash I Accounting method used to prepare the Form 990: Cash I Accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization is financial statements and selection of an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization changed either its oversight p	6	Donated services and use of facilities	6				
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 11,436,169. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis 2b X b Were the organization's financial statements and lede by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Z X Z	7		7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11, 436, 169. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	8		8				
column (B) 10 11,436,169. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Yes No 2a X Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Image: Consolidated basis 2c X Image: Consolidated basis </th <th>9</th> <th>Other changes in net assets or fund balances (explain on Schedule O)</th> <th>9</th> <th></th> <th></th> <th></th> <th>0.</th>	9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? Image: Construct of the previewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dother is consolidated basis Dother is consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If the organization cha		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated basis Image: Consolidated b	b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:					
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		X Separate basis Consolidated basis Both consolidated and separate basis					
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		<u>X</u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	:			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2023)

SCHEDUL (Form 990) Department of the T Internal Revenue Se	reasury	Public Charity Status and Public Support OMB No. 1545-0047 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. Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection									
Name of the o	•							identification number			
			AN AMERICAN B					2-1071723			
			(All organizations must c			ee instructior	IS.				
1 A c 2 A s 3 A h 4 A m	nurch, convention of ch chool described in sect ospital or a cooperative	urches, or associatio tion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	l in sectio n 990).) ection 170	on 170(b)(1)(b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,			
5 🗌 An	organization operated f	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
	ction 170(b)(1)(A)(iv). (0										
		•	nental unit described in			.,		anda Barraha a sufficiente foi			
	tion 170(b)(1)(A)(vi). (C		ntial part of its support fr	om a gove	ernmental		le general p	Sublic described in			
			(1)(A)(vi). (Complete Par	t IL)							
9 An a or u	agricultural research org	ganization described	in section 170(b)(1)(A)(i ulture (see instructions).	ix) operate			°,	•			
	versity:	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne memberet	in fees and	d gross receipts from			
	-	•	t to certain exceptions; a				-	•			
			(less section 511 tax) fro					-			
	section 509(a)(2). (Co		,		•	, ,		,			
11 🗌 An	organization organized	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12 🗌 An	organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
moi	e publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on			
line	s 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.				
		-	upervised, or controlled	• • •	-		•••••				
			gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting			
	rganization. You must o	•									
			or controlled in connect			-		•			
	0		anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	Dorted			
	rganization(s). You mus	• •	g organization operated	in connoc	tion with	and functions	lly intograte	od with			
). You must complete I				ily integrate	a with,			
			orting organization oper	-		•	rted organiz	zation(s)			
			ation generally must sat				•				
re	equirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.					
e 🗌 C	heck this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
fL	inctionally integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.						
	e number of supported of	•									
	he following information		– – (<i>i</i>	(iv) is the ora:	anization listed	(1) (f	(ui) Amount of other			
	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)			
	5		above (see instructions))	Yes	No		,				
		1	1	1	1	1					

Total

NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 2 Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

See	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.")						
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						
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)						
-	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support	1	1	1	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	rcentage			<u> </u>	
	Public support percentage for 2023 (I			(7)		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		••••••				
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances test	: - 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 3 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.) Section A. Public Support

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.")	1740641.	1216705.	1748898.	2557025.	2445992.	9709261.
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	1546396.	702,842.	2892678.	2249683.	2151261.	9542860.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3287037.	1919547.	4641576.	4806708.	4597253.	19252121.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	320,490.	296,434.	256,400.	232,600.	568,650.	1674574.
b	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	85,550.		17,572.	271,996.		493,026.
c	Add lines 7a and 7b	406,040.	384,919.	273,972.	504,596.	598,073.	
	Public support. (Subtract line 7c from line 6.)						17084521.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	3287037.	1919547.	4641576.	4806708.		19252121.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	249,411.				240,092.	
h	and income from similar sources	249,4110	100,/14.	229,705.	190,774.	240,092.	1102//4.
D	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b	249,411.	186,714.	229,783.	196,774.	240,092.	1102774.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		100,7110		1907710	110,0520	1102771
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3536448.	2106261.	4871359.	5003482.	4837345.	20354895.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, c	column (f))		15	83.93 %
<u>16</u> Sec	Public support percentage from 2022					16	84.68 %
17	Investment income percentage for 20			ne 13. column (f))		17	5.42 %
18	Investment income percentage from 2					18	6.17 9
	33 1/3% support tests - 2023. If the	•				· · · · ·	
	more than 33 1/3%, check this box ar	-					X
h	33 1/3% support tests - 2022. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-	23 12-21-23			,, encor in			A (Form 990) 2023
			1 7			Consult F	

17

Schedule A (Form 990) 2023

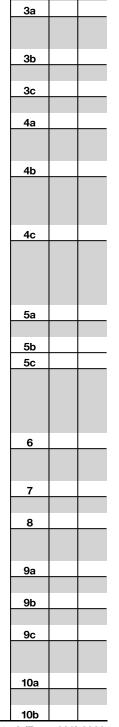
Part IV Supporting Organizations

(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.)

332024 12-21-23



Yes No

1

2

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 5

Pa	irt IV	Supporting Organizations (continued)			
				Yes	No
11	Hast	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c I	below, the governing body of a supported organization?	11a		
b	A far	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>il in</i> Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2	, I	

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructior	1S).
		1000 1104 40	

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

Yes No

No

10501115 759824 2864000

2023.05000 NATIONAL ITALIAN AMERICAN 28640001

Sche	dule A (Form 990) 2023 NATIONAL ITALIAN AMERI			2-1071723 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orgai	nization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 7

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the					
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 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					
	From 2018					
b	From 2019					
	From 2020					
d	From 2021					
	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years			_		
<u>h</u>	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	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					
Ŭ	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:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 NATIC	NAL ITALIAN	AMERICAN FOUN	DATION, INC 52	-1071723 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	required by Part II, line 10 11a, 11b, and 11c; Part I' s 1c, 2a, 2b, 3a, and 3b;); Part II, line 17a or 17b; F V, Section B, lines 1 and 2 Part V, line 1; Part V, Secti	Part III, line 12; ; Part IV, Section C, on B, line 1e; Part V,
22000 10.01	22			0-4	edule A (Form 990) 2023
332028 12-21-3	20			301	Caule A (FULLI 390) 2023

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

52-1071723

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ALLEGRINI, ROBERT	0.	2,500.	0.	0.	0.
ARDUINI, PETER	5,750.	6,800.	22,000.	0.	0.
ASPROMONTE, KENNETH	20,000.	21,000.	20,000.	21,000.	25,000.
BARTIROMO, MARIA	20,000.	20,000.	20,000.	20,000.	20,000.
BATTISTA, GABRIEL	16,900.	0.	0.	0.	0.
BERARDINI, CHRIS	3,350.	0.	0.	0.	0.
CAIAZZO, NICHOLAS	130.	0.	0.	0.	0.
CAGLIOTI, DOMINIC	0.	0.	0.	0.	21,875.
CALVELLI, JOHN	2,550.	2,500.	14,000.	0.	0.
CARLUCCI, ROBERT	17,300.	32,700.	0.	0.	40,000.
CENTIOLI, GERARD	0.	0.	5,000.	1,000.	20,000.
DAMBROSIO, ALAN	0.	0.	0.	0.	20,000.
DE MATTEIS, ANTONIO	20,000.	0.	0.	0.	0.
DILELLA, DANIEL	0.	0.	0.	1,000.	20,000.
DIMAGGIO, DEBORAH	0.	0.	0.	2,000.	15,000.
DISANDRO, ANTHONY	1,000.	5,000.	0.	0.	0.
FERGUSON, MICHAEL	1,000.	2,500.	2,000.	1,000.	0.
FITZGERALD, FUSCIA	0.	0.	0.	0.	30,500.
GIORDANO, ANTONIO	26,500.	2,500.	2,500.	5,000.	13,000.
GIORDANO, FRANK	0.	2,500.	5,400.	5,000.	30,000.
GULINO, JOSEPH	0.	13,500.	10,000.	20,000.	18,100.
HARRISON, PATRICIA	2,800.	13,949.	20,000.	0.	15,000.
LAROCCA, GERALD	34,000.	20,000.	24,500.	30,500.	33,500.
LONARDO, JOSEPH	22,300.	20,000.	20,000.	20,000.	20,000.
Total to Schedule A, Part III, Line 7a					

323172 04-01-23

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

52-1071723

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
LUMIA, VINCENT	24,000.	20,000.	0.	0.	0.
LYNCH, CHARLES	0.	0.	0.	0.	5,000.
MATTEI, FRANK	0.	5,000.	0.	0.	0.
MATURO, MICHAEL	0.	0.	0.	5,000.	45,000.
MCBRIDE, ANITA	2,050.	20,370.	7,250.	2,500.	20,000.
MOGLIA, JOSEPH	20,000.	20,000.	20,000.	33,500.	20,000.
PETRONGOLO, DINO	0.	5,000.	20,000.	7,500.	13,775.
PUPPO, VITTORIO	0.	500.	0.	0.	0.
REALI, KENNETH	0.	0.	0.	0.	20,000.
RINALDI, PHILIP	20,000.	7,500.	20,000.	0.	0.
ROSA, JOHN	2,360.	20,000.	10,000.	20,000.	20,000.
RUSSO, BASIL	2,000.	2,500.	0.	0.	0.
SALVI, PATRICK	0.	0.	0.	0.	20,000.
SCHRAMM, CARL	0.	0.	3,750.	0.	0.
SILVI, GARY	0.	0.	0.	0.	25,400.
SIMEONE, GEORGE	22,500.	10,115.	10,000.	10,000.	7,500.
SINATRA, NICK	0.	0.	0.	5,000.	10,000.
TOSI, LOUIS	34,000.	20,000.	0.	22,600.	20,000.
Total to Schedule A, Part III, Line 7a	320,490.	296,434.	256,400.	232,600.	568,650.

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2023

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ABBOTT LABORATORIES	0.	28,937.	0.	0.	0
CBRE	0.	0.	0.	69,291.	0
DESTE, DARIO	0.	0.	16,286.	0.	0
EMBASSY OF ITALY	0.	0.	0.	94,750.	0
EQUUS CAPITAL PARTNERS, LTD.	48,740.	0.	0.	0.	0
MERCK AND COMPANY	0.	22,612.	0.	0.	0
REGIONE EMILIA-ROMAGNA	0.	0.	0.	0.	26,169
REGION OF TUSCANY	0.	0.	0.	107,955.	0
JAIG	0.	0.	1,286.	0.	0
THE RC GROUP	0.	3,187.	0.	0.	0
LEANDRO P RIZZUTO FOUNDATION	36,810.	28,937.	0.	0.	3,254
SCHRAMM, CARL	0.	4,812.	0.	0.	0
Total to Schedule A, Part III, Line 7b	85,550.	88,485.	17,572.	271,996.	29,423

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

52-1071723

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2023	2023 Excess Payments
REGIONE EMILIA-ROMAGNA	74,542.	26,169
LEANDRO P RIZZUTO FOUNDATION	51,627.	3,254
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		29,423

Schedule B (Form 990)

Organiza

Filers of:

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2023

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

Employer identification number

52-1071723

	NATIONAL	ITALIAN	AMERICAN	FOUNDATION, INC	
tion type (ch	neck one):				
	Section:				

Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B	(Form	990) (2023)	

2023.05000 NATIONAL ITALIAN AMERICAN 28640001

(c)

Employer identification number

NATIONAL ITALIAN AMERICAN FOUNDATION, INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ALIANTE PARTNERS S.P.A.ØVAT NUMBER 05271080961 VIA DEI PIATTI, 9 MILAN, ITALY 20123	\$14,590.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ALMAS PARTECIPAZIONI INDUSTRIALI VIA MOZZONI LOC SAN DOMENICO OTTAVIANO, ITALY 80044	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	AP CONSTRUCTION 915 S. BLACKHORSE PIKE BLACKWOOD, NJ 08012	\$ <u>9,701.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ASPROMONTE, KENNETH 2 DERHAM PARC HOUSTON, TX 77024	\$ <u>21,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	ASSICURAZIONI GENERALI S.P.A. PIAZZA TRE TORRI, 1 MILAN, ITALY 20145	\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	ATLANTIC TRAILER LEASING 170 EAST MAIN STREET MOORESTOWN, NJ 08057	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26		•	Schedule B (Form 990) (20
	28		

Name of organization

(a)

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(d)

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		*	/
	WASHINGTON, DC 20009		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribu
9	BERETTA USA CORP.		
	17601 BERETTA WAY	\$	9,
	ACCOKEEK, MD 20607		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribu
10	BLOOMBERG LP		
	731 LEXINGTON AVENUE	\$	6,
	NEW YORK, NY 10022		
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contribu
11	BOSTON PROPERTIES INC. (BXP)		
	599 LEXINGTON AVENUE, 16TH FLOOR	\$	10,
	NEW YORK, NY 10022		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribu
12	BRACCO DIAGNOSTICS INC.		
	250 PROSPECT PLAINS ROAD #H	\$	6,
	MONROE TOWNSHIP, NJ 08831		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	BARTIROMO, MARIA 73 DUNE ROAD WESTHAMPTON, NY 11978	\$14,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	BECKER & POLLAKOFF P.A. 1275 K STREET, NW SUITE 850 WASHINGTON, DC 20009	\$14,621.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	BERETTA USA CORP. 17601 BERETTA WAY ACCOKEEK, MD 20607	\$9,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	BLOOMBERG LP 731 LEXINGTON AVENUE NEW YORK, NY 10022	\$6,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	BOSTON PROPERTIES INC. (BXP) 599 LEXINGTON AVENUE, 16TH FLOOR NEW YORK, NY 10022	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>12</u> 323452 12-26	BRACCO DIAGNOSTICS INC. 250 PROSPECT PLAINS ROAD #H MONROE TOWNSHIP, NJ 08831 -23 29	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Name of organization

Part I

CAFARO, CAPRI

Name of organization

Part I

(a)

No.

13

(a)

No.

14

(a)

No.

15

(a)

No.

16

(a)

No.

17

(a)

No.

18

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

658 WARNER ROAD 20,000. (Complete Part II for HUBBARD, OH 44425 noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution CAMPARI AMERICA X Person 1114 AVENUE OF THE AMERICAS, 19TH Payroll FLOOR THE GRACE BUILDING 21,810. Noncash (Complete Part II for NEW YORK, NY 10036 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution CAPANO MANAGEMENT X Person Payroll 105 FOULK ROAD 5,000. Noncash \$ (Complete Part II for WILMINGTON, DE 19803 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution CARLUCCI, ROBERT X Person Payroll 1555 SOUTH OCEAN BLVD. 17,080. Noncash \$ (Complete Part II for MANALAPAN, FL 33462 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution CBRE X Person Payroll 200 PARK AVENUE 21,875. Noncash (Complete Part II for NEW YORK, NY 10166 noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution X CION INVESTMENT GROUP Person Payroll 5,500. 100 PARK AVENUE, 25TH FLOOR Noncash \$ (Complete Part II for NEW YORK, NY 10017 noncash contributions.)

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(d)

Type of contribution

X

Employer identification number

Person Payroll

Noncash

(c)

Total contributions

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Name of organization		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

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(c)

Name, address, and ZIP + 4	Total contributions	Type of contribution
CLAAR ADVISORS LLC 10 NORMANDY LANE SCARSDALE, NY 10583	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
COLAVITA USA LLC <u>1 RUNYONS LANE</u> EDISON, NJ 08817	\$19,568.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
CORPORATION FOR PUBLIC BROADCASTING PRESIDENT AND CEO WASHINGTON, DC 20004	\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DELAWARE VALLEY REGIONAL ECONOMIC DEVELOPMENT FUND		Person X
1500 MARKET STREET, 12TH FLOOR EAST T PHILADELPHIA, PA 19102	\$6,350.	Payroll Noncash (Complete Part II for noncash contributions.)
1500 MARKET STREET, 12TH FLOOR EAST T	\$6,350. (c) Total contributions	Noncash (Complete Part II for
1500 MARKET STREET, 12TH FLOOR EAST T PHILADELPHIA, PA 19102 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
1500 MARKET STREET, 12TH FLOOR EAST T PHILADELPHIA, PA 19102 (b) Name, address, and ZIP + 4 DELOITTE AND TOUCHE 30 ROCKEFELLER PLAZA 30TH FLOOR	(c) Total contributions	Noncash

Part I

(a)

No.

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(a) No.

20

(a) No.

21

(a) No.

22

(a) No.

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(a) No.

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Name of organization

Part I

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 DRRT X Person Payroll 340 W. FLAGLER STREET #201 7,244. Noncash (Complete Part II for MIAMI, FL 33130 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 FERRERO X Person Payroll 700 PENNSYLVANIA AVENUE, SE STE. 500 6,810. Noncash (Complete Part II for WASHINGTON, DC 20003 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 GED SRLS X Person Payroll VIA FERRUCCI, 58 5,880. Noncash \$ (Complete Part II for PRATO, ITALY 59100 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 GOLISANO, THOMAS X Person Payroll 3175 GREEN DOLPHIN LANE 50,000. Noncash \$ (Complete Part II for NAPLES, FL 34102 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 GUARANTEED RATE X Person Payroll 3940 NORTH RAVENSWOOD AVENUE 9,050. Noncash (Complete Part II for CHICAGO, IL 60613 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 30 X GUARINI, GEORGE Person Payroll 10,000. Noncash 65 PRINCEVILLE LANE \$ (Complete Part II for LAS VEGAS, NV 89113 noncash contributions.)

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Employer identification number

No.	Name, address, and ZIP + 4
31	HILL & CO.
	262 E. MAIN STREET
	MOORESTOWN, NJ 08057
(a)	(b)
No.	Name, address, and ZIP + 4

40 WEST 57TH STREET

NEW YORK, NY 10019

7411 MODERNA DRIVE

IMD/MEDIASET ITALIA

BOYNTON BEACH, FL 33437

100 UNIVERSAL CITY PLAZA

UNIVERSAL CITY, CA 91608

14000 HORIZON WAY, SUITE 100

MOUNT LAUREL, NJ 08054

INTESA SANPAOLO SPA

ONE WILLIAM STREET

NEW YORK, NY 10004

BLDG.1440/1100, 9TH FL.

IL CIRCOLO

HPS INVESTMENT PARTNERS, LLC

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

(d)

Type of contribution

X

X

X

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Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for

Person

noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

9,700.

5,500.

Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution Person X Payroll 13,050. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution INTERSTATE COMMERCIAL REAL ESTATE, X Person Payroll 22,080. Noncash (Complete Part II for noncash contributions.) (d) (c) **Total contributions** Type of contribution X Person Payroll 41,381. Noncash \$ (Complete Part II for noncash contributions.)

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Name of organization

Part I

(a)

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(a)

No.

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(a)

No.

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(a)

No.

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(a)

No.

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INC.

Schedule B (Form 990) (2023)

Schedule E	3 (Form	990) (2023)	

Name of organization

Part I

(a)

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

(b)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 INVNT GROUP X Person Payroll 101 GREENWICH STREET, 26TH FLOOR 18,100. Noncash \$ (Complete Part II for NEW YORK, NY 10006 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 38 IREN SPA X Person Payroll VIA NUBI DI MAGELLANO 30 6,000. Noncash (Complete Part II for REGGIO EMILIA, ITALY 43123 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 39 KITON CORPORATION X Person Payroll 4 EAST 54TH STREET 6,000. Noncash \$ (Complete Part II for NEW YORK, NY 10022 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 KPMG LLC X Person Payroll 1601 MARKET STREET 13,476. Noncash \$ (Complete Part II for PHILADELPHIA, PA 19103 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 LA SPERANZA CHARITABLE FOUNDATION X Person Payroll 205 MCCLURE DRIVE 15,652. Noncash (Complete Part II for BLUE BELL, PA 19422 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 LAROCCA, GERARD X Person Payroll 138 HILLTOP ROAD 6,545. Noncash \$ (Complete Part II for MENDHAM, NJ 07945 noncash contributions.)

(d)

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(c)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Employer identification number

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NATIONAL ITALIAN AMERICAN FOUNDATION, INC

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
43	LEANDRO P RIZZUTO FOUNDATION 2200 NW CORPORATE BLVD. SUITE 317 BOCA RATON, FL 33431	\$ <u>100,000.</u>	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
<u>44</u>	LEONARDO US CORPORATION 1235 SOUTH CLARK STREET ARLINGTON, VA 22202	\$ <u>53,070.</u>	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
45	LIFESTAR HOLDING PLC <u>TESTAFERRATA STREET</u> <u>TA XBIEX XBX, MALTA 1403</u>	\$9,050.	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
46	MAVERICK CAPITAL CHARITIES C/O JORDAN DAY 1900 N. PEARL STREET, 20TH FLOOR DALLAS, TX 75201	\$ <u>10,000.</u>	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
47	MCBRIDE, ANITA 5016 UPTON STREET, NW WASHINGTON, DC 20016	\$6,000.	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
48	MOGLIA FAMILY FOUNDATION 505 CORNHUSTER ROAD STE. 105, #393 BELLEVUE, NE 68005	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of a second section

Name of organization

Part I

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

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
49	MONTI,PASQUALINO ENAV SPA, VIA SALARIA 716 ROME, ITALY 00138	\$6,000.	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
50	MULLEN,ELEANOR GRAY 5690 THREE NOTCHED ROAD, STE. 200 CROZET, VA 22932	\$6,000.	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
51	OSIA 219 E STREET, NE WASHINGTON, DC 20002	\$6,000.	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
52	PANEPINTO PROPERTIES <u>3 2ND STREET, #1203</u> JERSEY CITY, NJ 07302	\$6,000.	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
53	PETRONE GROUP SRL VIALE DELLA LIBERAZIONE 111 NAPLES, ITALY 80125	\$6,000.	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
54	PHRMA 950 F STREET, NW, #300 WASHINGTON, DC 20004	\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Part I

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 REALI, KENNETH X Person Payroll 216C W. GEER STREET 19,200. Noncash (Complete Part II for DURHAM, NC 27701 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 56 REDBIRD CAPITAL PARTNERS X Person Payroll 667 MADISON AVENUE 16TH FLOOR 36,810. Noncash (Complete Part II for NEW YORK, NY 10065 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 57 REGIONE EMILIA-ROMAGNA X Person Payroll VIALE ALDO MORO, 52 122,915. Noncash \$ (Complete Part II for BOLOGNA, ITALY 40127 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 58 REPUBLIC NATIONAL DISTRIBUTING COMPANY X Person Payroll 402 S. 54TH PLACE 14,126. Noncash \$ (Complete Part II for PHOENIX, AZ 85034 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 ROSA, JOHN X Person Payroll 13405 CHESTNUT OAK DRIVE 6,000. Noncash (Complete Part II for DARNESTOWN, MD 20878 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 60 RUFRANO, GLENN X Person Payroll 5,000. 3112 SHORE ROAD Noncash \$ (Complete Part II for BELLMORE, NY 11710 noncash contributions.) Schedule B (Form 990) (2023)

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RXR REALTY LLC		Person X
625 REALTY PLAZA	\$12,940.	Payroll Noncash
UNIONDALE, NY 11556		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SALVI, SCHOSTOK & PRITCHARD P.C. 161 NORTH CLARK STREET SUITE 4700 CHICAGO, IL 60611	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SBARRO HEALTH RESEARCH ORGANIZATION 1230 GULPH CREEK DRIVE RADNOW, PA 19087	\$22,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SCHRAMM, CARL PO BOX 531 BROOKLANDVILLE, MD 21022	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SILVESTRI FAMILY FOUNDATION 26 WEST 68TH STREET NEW YORK, NY 10023	\$8,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SINATRA AND COMPANY 617 MAIN STREET SUITE 200 BUFFALO, NY 14203	\$ <u>5,958.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

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(c)

Total contributions

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Name of organization

Part I

(a)

No.

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(a)

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(a)

No.

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(a)

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(a)

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(a)

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Name of organization

Part I

(a)

No.

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NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

STADLER FAMILY CHARITABLE FOUNDATION

Payroll PO BOX 326 6,250. Noncash \$ (Complete Part II for TITUSVILLE, NJ 08560 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 68 STAMPEDE VENTURES Person Payroll 4024 RADFORD AVENUE, 2ND FLOOR 9,050. Noncash (Complete Part II for STUDIO CITY, CA 91604 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 69 THE CAGLIOTI GROUP Person Payroll 7,500. 41 GROVE STREET 2ND FLOOR Noncash \$ HADDONFIELD, NJ 08033 (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. THE FRANCESCO AND MARY GIAMBELLI 70 FOUNDATION Person Payroll 60 CROSSWAYS PARK DRIVE WEST SUITE 301 31,371. Noncash \$ WOODBURY, NY 11797 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** THE GERALD & JOAN COLANGELO FAMILY 71 TRUST Person Payroll 70 E. COUNTRY CLUB DRIVE 16,403. Noncash PHOENIX, AZ 85014 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 72 THE MAGGIORE GROUP Person Payroll 14747 N. NORTHSIGHT BLVD., STE. 106 53,072. Noncash \$ SCOTTSDALE, AZ 85260 323452 12-26-23 39 10501115 759824 2864000

Employer identification number

(d)

Type of contribution

X

X

52-1071723

Person

(c)

Total contributions

X (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023) 2023.05000 NATIONAL ITALIAN AMERICAN 28640001

Name of organiza	ation	

Part I

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	THE PENATES FOUNDATION ONE LIBERTY LANE EAST HAMPTON, NH 03842	\$ <u> </u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74_	THE RC GROUP 2530 RIVA ROAD SUITE 400 ANNAPOLIS, MD 21401	\$23,781.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75	THREE CHORD BOURBON, INC. 8940 MAIN STREET CLARENCE, NY 14031	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76	TROUTMAN PEPPER 3000 TWO LOGAN SQUARE 18TH AND ARCH STREETS PHILADELPHIA, PA 19103	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
77_	UNITEL MANAGEMENT, LLC 3122 FIRE ROAD SUITE 200 EGG HARBOR TOWNSHIP, NJ 08234	\$6,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>78</u> 323452 12-20	VESPER PROPERTY GROUP 1100 BRYNLAWN DRIVE VILLANOVA, PA 19085	\$9,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

MILANO,

ITALY 20121

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79	WALGREENS BOOTS ALLIANCE 108 WILMOT ROAD MS 1858 DEERFIELD, IL 60015	\$7,480.	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
80	XFL 667 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10065	\$ <u>23,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 SHERIFF'S DEPARTMENT OF MARICOPA COUNTY/PAUL PENZONE 3370 N. HAYDEN ROAD, #128 SCOTTSDALE, AZ 85251	Total contributions \$ 8,500.	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	STEVENS & LEE 620 FREEDOM BUSINESS CENTER, SUITE 200 KING OF PRUSSIA, PA 19406	\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	HOTEL PALAZZO GIOVANELLI SANTA CROCE 2070/A VENICE, ITALY 30135	\$6,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	NERO LIFESTYLE PIAZZA CASTELLO N.26	\$5,289.	Person Payroll Noncash

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

52-1071723

(c)

(Complete Part II for noncash contributions.)

Name of organization

Part I

(a)

Page 2

Schedule B (Form 990) (2023)

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CE 84700		noncash contributions.)
(b) e, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ESORT AND VILLAS	\$ 5,500.	Person Payroll Noncash X
NICAN REPUBLIC 22000		(Complete Part II for noncash contributions.)
(b)	(c)	(d)
e, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
42		Schedule B (Form 990) (2023)
2023.05000	NATIONAL ITALIAN	AMERICAN 28640001

85	NERO LIFESTYLE		Person
	PIAZZA CASTELLO N.26	\$8,000.	Payroll Noncash X
	MILANO, ITALY 20121		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	NERO LIFESTYLE		Person
	PIAZZA CASTELLO N.26	\$5,289.	Payroll Noncash X
	MILANO, ITALY 20121		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	NERO LIFESTYLE		Person
	PIAZZA CASTELLO N.26	\$10,577.	Payroll Noncash X
	MILANO, ITALY 20121		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Type of contribution Person
No.	Name, address, and ZIP + 4		Type of contribution Person Payroll Noncash
No.	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI	Total contributions	Type of contribution Person Payroll
No.	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI AKROTIRI	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for
No. 88 (a)	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI AKROTIRI SANTORINI, GREECE 84700 (b)	Total contributions \$ 6,000. (c) (c)	Type of contribution Person
No. 88 (a) No.	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI AKROTIRI SANTORINI, GREECE 84700 (b) Name, address, and ZIP + 4	Total contributions \$ 6,000. (c) (c)	Type of contribution Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.) (d) Contribution (d) Contribution Person Payroll Payroll Noncash X X
No. 88 (a) No.	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI AKROTIRI SANTORINI, GREECE 84700 (b) Name, address, and ZIP + 4 CASA DE CAMPO RESORT AND VILLAS	Total contributions \$ 6,000. (c) Total contributions	Type of contribution Person Payroll Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll D
No. 88 (a) No.	Name, address, and ZIP + 4 PARADISE RESORT SANTORINI AKROTIRI SANTORINI, GREECE 84700 (b) Name, address, and ZIP + 4 CASA DE CAMPO RESORT AND VILLAS CARRETERA LA ROMANA – HIGUEY HWY	Total contributions \$ 6,000. (c) Total contributions	Type of contribution Person Payroll Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll X Noncash X (Complete Part II for X Occash X (Complete Part II for

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

52-1071723

(c)

Total contributions

Name of organization

Part I

(a)

No.

Page 2

from Part I	Description of noncash property given	(See instructions.)	Date received
	HELICOPTER RIDE AND LUNCH WITH FORMER SHERIFF PENZONE		
81			
		\$8,500.	12/31/23
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
82	VIP EXCLUSIVE DINNER WITH COACH VERMEIL, COACH SIRIANNI AND DOM AT CELLAR 62. WINNER AND 8 GUESTS (TOTAL OF 9)		
	WOULD HAVE DINNER WITH THE COACHES AND DOM IN CELLAR 62	\$10,000.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
0.2	VENICE TRIP- THREE-NIGHT-STAY FOR TWO IN HOTEL PALAZZO		
83	GIOVANELLI'S WOLFGANG AMADEUS MOZART SUITE OR	\$ 6,200.	12/31/23
		• 0,200	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
84	ANDREA BOCELLI MEET AND GREET		
		\$5,289.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
85	ROME & PUGLIA TRIP- 12-NIGHT ITINERARY FOR TWO IN APULIA: ROME, 2 NIGHTS AT PALAZZO RIPETTA; SALENTO		
		\$8,000.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
86	ANDREA BOCELLI MEET AND GREET		
		\$ 5,289.	12/31/23

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Schedule B (Form 990) (2023) Name of organization

(a)

No.

Page 3

(d)

Employer identification number

52-1071723

(c)

FMV (or estimate)

10501115 759824 2864000

43 2023.05000 NATIONAL ITALIAN AMERICAN 28640001 Name of organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	LIGUARIAN TRIP- 8 NIGHTS BUNDLE FOR TWO. SANREMO, 4 NIGHTS AT MIRAMARE THE PALACE HOTEL. SANTA MARG	_	
		\$10,577.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
88	PARADISE IN SANTORINI GREECE FOR TWO	_	
		\$6,000.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
89	CASA DE CAMPO PRIVATE VILLA FOR 8	_	
		\$5,500.	12/31/23
(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
		_	
		_ \$	

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2023.05000 NATIONAL ITALIAN AMERICAN 28640001

Employer identification number

52-1071723

	B (Form 990) (2023)				Page 4
Name of c	organization				Employer identification number
	NAL ITALIAN AMERICAN FO				52-1071723
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry. For or	panizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a		-	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	Ind ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held
		e) Transfer	of gift		
	Transferee's name, address, a	Ind ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	Ind ZIP + 4	Re	elationship of tra	nsferor to transferee
323454 12-26	6.23				Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

10501115 759824 2864000

45 2023.05000 NATIONAL ITALIAN AMERICAN 28640001

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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



Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number 52-1071723

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised 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 v	-	
	are the organization's property, subject to the organization's of		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	<i>, , , , , , , , , ,</i>	° п. п.
Par			
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		Contraction II. Second and lowed and
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
•	Preservation of open space	ind concernation contribution in the form	of a concentration accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
a h			
b c	Number of conservation easements on a certified historic stru	icture included on line 2a	
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	cased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(I	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
_	organization's accounting for conservation easements.		
Par			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0		agurage or other similar agosts for financia	
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASP A		ai gain, provide
~	the following amounts required to be reported under FASB A	-	¢
a h	Revenue included on Form 990, Part VIII, line 1		
	For Paperwork Reduction Act Notice, see the Instructions		
	09-28-23		

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	dule D (Form 990) 2023 NATIONA	L ITALIAN A				52-10 r Assets			age 2		
3	Using the organization's acquisition, accession						Contin	iueu)			
•	collection items (check all that apply).		s, chock any of the f	ono mig that make t	significant e						
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	e									
с											
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpos	se in Part	XIII.				
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma						Yes		No		
Par	t IV Escrow and Custodial Arrang						ne 9, or				
	reported an amount on Form 990, Pa		-								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets no	t included						
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
							Amoun	t			
С	Beginning balance				1c						
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance						_				
	Did the organization include an amount on Fe				lity?	L	Yes		No		
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if						(-) [heeld		
		(a) Current year		(c) Two years back	. , ,		(e) Four	,			
	Beginning of year balance	3,025,887.	3,015,887.		2,9	75,887.	2,875,887.				
b	Contributions	184,214.	10,000.	40,000.			100,000.		000.		
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses	2 210 101	2 025 007	2 015 007		75 007	2	075	007		
-	End of year balance	3,210,101.	3,025,887.		2,9	75,887.	2	,975,	00/.		
2	Provide the estimated percentage of the curr) held as:							
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
2-	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		tion that are hold or	d administered for t	ha						
Ja	organization by:	SSION OF THE OFGATILZA	lion that are new ar	iu autimistereu ior t	lie		ſ	Yes	No		
							3a(i)		X		
	(i) Unrelated organizations?						3a(ii)		x		
h	If "Yes" on line 3a(ii), are the related organizations						3b				
4	Describe in Part XIII the intended uses of the						50				
	t VI Land, Buildings, and Equipm		ment lands.								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part X	, line 10.						
	Description of property	(a) Cost or ot				be	(d) Boo	k value			
		basis (investm	• •		epreciation	-	(, 200		-		
1 a	Land	244 (,				34	4,96	53.		
b	Buildings			1.	265,80	53.		9,19			
	Leasehold improvements										
d	Equipment	405 5	756.		420,2	58.	1	5,49	98.		
	Other				•						
	. Add lines 1a through 1e. (Column (d) must e		K. line 10c. column	<i>(</i> B))			64	9,65	59.		
						<u> </u>	D /F	000			

Schedule D (Form 990) 2023

Schedu	ile D (Form 990) 2023		ALIAN AMERIC	AN FOUNDATION, INC	52-1071723 Page 3
Part		Other Securities			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X, line 1	12.
(a) De	scription of security or categ	OTY (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Fina	ancial derivatives				
(2) Clos	sely held equity interests				
(3) Oth	ier				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (0 Part)	Col. (b) must equal Form 990 VIII Investments - I	Program Related.	on Form 990 Part IV lir	ne 11c. See Form 990, Part X, line 1	13
	(a) Description of		(b) Book value	· · · · · · · · · · · · · · · · · · ·	est or end-of-year market value
(1)					,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990	. Part X. line 13. col. (B))			
Part		, · .			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 1	15.
	-	(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Fo	rm 990. Part X. line 15. co	ol. (B))		
Part	X Other Liabilities	S			•
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X	(, line 25.
1.	(a) De	escription of liability			(b) Book value
	Federal income taxes				
	CREDIT CARD H	PAYABLE			6,937.
	NOTE PAYABLE				487,942.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must could Ec	rm 990 Part Y line 25 or	(<i>(R</i>))		494,879.
				to the organization's financial state	
				here if the text of the footnote has	

332053 09-28-23

Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 NATIONAL ITALIAN AMERICAN				1071723 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater		levenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,404,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	582,529.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	582,529.
3	Subtract line 2e from line 1			3	4,821,757.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,821,757.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With	Expenses per F		<u>4,821,757.</u> n
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With	Expenses per F		4,821,757. n
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		4,821,757. n 5,451,513.
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With	Expenses per F	Retur	n
Ра 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements With	Expenses per F	Retur	n
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.	Expenses per F	Retur	n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b	Expenses per F	Retur	n
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2c	Expenses per F	Retur	n
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d	Expenses per F	Retur	n <u>5,451,513.</u> 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n <u>5,451,513.</u> 0.
Pa 1 2 6 0 4 3	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 12a. 2b 2c 2d	50 , 254 .	1 2e 3	n <u>5,451,513.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 12a. 2b 2b 2c 2d 2d	Expenses per F	1 2e 3	n <u>5,451,513.</u> 0.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2b 2c 2d 2d 4a 4b	Expenses per F 50,254. 14,080.	1 2e 3	n <u>5,451,513.</u> 0. <u>5,451,513.</u> 64,334.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d 2d 4a 4b	Expenses per F 50,254. 14,080.	1 2e 3	n 5,451,513. 0. 5,451,513.

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

PART V, LINE 4:

THE VICTORIA J. MASTROBUONO BEQUEST: THE FUND WILL BE USED FOR SEVERAL
FOUNDATION PROGRAMS INCLUDING THE VICTORIA J. MASTROBUONO FELLOWSHIP IN
THE ARTS FOR STUDENTS PURSUING ACADEMICS IN ITALY; THE VICTORIA J.
MASTROBUONO CHALLENGE GRANT FOR ADVANCED PLACEMENT (AP) OF ITALIAN FOR THE
CONTINUED FUNDING OF THE COLLEGE BOARD'S AP ITALIAN PROGRAM; THE VICTORIA
J. MASTROBUONO DISTINGUISHED SPEAKERS SERIES IN THE ARTS, LITERATURE AND
MUSIC FEATURING LEADING EXPERTS IN THEIR RESPECTIVE FIELDS; THE VICTORIA
J. MASTROBUONO DIGITAL ARCHIVE AT THE FOUNDATION, A PUBLIC, ONLINE INDEX
OF THE FOUNDATION'S HISTORY AND THE VICTORIA J. MASTROBUONO ENGAGEMENT
INITIATIVE, AN ONLINE EDUCATION, COMMUNICATION AND OUTREACH PROGRAM
UTILIZING NEW MEDIA.
332054 09-28-23 Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 5 Part XIII Supplemental Information (continued)

CAMPITELLI ENDOWMENT: THE ANTHONY CAMPITELLI ENDOWED FUND, NAMED IN HONOR OF ANTHONY CAMPITELLI, WAS CREATED TO SUPPORT VARIOUS PROJECTS AND ESTABLISHMENTS IN THE PROVINCE OF CHIETI IN ABRUZZO ITALY AND IN THE TOWN OF CASTEL FRENTANO. ALL INTEREST EARNED FROM THE DONATION AND ANY INTEREST EARNED FROM FUNDS ADDED TO THE PRINCIPAL DONATION WILL BE USED FOR ANNUAL DONATIONS TO SUPPORT NURSING HOMES FOR THE ELDERLY, LOCAL SCHOOLS AND CHURCHES OR OTHER PROJECTS IN THE CHIETI PROVINCE.

THE NATIONAL ITALIAN AMERICAN FOUNDATION ENDOWMENT TRUST FUND (ENDOWMENT TRUST) IS AN IRREVOCABLE TRUST FUND CREATED FOR THE PURPOSE OF ENCOURAGING DONATIONS TO THE FOUNDATION AND TO ENSURE CONTINUED FINANCING OF THE OPERATING EXPENSES OF THE FOUNDATION. ONLY THE INCOME DERIVED FROM THE PRINCIPAL MAINTAINED WITHIN THE ENDOWMENT TRUST CAN BE USED TO FINANCE THE OPERATING EXPENSES OF THE FOUNDATION. THE ENDOWMENT TRUST WAS AMENDED IN JUNE 2018 TO ALLOW FOR THE BROAD USE OF BOTH PRINCIPAL AND INTEREST FOR OPERATING PURPOSES, CONSISTENT WITH ANY LAWFUL PURPOSE OF THE FOUNDATION AS A NON PROFIT ENTITY AND AT THE DISCRETION OF THREE TRUSTEES OF THE ENDOWMENT.

VOYAGE OF DISCOVERY: THE VOYAGE OF DISCOVERY IS AN EDUCATIONAL AND CULTURAL EXCHANGE PROGRAM FOR YOUNG ITALIAN AMERICAN COLLEGE STUDENTS BETWEEN THE AGES OF 18 AND 23. THE PURPOSE OF THE VOYAGE OF DISCOVERY IS TO STRENGTHEN THE ITALIAN AMERICAN IDENTITY BY BONDING YOUNG ITALIAN-AMERICANS TO THE COUNTRY, CULTURE, AND HERITAGE OF ITALY; TO HELP THEM GAIN AN UNDERSTANDING OF THEIR HERITAGE AND A PRIDE IN PRESERVING THAT HERITAGE FOR THE NEXT GENERATION; AND TO UNDERSTAND THE HISTORICAL SIGNIFICANCE OF ITALY AND THE CURRENT CONTRIBUTION ITALY IS MAKING TO THE Schedule D (Form 990) 2023

 Schedule D (Form 990) 2023
 NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 5

 Part XIII
 Supplemental Information (continued)

 US AND THE WORLD.
 THE PROGRAM IS ALL-EXPENSES PAID TRIP COVERING

 ROUND-TRIP AIRFARE BETWEEN ITALY AND AMERICA AND 10 DAYS OF PROGRAMS.

THE NIAF ERNEST PELLEGRI ENDOWED FUND: THE FUND WILL BE USED TO SUPPORT COLLEGE AND UNIVERSITY STUDENTS OF ITALIAN AMERICAN HERITAGE WHO ARE STUDYING THE LATIN LANGUAGE AND THE HISTORY OF THE ROMAN EMPIRE.

THE SALVATORE CATANESE MEMORIAL SCHOLARHSIP: THE PURPOSE OF THIS GIFT IS TO ESTABLISH AN ENDOWED SCHOLARSHIP FUND WITHIN NATIONAL ITALIAN AMERICAN FOUNDATION TO SUPPORT SCHOLARSHIPS IN THE NAME OF SALVATORE CATANSES. THE DONOR WISHES THAT UPON HIS DEMISE, 100% OF THE SALVATORE CATANESE ESTATE BE SOLD AND GIFT TO THE NATIONAL ITALIAN AMERICAN FOUNDATION TO EXSTABLE THE SALVATORE CATANESE SHOLARSHIP FUND.

LAMANTIA FAMILY SCHOLARSHIP FUND: THE PURPOSE OF THIS GIFT IS TO ESTABLISH SCHOLARSHIPS FUND (FUND) WITHIN THE FOUNDATION. THE FOUNDATION UNDERSTANDS THAT THE DONOR HAS SPECIFIC SELECTION CRITERIA FOR THE SCHOLARSHIP RECIPIENTS. THE DONOR IS AWARE THAT THE FOUNDATION WILL ONLY AWARD SCHOLARSHIPS GREATER THAN OR EQUAL TO \$2,500.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED TAX POSITIONS THAT COULD HAVE SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2023 AND 2022, WHICH REQUIRE DISCLOSURE OR RECOGNITION. GENERALLY, THE FOUNDATION'S TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

332055 09-28-23

51 2023.05000 NATIONAL ITALIAN AMERICAN 28640001

Schedule D (Form 990) 2023 Part XIII Supplemental Info	NATIONAL ITALIA	N AMERICAN	FOUNDATION, INC	52-1071723 Page 5
Part XIII Supplemental Info	ormation (continued)			
INTEREST EXPENSE				14,080.
				11,000
				Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

332055 09-28-23

ATIONAL ITALIA				52-107172	
		ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its grar		
the grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the g	grants or assistance?	Yes 🗌 No
_					
	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
United States.					
			n be duplicated if additional space is ne		(0 T-+-)
(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	 (e) If activity listed in (d) is a program service, 	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
		contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	-	-	
			GRANTS TO RECIPIENTS		
OPE	0	0	LOCATED IN REGION		415 472
.0PE	0	0	LOCATED IN REGION		415,472.
					+
Subtotal	0	0			415,472.
• Total from continuation					,
sheets to Part I	0	0			0.
Totals (add lines 3a	, j				ů.
and 3b)	0	o			415,472.
		1		Oshadda E	
Paperwork Reduction Ac	ct Notice, see th	e instructions f	or Form 990.	Schedule F	(Form 990) 2023
A					
IA 332071 11-29-23			53		

NATTONAL THALTAN AMEDICAN FOUNDATION THE

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

E0 1071700

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

Attach to Form 990.

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

OMB No. 1545-0047

ſ

Inspection

Employer identification number

Open to Public

1<u>23</u>

52-1071723

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SPONSORSHIP FOR WE					
		EUROPE	THE ITALIANS GALA	5,045.	WIRE	0.		
			GRANT TO SUPPORT					
			RELIEF EFFORTS AFTER					
		EUROPE	EMILIA-ROMAGNA FLOODS	25,000.	WIRE	0.		
			PAYMENT TO SUPPORT					
			2023 GRANT FOR					
			EUROPEAN HOUSE					
		EUROPE	AMBROSETTI	104,500.	WIRE	0.		
			GRANT TO SUPPORT					
			RELIEF EFFORTS AFTER	FF 061				
		EUROPE	EMILIA-ROMAGNA FLOODS	55,261.	WIRE	0.		
			GRANT TO RESURFACE					
			BOCCE COURTS IN					
		EUROPE	CASTEL FRENTANO	54,991.	WIRE	Ο.		
				,				
			PAYMENT 2/3 AND 3/3					
			FOR ASCOLI PICENO					
		EUROPE	RELIEF PROJECT	125,000.	WIRE	٥.		
			GRANT PAYMENT 1/2 AND					
			2/2 TOWARDS GIOVANNI					
			DA VERRAZZANO					
		EUROPE	DOCUMENTARY	20,000.	WIRE	٥.		
			GRANT TO REPAIR THE					
			SCUOLA DI PACENTRO'S					
		EUROPE	KITCHEN	7,056.		Ο.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

Page 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
REIMBURSEMENT FOR TRAVEL							
EXPENSES FOR 2023 NIAF							
CIONGOLI COLLOQUIA AND							
COPYRIGHT LICENSING FOR	EUROPE	2	17,498.	WIRE	0.		
		-					
	1	I	1	1			 ulo E (Eorm 990) 2023

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (A) DESCRIPTIONS

			ITALIAN	AMERICAN	FOUNDATION	, INC	52-1071723	Page 4
Part IV	Foreign Form	S						

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

Schedule F (Form 990) 2023

332074 11-29-23

NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Schedule F (Form 990) 2023 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE NIAF GRANTS AWARDED INTERNATIONALLY ARE MONITORED IN THE SAME WAY AS THE NIAF REQUIRES ALL GRANT APPLICANTS TO FILL OUT THE DOMESTIC GRANTS. AN APPLICATION INCLUDING THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE, AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH THE FOUNDATION'S MISSION. THE GIOP GRANTS, MANY OF WHICH ARE AWARDED INTERNATIONALLY, ARE MONITORED BY THE GIOP FOUNDATION. LIST TOTAL: 415,472 PART III, COLUMN (A): **REGION: EUROPE** (A) TYPE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR TRAVEL EXPENSES FOR 2023 NIAF CIONGOLI COLLOQUIA AND COPYRIGHT LICENSING FOR FILANGIERI

ITALIAN AND AMERICAN ENLIGHTENMENT ARTICLE PUBLISHED IN ITALY

332075 11-29-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Attach to Form 990.									
Name of the organization Employer identific									
NATIONAL . Part I General Information on Grants ar		MERICAN FOU	NDATION, IN				52-1071723		
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the tance?						on X Yes No		
Part II Grants and Other Assistance to I recipient that received more than \$	•			1 0	anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
112 EAST 71ST STREET SECON FLOOR ITALIANA I						GRANT FOR 2023 OPERA ITALIANA IS IN THE AIR CONCERT IN DC			
CHILD HELP 6730 NORTH SCOTTSDALE ROAD, SUITE 1 SCOTTSDALE, AZ 85253	95-2884608	501(C)(3)	27,175.	0.			DONATION FROM PROCEEDS OF NIAF ARIZONA GALA AUCTION		
COLUMBUS CITIZENS FOUNDATION 8 EAST 69TH STREET NEW YORK, NY 10021	13-6118967	501(C)(3)	11,000.	0.			GRANT FOR NEW YORK COLUMBUS DAY SCREENING BEIT CAMPAIGN, GRANT TO SUPPORT 2023 ANNUAL		
FRIENDS OF CALANDRA INSTITUTE FND. 25 WEST 43RD STREET, 17TH FLOOR NEW YORK, NY 10036	26-4235918	501(C)(3)	6,000.	0.			GRANT TO SUPPORT 2023 EDITION OF ITALIAN DIASPORA STUDIES SUMMER SEMINAR		
IL CIRCOLO CULTURAL SOCIETY OF THE PALM BEACHES - 7411 MODENA DRIVE - 43RD ANNIVER							SUPPORT OF IL CIRCOLO'S 43RD ANNIVERSARY GALA - \$10,000 SPONSOR		
INTERNATIONAL FRIENDS VERDERAME GRANT TO SUPPOR									
	 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 								

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Schedule I (Form 990) NATIONAL ITALIAN AMERICAN FOUNDATION, INC

52-1071723 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITALIAN WELFARE LEAGUE 8 EAST 69TH STREET NEW YORK, NY 10021	13-1624051	501(0)(3)	10,000.	0.			SPONSORSHIP OF 2023 AUTUMN LUNCHEON IN NEW YORK
MID-SHORE COMMUNITY FOUNDATION INC THE BULLET HOUSE - EASTON, MD 21501	52-1782373		10,000.	0.			GRANT TO SUPPORT SORELLE FONTANA FILM
NATIONAL SYMPHONY ORCHESTRA 2700 F STREET NW WASHINGTON, DC 20566	53-0208364	501(C)(3)	10,000.	0.			2024 SPONSORSHIP OF NSO PERFORMANCE AT TEATRO ALLA SCALA
ROMAN CATHOLIC HIGH SCHOOL 301 N. BROAD STREET PHILADELPHIA, PA 19107	23-2956706	501(C)(3)	7,500.	0.			GRANT TO SUPPORT DINNER HONORING CHAIRMAN EMERITUS AND BOARD MEMBER, JOSEPH DEL RASO
SONS OF ITALY FOUNDATION 219 E STREET NE WASHINGTON, DC 20002	23-6276526	501(C)(3)	10,000.	0.			SUPPORT OF SONS OF ITALY FOUNDATIONS 34TH ANNUAL GALA - \$10,000 SPONSOR.
THE FISHERMANS FEAST PO BOX 130076 HANOVER STREET STATIO BOSTON, MA 20002	04-3158730	501(C)(3)	6,500.	0.			NIAF GRANT TO SUPPORT 2023 FISHERMANS FEAST OF BOSTON
TOLEDO MUSEUM OF ART 2445 MONROE STREET TOLEDO, OH 43620	34-4434678	501(C)(3)	10,000.	0.			GRANT FOR CARAVAGGIO EXHIBIT AT TOLEDO MUSEUN OF ART

Schedule I (Form 990)

Schedule I (Form 990) 2023 NATIONAL ITALIAN AMERICAN FOUNDATION, INC

52-1071723

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDED FOR USE TOWARD EDUCATION EXPENSES SUCH AS					
TUITION, BOOKS, COMPUTERS, AND DORMITORY.	48	200,325.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

THE NIAF REQUIRES ALL GRANT APPLICANTS TO FILL OUT AN APPLICATION INCLUDING

THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE,

AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS

REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE

STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH

THE FOUNDATION'S MISSION.

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS CITIZENS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR NEW YORK COLUMBUS DAY
SCREENING BEIT CAMPAIGN, GRANT TO SUPPORT 2023 ANNUAL COLUMBUS WEEKEND
CELEBRATION
332291 04-01-23 Schedule I (Form 990)

sc	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2)
		Compensated Employees		20	Ľ٦)
Dena	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization			identificatio		nber
		NATIONAL ITALIAN AMERICAN FOUNDATION, INC	52-	107172	3	
Pa	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	—				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, criei)			
h	If any of the bayes	on line to are checked, did the graphization follow a written policy regarding payment or				
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
~	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indices, and onlee					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	\$			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	·	ther organizations Approval by the board or compensation of	committee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		x
С	Participate in or rec	eive 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.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r			_		v
a	The organization?			<u>5a</u>		X X
b		ation?		<u>5b</u>		
•		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	n			
-	contingent on the r			6-		X
		ation?				X
b		ation?		<u>6b</u>		- 23
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	2			
'	-	the solar of the solar		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		····· '		
5				8		x
9		id the organization also follow the rebuttable presumption procedure described in		····· j		
-		1 53.4958-6(c)?				
For		ion Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	2023
				•		

3 NATIONAL ITALIAN AMERICAN FOUNDATION, INC 52-1071723

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	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) ROBERT V. ALLEGRINI	(i)	272,116.	56,000.	0.	41,067.	21,217.	390,400.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GERALDINE JONES	(i)	140,622.	0.	27,000.	18,000.	12,378.	198,000.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(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.

PART I, LINE 7:

AMOUNT PAID FOR SERVICES PROVIDED IN FURTHERENCE OF THE EXEMPT STATUS OF

THE ORGANIZATION.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023 **Open to Public**

Inspection

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

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

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer	iden	tifica	tion	number
_	-			

52-1071723

Pa	rt I	Types of Property				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art -	Works of art				
2		Historical treasures				
3		Fractional interests				
4		ks and publications				
5		ning and household goods				
6		and other vehicles				
7		s and planes				
8		lectual property				
9	Secu	urities - Publicly traded				
10		urities - Closely held stock				
11		urities - Partnership, LLC, or				
	trust	interests				
12		urities - Miscellaneous				
13	Qual	ified conservation contribution -				
	Histo	oric structures				
14	Qual	ified conservation contribution - Other				
15	Real	estate - Residential				
16	Real	estate - Commercial				
17	Real	estate - Other				
18		ectibles				
19		d inventory				
20		is and medical supplies				
21		dermy				

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28	Other (DINING) X 2 12,000.									
29	9 Number of Forms 8283 received by the organization during the tax year for contributions									
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29									
		Yes	No							
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it									
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period? 30	а	X							
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	1	X							
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions? 32	a	X							
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
	describe in Part II.									

9

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15

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

Historical artifacts

Scientific specimens

(TICKETS

(TRAVEL PACKAGES)

(CLOTHING & ACCE)

____)

Archeological artifacts

22

23

24

25

26

27

Other

Other

Other

Schedule M (Form 990) 2023

LHA 332141 09-11-23 79,463.

28,900.

19,797.

 Schedule M (Form 990) 2023
 NATIONAL ITALIAN
 AMERICAN
 FOUNDATION, INC
 52-1071723
 Page 2

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

PART I, OTHER TYPES OF PROPERTY:

MEMORABILIA

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 18

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9100.

(D) METHOD OF DETERMINING REVENUE:

WINE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7250.

(D) METHOD OF DETERMINING REVENUE:

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

NATIONAL ITALIAN AMERICAN FOUNDATION, INC



Employer identification number 52-1071723

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

ENCOURAGING AND SUPPORTING THEIR ROLE IN PUBLIC LIFE.

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

SCHOLARSHIPS, GRANTS, HERITAGE TRAVEL, AND MENTORING.

THE NIAF ALSO HAS A PUBLIC POLICY SPEAKERS PROGRAM. THE NIAF'S MISSION

ALSO INCLUDES ADVANCING US - ITALY RELATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY: INCLUDES SEMINARS, CONFERENCES, AND NEWS INFORMATION

PROJECTS DESIGNED TO ACQUAINT THE GENERAL PUBLIC WITH THE ITALIAN

COMMUNITY AS REPRESENTED BY NIAF. ALSO, THE NIAF CONTINUES EFFORTS IN

THE COOPERATION WITH THE EMBASSY OF ITALY IN ASSISTING ITALIAN

AMERICANS INTERESTED IN OBTAINING ITALIAN CITIZENSHIP. NIAF LAUNCHED AN

ONLINE SURVEY QUESTIONNAIRE TO DETERMINE ELIGIBILITY REQUIREMENTS FOR

USE BY THE EMBASSY IN PROCESSING POTENTIAL APPLICATIONS.

EXPENSES \$ 204,785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 727,924.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY, BUT THE COMMITTEE DOES NOT DOCUMENT ITS MEETINGS UNLESS

ACTION ITEMS ARE DISCUSSED. THE DECISION NOT TO DOCUMENT THE MEETINGS WAS

DECISION OF THE BOARD OF DIRECTORS.

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

BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO READ AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IT IS THE BOARD MEMBER'S AND EMPLOYEE'S RESPONSIBILITY TO NOTIFY HIS/HER SUPERVISOR OF POTENTIAL CONFLICTS AS THEY OCCUR.

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

NIAF'S PERSONNEL & COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE ARE

RESPONSIBLE FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

NIAF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO EMPLOYEES AND THE PUBLIC UPON REQUEST.

990 PART XII, LINE 2C EXPLANATION

THE BOARD OF DIRECTORS' RESPONSIBILITY AS IT RELATED TO OVERSIGHT OF

68

THE AUDIT IS CONSISTENT WITH THE PRIOR YEAR.

332212 11-14-23

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer Identification Number 52–1071723
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - PUBLICATION ADV	ERTISI 4,500.
FEDERAL PRE-2018 NET OPERATING LOSS	7,492.

319341 04-01-23

ne:	NATIONAL ITALI	AN AMERICAN F	FOUNDATION							FEIN:	52-1071723
e ar		ICATION ADVE		17 NO	DETAIL C	ARRYOVER SCH	EDULE				
ar gi- ed	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
19 20 21	750. 750. 750.										
	750.										
ail be	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	De ar ar gi- ed 118 122 223 223	be and Entity: PUBI tion 382 Annual Limitation ar Graryover ed Amount 118 750. 120 750. 121 750. 122 750. 123 750. 123 750. 124 750. 125 750. 127 750. 127 750. 128 750. 129 750. 129 750. 129 750. 120 750. 120 750. 120 750. 120 750. 121 750. 122 750. 123 750. 123 750. 124 750. 124 750. 125 750. 125 750. 125 750. 125 750. 125 750. 126 750. 127 750. 127 750. 127 750. 128 750. 129 750. 1	De and Entity: PUBLICATION ADVENtion 382 Annual Limitation ar Original Garryover Amount Total Amount Used 118 750 120 750 221 750 223 750 23 750 24 4 25 750 26 750 27 750 28 750 29 750 20 750 21 750 22 750 23 750 24 4 4 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 6 4 6 4 7 4 7 4 7 4 <td< th=""><th>Ition 382 Annual Limitation Section 382 Carryover ar Original Carryover Amount Total Amount Amount Used for 18 750. - 19 750. - 20 750. - 21 750. - 23 750. - 23 750. - 24 - - 25 - - 26 - - 27 750. - 28 - - 29 - - 20 750. - 21 750. - 22 750. - 29 - - 20 - - 21 - - 22 - - 23 - - 24 - - 25 - - 26 - - 27 - - 28 - - 29 - - 20 - - 21 - - 22 - - 29 <t< th=""><th>De and Entity: PUBLICATION ADVERTISIN POST-2017 NO tion 382 Annual Limitation Section 382 Carryover ar Original Total Amount Used for gi- ed Carryover Amount Used Used for Used for 118 750. </th><th>De and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL C/ tion 382 Annual Limitation Section 382 Carryover Amount Mount Mount Used for Used for Used for Image: Carryover and the section of the</th><th>Dee and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCH ar Original (Carryover Amount Used for Amount Used for 118 750. </th><th>Dependentity: DUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCHEDULE ar Original Garryover Amount Total Amount Amount Used for Amount Amount Amount<!--</th--><th>Detend Entity: UBBLICATION ADVERTIGIN POST-2017 NO DETAIL CARRYOVER SCHEDULE Ion 382 Annual Limitation Section 382 Carryover Amount Mmount Mmount Mmount Mmount Mmount Mmount Used for Used for</th></th></t<></th></td<> <th>De and Entity: UBLICATION ADVERTISIN POST-2017 NO DEALCARRYOVER SCHEDULE ten 382 Annual Limitation Section 382 Carryower Annount Annount Annount Mount Used for Used for</th> <th>Dead Entity: DELICATION ADVERTISIN POST-2017 NO DETALCARRYOVER SCHEDULE ar Original gd Total Amount Used for Amount Used for</th>	Ition 382 Annual Limitation Section 382 Carryover ar Original Carryover Amount Total Amount Amount Used for 18 750. - 19 750. - 20 750. - 21 750. - 23 750. - 23 750. - 24 - - 25 - - 26 - - 27 750. - 28 - - 29 - - 20 750. - 21 750. - 22 750. - 29 - - 20 - - 21 - - 22 - - 23 - - 24 - - 25 - - 26 - - 27 - - 28 - - 29 - - 20 - - 21 - - 22 - - 29 <t< th=""><th>De and Entity: PUBLICATION ADVERTISIN POST-2017 NO tion 382 Annual Limitation Section 382 Carryover ar Original Total Amount Used for gi- ed Carryover Amount Used Used for Used for 118 750. </th><th>De and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL C/ tion 382 Annual Limitation Section 382 Carryover Amount Mount Mount Used for Used for Used for Image: Carryover and the section of the</th><th>Dee and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCH ar Original (Carryover Amount Used for Amount Used for 118 750. </th><th>Dependentity: DUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCHEDULE ar Original Garryover Amount Total Amount Amount Used for Amount Amount Amount<!--</th--><th>Detend Entity: UBBLICATION ADVERTIGIN POST-2017 NO DETAIL CARRYOVER SCHEDULE Ion 382 Annual Limitation Section 382 Carryover Amount Mmount Mmount Mmount Mmount Mmount Mmount Used for Used for</th></th></t<>	De and Entity: PUBLICATION ADVERTISIN POST-2017 NO tion 382 Annual Limitation Section 382 Carryover ar Original Total Amount Used for gi- ed Carryover Amount Used Used for Used for 118 750.	De and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL C/ tion 382 Annual Limitation Section 382 Carryover Amount Mount Mount Used for Used for Used for Image: Carryover and the section of the	Dee and Entity: PUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCH ar Original (Carryover Amount Used for Amount Used for 118 750.	Dependentity: DUBLICATION ADVERTISIN POST-2017 NO DETAIL CARRYOVER SCHEDULE ar Original Garryover Amount Total Amount Amount Used for Amount Amount Amount </th <th>Detend Entity: UBBLICATION ADVERTIGIN POST-2017 NO DETAIL CARRYOVER SCHEDULE Ion 382 Annual Limitation Section 382 Carryover Amount Mmount Mmount Mmount Mmount Mmount Mmount Used for Used for</th>	Detend Entity: UBBLICATION ADVERTIGIN POST-2017 NO DETAIL CARRYOVER SCHEDULE Ion 382 Annual Limitation Section 382 Carryover Amount Mmount Mmount Mmount Mmount Mmount Mmount Used for Used for	De and Entity: UBLICATION ADVERTISIN POST-2017 NO DEALCARRYOVER SCHEDULE ten 382 Annual Limitation Section 382 Carryower Annount Annount Annount Mount Used for Used for	Dead Entity: DELICATION ADVERTISIN POST-2017 NO DETALCARRYOVER SCHEDULE ar Original gd Total Amount Used for Amount Used for

312571 04-01-23

Indi	e: NATIONAL ITA	LIAN AMERICAN	FOUNDATION							FEIN:	52-1071723
	Type and Entity: PRE-2018 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover DETAIL CARRYOVER SCHEDULE										
Yea Orig nate	r Original i- Carryover d Amount	Total Amount Used	Amount Used for								
A 20 B 20 C 20 D 20 E 20 F	4 750 5 4,992 6 500	•									
G H I J											
K L M N											
O P Q R S T											
U V W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Det Typ	il S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
A B C D E F G H											
F G H J											
K L M N											
O P Q R S											
5 T U V W											

Q	379-TE	****	IRS E-file S	OT A FILEAB Signature Au	LE COPY ** uthorization	* * * 1	OMB No. 1545-0047
Form OC	579-12						
		For calendar year	2023, or fiscal year beginning	to the IRS. Keep for		, 20	2023
	t of the Treasury venue Service			/Form8879TE for th		L.	
Name of						EIN or SS	N
	NATION	AL ITALI	AN AMERICAN	FOUNDATION	, INC	52-1	071723
Name an	d title of officer or pe			ALLEGRINI	,		
Part I	Type of	Return and	Return Information	n			
Form 53 or 10a b whichev	30 filers may enten below, and the amo	r dollars and ce ount on that line	for the return being file	enter whole dollars o d with this form was	nly. If you check the blank, then leave line	box on line 1a, 2a box 1b, 2b, 3b, 4b, 5	n. Form 8038-CP and , 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 6b, 7b, 8b, 9b, or 10b, A. Do not complete more
1a	Form 990 check h	iere					1b
2a	Form 990-EZ che	ck here					2b
3a	Form 1120-POL of	heck here		n 1120-POL, line 22)			
	Form 990-PF che			investment income			
	Form 8868 check		b Balance due (Form 8868, line 3c)			5b
	Form 990-T checl		b Total tax (Forr	n 990-T, Part III, line	4)		6b 0.
	Form 4720 check	_		11 4720, 1 art 11, inte 1)		15
	Form 5227 check	_					8b
	Form 5330 check			1 5330, Part II, line 19			
Part I	Form 8038-CP ch Declarat		<u>nature Authorizati</u>	edit payment reques			10b
			X I am an officer of t				nect to (name
				•		-	e examined a copy of the
later tha paymen persona	n 2 business days t of taxes to receiv	prior to the pay e confidential ir	is account. To revoke a /ment (settlement) date. nformation necessary to y signature for the electric	I also authorize the f answer inquiries and	inancial institutions in I resolve issues relate	nvolved in the proceed to the payment.	essing of the electronic I have selected a
		T GROUP,	CPAS, PC			to enter my	PIN 20191
		•		firm name		to enter my	Enter five numbers, but
							do not enter all zeros
	with a state age on the return's d	ncy(ies) regulati lisclosure conse		ne IRS Fed/State pro	gram, I also authorize	e the aforementione	ed ERO to enter my PIN
	return. If I have i	ndicated within	to tax with respect to th this return that a copy iter my PIN on the return	of the return is being n's disclosure conser	filed with a state age at screen.	ency(ies) regulating	-
Signature of Part I	of officer or person subject II Certifica		* * THIS IS NO thentication	OT A FILEAB	LE COPY **	** Dat	e
ERO's E	FIN/PIN. Enter yo	our six-digit elec	tronic filing identification	n			
number	(EFIN) followed by	your five-digit s	self-selected PIN.		5467982 Do not enter		
submitti		-	y PIN, which is my signa the requirements of Pu		•		
ERO's się	gnature <u>CST</u>	GROUP,	CPAS, PC		Date	11/15/24	
				in This Form - S			
Eor Dein	any Act and Der		t Submit This Forn		ess nequested	10 00 30	Form 8879-TE (2023)
	асу Астани Раре		ion Act Notice, see ins	u uctions.			(2023)
LHA 30	2521 01-05-24			72			

^{10501115 759824 2864000}

^{2023.05000} NATIONAL ITALIAN AMERICAN 28640001

Form	990-T	Exempt Organization Business Income Tax Ret	turn	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		0000
		For calendar year 2023 or other tax year beginning, and ending	·	2023
	ent of the Treasury Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(,,,,	Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DE	mployer identification number
B Exe	mpt under section	Print NATIONAL ITALIAN AMERICAN FOUNDATION, INC		52-1071723
	501(c)(3)	nr Number, street, and room or suite no. If a P.O. box, see instructions.	E G	roup exemption number
	408(e) 220(e)	Type 1860 19TH STREET, NW	(5	ee instructions)
	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A	WASHINGTON, DC 20009-5501	F [Check box if
		C Book value of all assets at end of year 12,234,364.		an amended return.
G Cł	neck organization t	type X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	Stat	e college/university
H Cł	neck if filing only to		bayment am	ount from Form 3800
	neck if a 501(c)(3) o	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Er	nter the number of	attached Schedules A (Form 990-T)		1
		was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group)? L	Yes X No
		ame and identifying number of the parent corporation	())	0 0 0 0 1 1 1
L The	e books are in car	re of NATIONAL ITALIAN AMERICAN FOUNDA Telephone number	(20)	2)-939-3111
1		d business taxable income computed from all unrelated trades or businesses (see instructions	s) 1	0.
2				
3	Add lines 1 and 2		····· <u> </u>	
4		butions (see instructions for limitation rules)		0.
5		usiness taxable income before net operating losses. Subtract line 4 from line 3		
6	Deduction for net	t operating loss. See instructions	6	0.
7		business taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro			1 0 0 0
8		on (generally \$1,000, but see instructions for exceptions)		1,000.
9		199A deduction. See instructions		1 000
10		 Add lines 8 and 9 ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 	10	
11 Parl			 	
1		axable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2		t trust rates. See instructions for tax computation. Income tax on the amount on		
		m: Tax rate schedule or Schedule D (Form 1041)		
3		nstructions		
4		ts. See instructions		
5 6	Tax on poncomr	num tax	5	
7		3 through 6 to line 1 or 2, whichever applies		0.
Part	t III Tax and	Payments		
1a	Foreign tax credit	t (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see			
С		s credit. Attach Form 3800 (see instructions)		
d		ear minimum tax (attach Form 8801 or 8827)		
e		dd lines 1a through 1d		0.
2			2	0.
3a 5	Amount due from Amount due from			
b C	Amount due from			
d	Amount due from			
е		ue (see instructions)		
f		ue. Add lines 3a through 3e	3f	0.
4	Total tax. Add lin	nes 2 and 3f (see instructions).		
	section 1294. E	Enter tax amount here		0.
5	Current net 965 t	ax liability paid from Form 965-A, Part II, column (k)	5	0.
LHA	For Paperwork R	eduction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)

⁷³ 2023.05000 NATIONAL ITALIAN AMERICAN 28640001

Form 9	<u>90-T</u> (2023)					F	2 Page
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	6a					
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b					
с	Tax deposited with Form 8868	. 60			-		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	. 60			-		
е	Backup withholding (see instructions)	. <u>6</u> e			-		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			-		
g	Elective payment election amount from Form 3800	. 69			-		
h	Payment from Form 2439	. 6h			-		
i	Credit from Form 4136				-		
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j				7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached				8		
9					9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid			10		
	Enter the amount of line 10 you want: Credited to 2024 estimated tax	_		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	tion (ee instr	ructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a sign	ature or	other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	0		,			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ie name	of the f	oreign country			
	here					_	X
2	During the tax year, did the organization receive a distribution from, or was it the gra	,		,			
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year					-	
4	Enter available pre-2018 NOL carryovers here \$7,492. Do not		• •		•		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	•		-			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201		•				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo					_	
	Business Activity Code		ailable	post-2017 NOL	carryover	_	
	541800	\$			3,750.	<u>.</u>	
		\$				_	
		\$				_	
		\$					
6 a	Reserved for future use						
b	Reserved for future use				<u></u>		
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign		ury, I declare that I have examined Declaration of preparer (other than					wledge	and belie	f, it is t	rue,	
Here	Signature of officer Date		Data	PRESIDENT		the preparer sh		reparer sh	discuss this return with shown below (see		
	Signature of officer		Dale	Title	<u> </u>		instru	ictions)?	Х	Yes	NO
	Print/Type prep	arer's name	Preparer's signature		Date	Check	if	PTIN			
Paid						self-employe	d				
Preparer	.				11/15/24						
Use Only		CST GROUP, C	PAS, PC			Firm's EIN		54-	-10	1961	r (see s No
		10740 PARK	RIDGE BLVD	5TH FLO	OR						
	Firm's address	RESTON, VA	20191-4424			Phone no.	(7	03)	39	1-20	00
								_		000 T	(0000)

323711 11-20-23

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	750.	0.	750.	750.
12/31/14	750.	0.	750.	750.
12/31/15	4,992.	0.	4,992.	4,992.
12/31/16	500.	0.	500.	500.
12/31/17	500.	0.	500.	500.
NOL CARRYO	VER AVAILABLE THIS	YEAR	7,492.	7,492.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

Open to Fublic inspection for	
501(c)(3) Organizations Only	

Α Name

ne of the organizatio	n			
NATIONAL	ITALIAN	AMERICAN	FOUNDATION,	INC

541800 **C** Unrelated business activity code (see instructions)

B Employer identification number 52-1071723 1 D Sequence: of

E Describe the unrelated trade or business PUBLICATION ADVERTISING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	49,345.	36,521.	12,824.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	49,345.	36,521.	12,824.
Pa	T II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		or limitations on dec	ductions. Deductior	ns must be

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance			. 3	
4	Bad debts				
5	Interest (attach statement). See instructions			. 5	
6	Taxes and licenses			6	250.
7	Depreciation (attach Form 4562). See instructions	7			
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			. 9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs			. 11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				12,824.
14	Other deductions (attach statement)	SEE	STATEMENT 2	14	500.
15	Total deductions. Add lines 1 through 14			15	13,574.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fro				
	column (C)			16	-750.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-750.
For I	Paperwork Reduction Act Notice, see instructions.			Schedule	e A (Form 990-T) 2023

LHA 323741 01-19-24

Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchase 2 3 Cost of tabor 3 4 Additional section 283A costs (attach statement) 5 5 Total. Additions I through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 283A (with respect to property goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 283A (with respect to property good property attest address, city, state, ZIP code). Check if a dualues. See instructions. 8 9 D Description of property (free percentage of rent for personal property (street address, city, state, ZIP code). Check if a dualues. See instructions. 8 9 D From resunal property of the percentage of rent for personal property secceed 9 9 D rule rules received or accrued by property. 4 8 C D 10 Description of dobb financed property (street address, city, state, ZIP code). Check if a dualues	Schod	ule A (Form 990-T) 2023				Page
I inventory at beginning of year 1 2 Purchases 1 3 Cect of Matoria 1 4 Additional section 263A costs (attach statement) 4 6 Other costs (attach statement) 5 7 Other. Add lines 1 through 5 6 9 Dotten Add lines 1 through 5 7 9 Dotten Add lines 1 through 5 7 9 Dotten Add lines 1 through 5 7 9 Dotten Add lines 1 form Real Property and Personal Property Lessed With Real Property 1 Description of property (property athref address, city, state, 2IP code). Check if a dualues. See instructions. 8			hod of inventorv valua	tion		1 age
2 Purchases 2 3 Cost of labor 4 4 Additional section 283A costs (attach statement) 4 6 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subback line 7 from line 6. Enter here and in Part I, line 2 7 9 Do the nules of section 283A (with respect to property calculated property lost the organization? Yes 9 Description of property (intoperty and Personal Property Labor Pr	1				1	
Cost of relation Additional section 203A cets (attach statement) Additional section 203A cets (attach statement) Cost of relation Additional Statement) Total. Add lines at intrough 5 Total entits received or accrued Additional property (arrowerly and Personal Property Leased With Real Property) Total entits received or accrued Additional property (arrowerly and Personal Property Leased With Real Property) Total entits received or accrued Additional property (arrowerly and Personal Property Leased With Real Property) Total entits received or accrued Additional property (arrowerly and Personal Property Leased With Real Property) Total entits received or accrued Additional property (arrowerly at the entities at the entit the entities at the entities at the entities at the entities	2				-	2
4 Additional section 282A costs (attach statement) 4 5 Other costs datach statement) 5 6 Total. Add lines 1 through 5 7 7 8 6 7 9 9 Dot the unlea of section 283A (with respect to property and Personal Property Leased with Real Property) 9 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 8	3					
5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Oast of goods sold. Subtract line 7 from the 6. Enter here and in Part I, line 2 8 9 Do the nulse of section 263A (with respect to property produced or acquired for resole) apply to the organization? Yes Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) Personal property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D C	4					
6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cext of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 7 9 Do the notes of section 2303, with respect to property and Personal Property Leased With Real Property 7 9 Deternation of property (property streat address, city, state, ZIP code). Check if a dual-use. See instructions. A 8	5					
7 Inventory at end of year 7 9 Do the rules of section 283A (with respect to property produced or acquired for reselial apply to the organization? Yes 9 Do the rules of section 283A (with respect to property null Personal Property Leased With Real Property) Yes 9 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A 8	6					;
Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the nucleas of section 2536 kinkin segeet to property produced or acquired for reasily apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) Description of property street address, city, state, ZIP code). Check if a dualuse. See instructions. A B C D	7					,
9 Do the rules of section 263A first respect to property produced or acquired for resale) apoly to the organization? ☐ Yes 1 Description of property (property street address, city, state, ZIP code). Check if a dualuse. See instructions. A B	8					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B B	9					Yes N
A B C D 2 From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Form rent for personal property exceeds 50% or if the rent is based on profit or income) 5 Total rents received or accrued the property exceeds 50% or if the rent is based on profit or income) Form rents received or accrued the property. Add line 2, columns A through D. Enter here and on Part I, line 6, column (A) 3 Total rents received or accrued. Add line 2, columns A through D. Enter here and on Part I, line 6, column (A) 9 Deductions directly connected with the income 4 in lines 2a and 2b, tattach statement) 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (A) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 9 Image: Column A through D. Enter here and on Part I, line 6, column (B) 10 Column A through D. Enter here and on Part I, line 7	Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased With Re	eal Property)	
B	1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
C		A 🗌				
P		в				
A B C D 2 Rent received or accrued A B C D 3 From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) -		c 🗌				
2 Rent received or accrued a From personal property (if the percentage of rent to presonal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent to personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income		D				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			A	В	С	D
rent for personal property is more than 10%	2	Rent received or accrued				
but not more than 50%	а	From personal property (if the percentage of				
b From real and personal property exceeds 50% or if the rent is based on profit or income)		rent for personal property is more than 10%				
b From real and personal property exceeds 50% or if the rent is based on profit or income)		but not more than 50%)				
percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	b					
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D						
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D		50% or if the rent is based on profit or income)				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income	с					
Deductions directly connected with the income		Add lines 2a and 2b, columns A through D				
D A B C D 2 Gross income from or allocable to debt-financed property	Part	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ee instructions)			0
A B C D 2 Gross income from or allocable to debt-financed property		c				
2 Gross income from or allocable to debt-financed property		D	1			
a Deductions directly connected with or allocable to debt-financed property a a Straight line depreciation (attach statement) b b Other deductions (attach statement) c c Total deductions (add lines 3a and 3b, columns A through D) c 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) c 5 Average adjusted basis of or allocable to debt- financed property (attach statement) c 6 Divide line 4 by line 5 % 7 Gross income reportable. Multiply line 2 by line 6 c 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) c 9 Allocable deductions. Multiply line 3c by line 6 c 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) columns A through D. Enter here and on Part I, line 7, column (B)			Α	В	С	D
3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt- financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	2	Gross income from or allocable to debt-financed				
to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (B)						
a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	3	-				
b Other deductions (attach statement)						
c Total deductions (add lines 3a and 3b, columns A through D)	а					
columns A through D)	b					
to debt-financed property (attach statement)	с					
financed property (attach statement)	4					
6 Divide line 4 by line 5 % % 7 Gross income reportable. Multiply line 2 by line 6 % % 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	5					
 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6	6			%		%
 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)						
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			. Enter here and on Pa	art I, line 7, column (A)		0
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	9	Allocable deductions. Multiply line 3c by line 6				
			rough D. Enter here an	d on Part I, line 7, colum	ın (B)	0
						0
323721 01-19-24 Schedule A (Form 990-T)1-19-24				dule A (Form 990-T) 20

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	/=	_										1
Sched Part	ule A (Form 990-T) 2023	ities. Ro	valties, and Ro	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)		Page 3
	,						Exempt Control	· ·		,		
	1. Name of controller organization	ed	2. Employer identification	incon	unrelated ne (loss)	4. Tota	al of specified nents made	5. Pa that is	rt of colur included olling orga	nn 4 in the	C	eductions directly onnected with
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	nevempt (Controlled O	 raanizati	ions					
7	. Taxable Income	8 N	let unrelated		otal of specif	-	10. Part o	of colu	mn 9	11	Dedi	uctions directly
	income (loss) (see instructions)			yments mad		that is inc controlling	luded i	in the ation's		conr	in column 10	
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Ent	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50)1(c)(7), (nization _{(s}	ee inst	ructions)			
	1. Desc	cription of ir	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	ł				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line 1	2							7		

Schedule A (Form 990-T) 2023

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Sched	ule A (Form 990-T) 2023				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin		onsolidated basis	8.	
		I			
	B				
	c				
F	D				
Entera	amounts for each periodical listed above in the o		В	с	D
2	Cross advortising income	A 49,345.	D		
2	Gross advertising income Add columns A through D. Enter here and on				49,345.
а	Add coldmins A through D. Enter here and on				
3	Direct advertising costs by periodical	36,521.			
a	Add columns A through D. Enter here and on				36,521.
a	Add coldmins A through D. Enter here and on				
4	Advertising gain (loss). Subtract line 3 from lin				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	.			
	line 4 showing a loss or zero, do not complete				
		12,824.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	s			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr		or -0- here and c	n	
	Part II, line 13				12,824.
Part	X Compensation of Officers, Dir	ectors, and Trustees (see	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	e instructions)			

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STATEMENT(S) 2, 3

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FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION TAX PREP FEES

TOTAL TO SCHEDULE A, PART II, LINE 14

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	750.	0.	750.	750.
12/31/19	750.	0.	750.	750.
12/31/20	750.	0.	750.	750.
12/31/21	750.	0.	750.	750.
12/31/22	750.	0.	750.	750.
NOL CARRYC	VER AVAILABLE THIS	YEAR	3,750.	3,750.

80

STATEMENT 2

AMOUNT

500.

500.



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023 Employer identification

man	e				Епрюу	eridentinca	tion number
NATIONAL ITALIAN AMERICAN FOUNDATION, INC					52-1071723		
A	Is the corporation filing this form a member of a controlled group treated as a single			(1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	l separ	ate company financia	l			
	statement income or loss for each member of the controlled group treated	as a si	ngle employer taken i	nto			
	account in the determination of "applicable corporation" under section 59(I	<)(1)(D)					
В	Is the corporation filing this form a member of a foreign-parented multinational grou	p (FPM	G) within the meaning o	f section 59(k)(2)	(B)?	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	l separ	ate company financia	I			
_	statement income or loss for each member of the FPMG under section 59(
Pa	rt I Applicable Corporation Determination (Report all am	ounts	in U.S. dollars.)				
	If you have already determined in current or prior years you are an a	pplical	ble corporation, skip l				
			(a) First Preceding	(b) Second Pr	eceding	(c) Third I	Preceding
			Year Ended	Year End	led	Year	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	<u>1a</u>					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
С	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
_	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
a	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
С	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c		-			
a	Amounts that are not effectively connected to a U.S. trade or business	0.1					
	(see instructions for special rules if completing this form for an FPMG)	2d					
e	Certain taxes (see instructions)	2e					
T	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g b	Alaska native corporations	2g					
h :	Certain credits (see instructions)	2h 2i					
	Mortgage servicing income Tax-exempt entities (organizations subject to tax under section 511)	2i 2i					
1		2j 2k					
k		2k 2l					
m	Qualified wireless spectrum Covered transactions	2m					
n	Adjustments related to bankruptcy and insolvency	2m					
0	Certain insurance company adjustments	20					
a a		20 2p					
q q		2p 2q					
ч r		2q 2r					
s	Adjustment R - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),		nd (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		
	For Paperwork Reduction Act Notice, see separate instructions.		316231 02-12-24			Form 4	1626 (2023)

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316231 02-12-24

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Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?				
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section a	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10 a			
b	Aggregation differences (see instructions)	10 b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

art II Corporate Alternative Minimum Tax		
Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a Consolidated net income or loss per the AFS of the corporation		-1,750.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)		
d Adjustment for certain consolidating entries (see instructions)		
e Specified additional net income or loss item D. Reserved for future use		1 750
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1 f	-1,750
2 Adjustments:		
a Financial statements covering different tax years		
b Reserved for future use - Adjustment 2b		
c Corporations that are not included on the taxpayers - consolidated return (see instructions)		
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
shareholder. If zero or less, enter -0 (See instructions)		
f Amounts that are not effectively connected to a U.S. trade or business		
g Certain taxes. Enter the amount from Part III, line 7		
h Patronage dividends and per-unit retain allocations (cooperatives only)		
i Alaska native corporations		
j Certain credits (see instructions)		
k Mortgage servicing income		
I Covered benefit plans described in section 56A(c)(11)(B)	. 21	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	20	
p Covered transactions		
q Adjustments related to bankruptcy and insolvency		
r Certain insurance company adjustments		
s AFSI adjustment S - Reserved for future use		
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other (see instructions)	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-1,750
5 Financial statement net operating loss (FSNOL) (see instructions)		
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
0 Regular tax liability (see instructions)		
1 Base erosion minimum tax (see instructions)		
2 Combine lines 10 and 11		
 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 	·	
1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		
Part III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign		
Deferred income tax provision - Federal		
 5 Income taxes included in equity method investment income 	·	
f Adjustment F - Reserved for future use	0	
g Adjustment G - Reserved for future use		
h Adjustment H - Reserved for future use		
z Income taxes in other places		
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

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Pa	t IV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $$			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	•				
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6	

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