

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL IMMIGRATION LAW CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 34573 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20043	D Employer identification number 95-4539765 E Telephone number (202) 216-0261 G Gross receipts \$ 41,318,995. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NILC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1995 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 84
	6 Total number of volunteers (estimate if necessary)	6 13
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 16,168,122. Current Year: 21,245,959.
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 240,441. Current Year: 593,699.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 1,186,652. Current Year: 1,176,202.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 36,620. Current Year: 29,767.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 17,631,835. Current Year: 23,045,627.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		Prior Year: 0. Current Year: 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year: 10,350,246. Current Year: 9,839,535.
16a Professional fundraising fees (Part IX, column (A), line 11e)		Prior Year: 0. Current Year: 0.
b Total fundraising expenses (Part IX, column (D), line 25)		Prior Year: 1,620,645. Current Year: 1,620,645.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		Prior Year: 6,123,526. Current Year: 6,172,371.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 17,023,582. Current Year: 17,005,306.	
19 Revenue less expenses. Subtract line 18 from line 12	Prior Year: 608,253. Current Year: 6,040,321.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 32,699,349. End of Year: 39,161,322.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 3,673,870. End of Year: 3,795,598.
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 29,025,479. End of Year: 35,365,724.

Part II Signature Block

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

Sign Here	Signature of officer ANGELICA MATOS, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Preparer's name ELIZABETH W. HELLER	Preparer's signature <i>Elizabeth W. Heller</i>
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Date 03/30/2026
	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Check if self-employed <input type="checkbox"/> PTIN P00397829
		Firm's EIN 52-1392008 Phone no. 301-951-9090

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ESTABLISHED IN 1979, THE NATIONAL IMMIGRATION LAW CENTER (NILC) IS THE LEADING NATIONAL LEGAL ADVOCACY ORGANIZATION IN THE U.S. EXCLUSIVELY DEDICATED TO DEFENDING AND ADVANCING THE RIGHTS AND OPPORTUNITIES OF THE MOST VULNERABLE IMMIGRANTS AND THEIR LOVED ONES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 4,743,812. including grants of \$ 60,000.) (Revenue \$ 521,696.) LAW AND POLICY: DURING THIS PERIOD, THE NATIONAL IMMIGRATION LAW CENTER'S (NILC) LAW AND POLICY TEAM CHALLENGED UNJUST LAWS JEOPARDIZING THE RIGHTS OF IMMIGRANTS AND REFUGEES AND ADVOCATED FOR POLICY SOLUTIONS. AFTER IMMIGRATION-RELATED EXECUTIVE ORDERS ISSUED IN JANUARY 2025, NILC STAFF PRODUCED AND DISSEMINATED EXPLAINERS AND KNOW-YOUR-RIGHTS (KYR) MATERIALS TO INFORM ADVOCATES AND COMMUNITY MEMBERS OF POLICY CHANGES AND WAYS TO RESPOND. IN PARTNERSHIP WITH KEY ALLIES, NILC HIGHLIGHTED THE HARMS OF A FEDERAL SPENDING PROPOSAL DESIGNED TO PROVIDE ADDITIONAL FUNDING FOR MASS DEPORTATION EFFORTS WHILE SLASHING CRITICAL SAFETY NET PROGRAMS. NILC'S LITIGATION TEAM FILED SEVERAL LAWSUITS, INCLUDING ONE TO CHALLENGE A NEW REGISTRATION RULE REQUIRING UNDOCUMENTED COMMUNITY MEMBERS WHO DID NOT ENTER THE

4b (Code:) (Expenses \$ 3,387,251. including grants of \$) (Revenue \$ 67,003.) OTHER PROGRAMS INCLUDE ACTIVITIES RELATED TO NARRATIVE CHANGE, THE IMMIGRANT MOVEMENT VISIONING PROJECT, AND STRATEGIC COMMUNICATIONS. NARRATIVE CHANGE WORKS TO SHIFT HEARTS AND MINDS THROUGH ART, STORYTELLING, AND CULTURE TO ADVANCE A JUST AND EQUITABLE SOCIETY. THE IMMIGRANT MOVEMENT VISIONING PROJECT ENGAGES DIVERSE IMMIGRANT JUSTICE LEADERS TO PLAN AND ARTICULATE A LONG-TERM VISION FOR THE IMMIGRANT MOVEMENT. THE STRATEGIC COMMUNICATIONS TEAM ADVANCES STRATEGIC PRIORITIES WITH COMPELLING MESSAGES THAT REACH THEIR INTENDED AUDIENCES.

4c (Code:) (Expenses \$ 3,205,837. including grants of \$ 250,600.) (Revenue \$) PARTNERSHIPS AND ADVOCACY: ONE OF NILC'S CORE PROGRAM STRATEGIES IS TO STRENGTHEN IMMIGRANT JUSTICE BY LEADING AND SUPPORTING COLLABORATIONS WITH OTHER ORGANIZATIONS, INCLUDING THE FAIR IMMIGRATION REFORM MOVEMENT, THE IMMIGRANT MOVEMENT VISIONING PROJECT, AND OTHER SOCIAL JUSTICE PARTNERS. THROUGH THESE PARTNERSHIPS, NILC HELPS COORDINATE EFFORTS, SHARE KNOWLEDGE, DEVELOP JOINT STRATEGIES AROUND SHARED PRIORITIES AND GOALS, AND BUILD STRONG, EFFECTIVE RELATIONSHIPS ACROSS THE MOVEMENT. NILC'S ADVOCACY EFFORTS DURING THE REPORTING PERIOD ALSO REFLECTED THE ORGANIZATION'S COMMITMENT TO FORGING STRONG ORGANIZATIONAL PARTNERSHIPS. FOR EXAMPLE, SINCE ITS LAUNCH, MORE THAN 90 INFLUENTIAL ORGANIZATIONS HAVE JOINED NILC'S EDUCATION FOR ALL CAMPAIGN FOCUSED ON PROTECTING THE CONSTITUTIONAL RIGHT TO EDUCATION

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,967,892. including grants of \$ 682,800.) (Revenue \$ 5,000.)

4e Total program service expenses 14,304,792.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TASHA HARRIS - (202) 216-0261
P.O. BOX 34573, WASHINGTON, DC 20043

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELICA MATOS PRESIDENT AND CEO	35.00 5.00			X			318,521.	0.	50,699.	
(2) TASHA HARRIS EVP OF OPERATIONS	35.00 5.00			X			256,782.	0.	25,953.	
(3) VICTORIA BALLESTEROS EVP OF STRAT COMMS & NARRATIVE	35.00 2.00					X	245,834.	0.	29,299.	
(4) LISA GRAYBILL VP OF LAW AND POLICY	35.00 2.00					X	214,277.	0.	33,737.	
(5) KATHERINE KAHN VP	35.00 5.00					X	212,202.	0.	21,999.	
(6) KEVIN BACOT VP HUMAN RESOURCES	35.00 2.00					X	187,804.	0.	32,511.	
(7) BRIANNON GILLIS VP OF POLITICAL STRATEGY	35.00 2.00					X	182,161.	0.	17,087.	
(8) GHAZAL TAJMIRI CHAIR	5.00 0.00	X		X			0.	0.	0.	
(9) PEDRO GERSON VICE CHAIR	4.00 0.00	X		X			0.	0.	0.	
(10) KEVIN CATHCART DIRECTOR/TREASURER (FROM 01/25)	4.00 0.00	X		X			0.	0.	0.	
(11) ALEXANDRA SUH SECRETARY	4.00 0.00	X		X			0.	0.	0.	
(12) ERIC HA DIRECTOR (UNTIL 01/25)	4.00 0.00	X					0.	0.	0.	
(13) ROBERT PAUW DIRECTOR (UNTIL 01/25)	2.00 0.00	X					0.	0.	0.	
(14) ANGELA BANKS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(15) OMOLARA THOMAS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(16) ROSE CUISON- VILLAZOR DIRECTOR	2.00 0.00	X					0.	0.	0.	
(17) JENNIFER CHACON DIRECTOR	2.00 0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GLENN FORMICA DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) NOEL CANDELARIA DIRECTOR (FROM 03/25)	2.00 0.00	X						0.	0.	0.
(20) MURAD AWAWDEH DIRECTOR	2.00 1.00	X						0.	0.	0.
1b Subtotal								1,617,581.	0.	211,285.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,617,581.	0.	211,285.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 40

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HELEN KIM, 134 LINCOLN PLACE, SUITE 3, BROOKLYN, NY 11217	OPERATIONS AND GROWTH CONSULTING	309,794.
BERKSHIRE CFO PARTNERS LLC 3709 JENIFER ST. NW, WASHINGTON, DC 20015	VP FINANCE CONSULTING	263,789.
ALICIA WILSON STRATEGIES, 6207 CARROLLTON TERRACE, HYATTSVILLE, MD 20781	CONSULTING	237,600.
SUNIL OOMMEN 700 1ST STREET, APT 5E, HOBOKEN, NJ 07030	CONSULTING	201,179.
CITRIN COOPERMAN ADVISORS LLC 50 ROCKEFELLER PLAZA, NEW YORK, NY 10020	OUTSOURCED ACCOUNTING	179,008.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,245,959.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 120,655.				
	h Total. Add lines 1a-1f		21,245,959.				
Program Service Revenue	2 a ATTORNEY SERVICES	Business Code					
		900099	496,696.	496,696.			
	b CONTRACTS	900099	97,003.	97,003.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		593,699.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,106,433.			1106433.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	18,793.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	18,793.				
	d Net rental income or (loss)		18,793.			18,793.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	18,343,137.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	18,273,368.				
	c Gain or (loss)	7c	69,769.				
	d Net gain or (loss)		69,769.			69,769.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a HONORARIUM	Business Code					
		900099	9,000.			9,000.	
	b OTHER REVENUE	900099	1,974.			1,974.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d		10,974.					
12 Total revenue. See instructions		23,045,627.	593,699.	0.	1205969.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	993,400.	993,400.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	579,041.	185,442.	245,720.	147,879.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,638,373.	6,727,720.	188,530.	722,123.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	295,860.	260,882.	7,084.	27,894.
9 Other employee benefits	733,290.	642,424.	24,393.	66,473.
10 Payroll taxes	592,971.	501,261.	29,866.	61,844.
11 Fees for services (nonemployees):				
a Management				
b Legal	61,813.	51,736.	5,914.	4,163.
c Accounting	74,064.		74,064.	
d Lobbying	21,020.	17,653.	1,947.	1,420.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	88,083.		88,083.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,505,494.	2,990,707.	274,156.	240,631.
12 Advertising and promotion	124,654.	124,654.		
13 Office expenses	55,284.	9,508.	22,366.	23,410.
14 Information technology	727,285.	568,474.	44,907.	113,904.
15 Royalties				
16 Occupancy	363,539.	307,308.	18,312.	37,919.
17 Travel	378,461.	336,919.	26,756.	14,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	226,592.	201,089.	11,820.	13,683.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,623.	79,987.	4,766.	9,870.
23 Insurance	73,184.	64,987.	178.	8,019.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIPS AND SUBSCR.	214,607.	123,908.	5,486.	85,213.
b MISCELLANEOUS	47,208.	40,276.	2,068.	4,864.
c DONATION FEES	41,358.	23,879.	1,057.	16,422.
d STAFF DEVELOPMENT	25,204.	21,306.	1,269.	2,629.
e All other expenses	49,898.	31,272.	1,127.	17,499.
25 Total functional expenses. Add lines 1 through 24e	17,005,306.	14,304,792.	1,079,869.	1,620,645.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,014,902.	1	1,902,954.
	2 Savings and temporary cash investments	5,528,031.	2	7,580,878.
	3 Pledges and grants receivable, net	6,905,245.	3	3,777,925.
	4 Accounts receivable, net	27,547.	4	113,345.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	252,119.	9	286,714.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 765,520.		
	b Less: accumulated depreciation	10b 630,763.	229,380.	10c 134,757.
	11 Investments - publicly traded securities	16,152,355.	11	22,940,768.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,589,770.	15	2,423,981.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,699,349.	16	39,161,322.	
Liabilities	17 Accounts payable and accrued expenses	1,319,067.	17	1,523,675.
	18 Grants payable		18	
	19 Deferred revenue	16,667.	19	25,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,338,136.	25	2,246,923.
	26 Total liabilities. Add lines 17 through 25	3,673,870.	26	3,795,598.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,557,793.	27	19,284,241.
	28 Net assets with donor restrictions	17,467,686.	28	16,081,483.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,025,479.	32	35,365,724.
	33 Total liabilities and net assets/fund balances	32,699,349.	33	39,161,322.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,045,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,005,306.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,040,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,025,479.
5	Net unrealized gains (losses) on investments	5	299,924.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,365,724.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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? _____		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 _____		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21423115.	23840511.	11936477.	16168122.	21245959.	94614184.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21423115.	23840511.	11936477.	16168122.	21245959.	94614184.
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)						33182308.
6 Public support. Subtract line 5 from line 4.						61431876.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	21423115.	23840511.	11936477.	16168122.	21245959.	94614184.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	615,459.	692,241.	734,094.	855,079.	1125226.	4022099.
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.)	1146628.	42,901.	250.	9,103.	10,974.	1209856.
11 Total support. Add lines 7 through 10						99846139.
12 Gross receipts from related activities, etc. (see instructions)					12	2,780,976.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	61.53	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	63.12	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

Special Rules

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

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

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

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).

Name of organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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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
1	<hr/> <hr/> <hr/>	\$ <u>2,225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,090,992.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,551,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,510,133.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>530,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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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
13	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization: NATIONAL IMMIGRATION LAW CENTER
Employer identification number (EIN): 95-4539765

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	6,344.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	109,255.													
c Total lobbying expenditures (add lines 1a and 1b)	115,599.													
d Other exempt purpose expenditures	16,801,624.													
e Total exempt purpose expenditures (add lines 1c and 1d)	16,917,223.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	995,861.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	248,965.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	999,115.	995,861.	3,994,976.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,992,464.
c Total lobbying expenditures	930,975.	56,505.	54,819.	115,599.	1,157,898.
d Grassroots nontaxable amount	250,000.	250,000.	249,779.	248,965.	998,744.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,498,116.
f Grassroots lobbying expenditures	126.		20,473.	6,344.	26,943.

Schedule C (Form 990) 2024

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,235,242.	1,617,673.	1,408,008.	1,897,930.	1,379,557.
b Contributions					
c Net investment earnings, gains, and losses	237,035.	117,569.	209,665.	-489,922.	518,373.
d Grants or scholarships					
e Other expenditures for facilities and programs		500,000.			
f Administrative expenses					
g End of year balance	1,472,277.	1,235,242.	1,617,673.	1,408,008.	1,897,930.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 67.9200 %
 - c Term endowment 32.0800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		425,150.	365,717.	59,433.
d Equipment		268,620.	241,129.	27,491.
e Other		71,750.	23,917.	47,833.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				134,757.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET, NET	1,719,973.
(2) DUE FROM RELATED PARTY	670,663.
(3) SECURITY DEPOSIT	31,345.
(4) OTHER RECEIVABLES	2,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,423,981.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY, NET	2,246,923.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,246,923.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,257,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	299,924.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	299,924.
3	Subtract line 2e from line 1	3	22,957,544.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,083.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	88,083.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,045,627.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	16,917,223.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	16,917,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,083.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	88,083.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,005,306.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE PURPOSE OF THIS FUND IS TO HELP MANAGE URGENT FISCAL AND LEADERSHIP ISSUES THAT COULD CAUSE SIGNIFICANT DISRUPTION OF PROGRAM ACTIVITIES. THE FUND MAY BE USED TO SAFEGUARD NILC FROM UNFORESEEN ECONOMIC CIRCUMSTANCES THAT COULD CAUSE SIGNIFICANT DISRUPTION OF PROGRAM ACTIVITIES AND SAFEGUARD NILC FROM UNFORESEEN MAJOR DONOR LOSSES. THE FUND MAY ALSO BE USED TO HELP NILC OVERCOME MAJOR CHALLENGES SUCH AS AN UNEXPECTED TRANSITION OF THE EXECUTIVE DIRECTOR. FUNDS MAY ONLY BE DRAWN AFTER APPROVAL BY THE BOARD OF DIRECTORS, INCLUDING A FINDING THAT THE CONDITIONS FOR RELEASE OF THE FUNDS HAVE OCCURRED. THE FUND IS INTENDED TO BE A LONG-TERM ASSET FOR THE ORGANIZATION, SO ANY WITHDRAWALS SHOULD BE CONSIDERED TEMPORARY.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NATIONAL IMMIGRATION LAW CENTER** Employer identification number **95-4539765**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
NILC IMMIGRANT JUSTICE FUND 3450 WILSHIRE BLVD #108-62 LOS ANGELES, CA 90010	46-2030419	501(C)(4)	250,000.	0.			PROGRAM SUPPORT
NATIONAL LOW INCOME HOUSING COALITION - 1000 VERMONT AVENUE, NW, SUITE 500 - WASHINGTON, DC 20005	52-1089824	501(C)(3)	110,000.	0.			PROTECTING IMMIGRANT FAMILIES
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	90,000.	0.			PROTECTING IMMIGRANT FAMILIES
NORTH CAROLINA JUSTICE CENTER 224 SOUTH DAWSON STREET RALEIGH, NC 27601	56-1348186	501(C)(3)	50,000.	0.			PROTECTING IMMIGRANT FAMILIES
WECOUNT!, INC. PO BOX 344116 FLORIDA CITY, FL 33034	56-2638368	501(C)(3)	50,000.	0.			PROTECTING IMMIGRANT FAMILIES
HUNGER FREE COLORADO 3840 YORK ST STE 245 DENVER, CO 80205	68-0551464	501(C)(3)	50,000.	0.			PROTECTING IMMIGRANT FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST. SUITE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	40,800.	0.			PROTECTING IMMIGRANT FAMILIES
CASA, INC. 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	40,000.	0.			HEALTH FOR ALL
CENTER FOR LAW AND SOCIAL POLICY 1310 L STREET NW SUITE 900 WASHINGTON, DC 20005	23-7000150	501(C)(3)	30,800.	0.			PROTECTING IMMIGRANT FAMILIES
MAKE THE ROAD STATES, INC. 301 GROVE STREET BROOKLYN, NY 11237	84-3988830	501(C)(3)	30,000.	0.			HEALTH FOR ALL
TEXAS IMMIGRATION LAW CENTER 5900 BALCONES DRIVE #23122 AUSTIN, TX 78731	92-3432986	501(C)(3)	20,000.	0.			PROTECTING IMMIGRANT FAMILIES
COLORADO CENTER ON LAW AND POLICY 789 N SHERMAN STREET SUITE 300 DENVER, CO 80203	84-1264154	501(C)(3)	20,000.	0.			PROTECTING IMMIGRANT FAMILIES
FLORIDA HEALTH JUSTICE PROJECT, INC. - 7901 4TH ST N #8705 - ST. PETERSBURG, FL 33702	82-3397515	501(C)(3)	20,000.	0.			PROTECTING IMMIGRANT FAMILIES
COMMUNITY CATALYST, INC. ONE FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	04-3355127	501(C)(3)	15,400.	0.			PROTECTING IMMIGRANT FAMILIES
NATIONAL HEALTH LAW PROGRAM 3701 WILSHIRE BLVD SUITE 315 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CENTER ON BUDGET AND POLICY PRIORITIES - 1275 FIRST STREET NE SUITE 1200 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
NORTHWEST HEALTH LAW ADVOCATES 1301 5TH AVENUE SUITE 1200 SEATTLE, WA 98101	91-1961032	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
ASIAN AND PACIFIC ISLANDER AMERICAN HEALTH FORUM - 461 BUSH STREET SUITE 400 - SAN FRANCISCO, CA 94108	94-3030866	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
CHILDREN'S DEFENSE FUND 840 FIRST STREET NE, SUITE 300 WASHINGTON, DC 20002	52-0895622	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
MOMSRISING EDUCATION FUND 12011 BEL-RED ROAD SUITE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
UNDOCUBLACK NETWORK INC 1121 14TH STREET NW FL 2 WASHINGTON, DC 20005	86-3899115	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
FREE MIGRATION PROJECT 426 EAST ALLEGHENY AVENUE UNIT 306 PHILADELPHIA, PA 19134	81-1938695	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
UNIDOS US 1126 16TH ST. NW SUITE 700 WASHINGTON, DC 20036	86-0212873	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION - 69 CANAL ST STE 3 - BOSTON, MA 02114	22-3115048	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COLORADO IMMIGRANT RIGHTS COALITION - 2525 W. ALAMEDA AVE - DENVER, CO 80219	73-1675486	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
CALIFORNIA IMMIGRANT POLICY CENTER 634 S. SPRING ST, 6TH FLOOR, SUITE LOS ANGELES, CA 90014	81-5304541	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS - PO BOX 590730 PO BOX 590730SAN FRANCISCO - SAN FRANCISCO, CA	94-3050247	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
FOOD RESEARCH AND ACTION CENTER 1200 18TH STREET, NW SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501(C)(3)	10,000.	0.			PROTECTING IMMIGRANT FAMILIES
NEW MEXICO CENTER ON LAW AND POVERTY - 301 EDITH BLVD NE - ALBUQUERQUE, NM 87102	85-0437960	501(C)(3)	5,400.	0.			PROTECTING IMMIGRANT FAMILIES
NEO PHILANTHROPY, INC. 1001 AVENUE OF THE AMERICAS 12TH FL NEW YORK, NY 10018	13-3191113	501(C)(3)	5,400.	0.			PROTECTING IMMIGRANT FAMILIES

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NILC IDENTIFIES ORGANIZATIONS THAT PROVIDE INSTRUMENTAL SUPPORT AND GUIDANCE TO HELP ADVANCE NILC'S GOALS. AFTER NILC IDENTIFIES ORGANIZATIONS MEETING NILC'S SELECTION CRITERIA, A MEMORANDA OF UNDERSTANDING IS AGREED UPON BY THE GRANTEE OUTLINING BOTH NILC'S AND THE GRANTEE'S RESPONSIBILITIES WHICH INCLUDE THE GRANTEE'S CONSENT TO HAVE THE USE OF GRANT FUNDS MONITORED BY NILC.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation 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 related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANGELICA MATOS PRESIDENT AND CEO	(i)	318,521.	0.	0.	12,925.	37,774.	369,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TASHA HARRIS EVP OF OPERATIONS	(i)	256,782.	0.	0.	10,372.	15,581.	282,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VICTORIA BALLESTEROS EVP OF STRAT COMMS & NARRATIVE	(i)	245,834.	0.	0.	10,013.	19,286.	275,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA GRAYBILL VP OF LAW AND POLICY	(i)	214,277.	0.	0.	8,643.	25,094.	248,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHERINE KAHN VP	(i)	212,202.	0.	0.	8,057.	13,942.	234,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEVIN BACOT VP HUMAN RESOURCES	(i)	187,804.	0.	0.	7,583.	24,928.	220,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIANNON GILLIS VP OF POLITICAL STRATEGY	(i)	182,161.	0.	0.	7,288.	9,799.	199,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NATIONAL IMMIGRATION LAW CENTER**
Employer identification number: **95-4539765**

Part 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	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	17	120,655.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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.

SCHEDULE M, PART I, COLUMN (B):
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 COUNTRY WITH A VISA TO REGISTER WITH THE GOVERNMENT OR FACE CRIMINAL
 PROSECUTION. THE TEAM HELPED ADVOCATES PREPARE FOR THE 5TH CIRCUIT
 COURT OF APPEALS HEARING IN THE TEXAS CASE CHALLENGING THE LEGALITY OF
 THE DEFERRED ACTION FOR CHILDHOOD ARRIVAL PROGRAM. STAFF CONTINUED
 PROMOTING THE IMPORTANCE OF A PERMANENT POLICY SOLUTION FOR YOUNG
 IMMIGRANTS WHO ARE AMERICAN IN EVERY WAY BUT ON PAPER. NILC WAS AT THE
 FOREFRONT OF RESPONDING TO THE RESCISSION OF A LONG-STANDING POLICY
 PREVENTING IMMIGRATION ENFORCEMENT IN "PROTECTED AREAS" LIKE HOSPITALS,
 SCHOOLS, AND CHURCHES. AND AFTER MIGRANTS WERE REMOVED FROM THE U.S.
 AND SENT TO EL SALVADOR'S NOTORIOUS CECOT PRISON, THE TEAM CREATED A
 LEGAL EXPLAINER FOR FAMILIES, PRODUCED A MULTI-LINGUAL COMMUNITY
 RESOURCE ON LOCATING A LOVED ONE, AND PROVIDED TECHNICAL INFORMATION TO
 POLICYMAKERS SEEKING TO ADDRESS DETERIORATING CONDITIONS IN IMMIGRATION
 DETENTION FACILITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 FOR ALL CHILDREN, REGARDLESS OF IMMIGRATION STATUS. AS PART OF ITS
 HEALTH FOR ALL CAMPAIGN, NILC LED A FOUR-PART SERIES OF WEBINARS
 FOCUSED ON IMPROVING COORDINATION AMONG PARTNER ORGANIZATIONS ON
 NAVIGATING NEW BARRIERS TO IMMIGRANTS' ABILITY TO ACCESS HEALTH CARE
 PROGRAMS, AND EXPANDING ACCESS TO HEALTH CARE FOR IMMIGRANT CHILDREN
 AND PREGNANT PEOPLE. TO RESPOND TO INCREASED ENFORCEMENT ACTIONS
 TARGETING IMMIGRANT WORKERS, NILC COORDINATED WITH AN ORGANIZATIONAL
 PARTNER TO LAUNCH A SEVEN-PART WEBINAR SERIES COVERING VARIOUS ASPECTS
 OF WORKSITE RAIDS, CREATED A NATIONAL LISTSERV ON WORKSITE RAIDS
 RESPONSE, AND CO-CONVENED TWO NEW WORKING GROUPS ONE FOCUSED ON
 PROTECTING IMMIGRANT WORKERS' ABILITY TO FIGHT FOR THEIR RIGHTS ON THE
 JOB, AND THE OTHER FOCUSED ON STRATEGIZING WITH WORKER CENTER
 ORGANIZERS TO SUPPORT IMMIGRANT WORKERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 PROTECTING IMMIGRANT FAMILIES: PROTECTING IMMIGRANT FAMILIES (PIF)
 PROTECTED AND DEFENDED ACCESS TO HEALTH CARE, NUTRITION PROGRAMS,
 PUBLIC SERVICES, AND ECONOMIC SUPPORTS FOR IMMIGRANTS AND THEIR
 FAMILIES AT THE LOCAL, STATE, AND FEDERAL LEVELS. AS OF DECEMBER 1,
 2025, PIF BECAME A PROJECT OF NEW VENTURE FUND, ITS NEW FISCAL SPONSOR.
 PIF CEASED TO BE A PROGRAM OF NATIONAL IMMIGRATION LAW CENTER. PIF
 FOLLOWED ITS DONORS' INSTRUCTIONS TO EITHER RETURN FUND BALANCES OR
 TRANSFER BALANCES TO NEW VENTURE FUND. CONTACT PIFCOALITION.ORG FOR
 MORE INFORMATION.
 EXPENSES \$ 2,967,892. INCLUDING GRANTS OF \$ 682,800. REVENUE \$ 5,000.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE FORM 990 IS PRESENTED TO THE MEMBERS OF THE BOARD AUDIT COMMITTEE FOR
 THEIR REVIEW AND APPROVAL. ONCE APPROVED, THE FORM 990 IS SHARED AS AN
 INFORMATIONAL ITEM TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
 EACH DIRECTOR AND OFFICER OF THE BOARD ANNUALLY SIGNS A STATEMENT WHICH
 AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST
 POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
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POLICY, AND UNDERSTANDS THAT THE CORPORATION IS CHARITABLE AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE BOARD CHAIR AND PRESIDENT AND CEO OF NATIONAL IMMIGRATION LAW CENTER ARE RESPONSIBLE FOR ENSURING ALL CONFLICTS OF INTEREST DISCLOSURE STATEMENTS ARE SUBMITTED TO THE ORGANIZATION AND FOR REVIEWING THE STATEMENTS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE INTERESTED PERSON DISCLOSES THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR AMENDMENT. AFTER DISCLOSING THE FINANCIAL INTEREST, THE INTERESTED PERSON WILL NOT PARTICIPATE IN THE BOARD'S CONSIDERATION OF THE PROPOSED TRANSACTION.

AFTER THE BOARD HAS OBTAINED ALL NECESSARY INFORMATION REGARDING THE PROPOSED TRANSACTION OR ARRANGEMENT, THE BOARD MEETS WITHOUT THE PRESENCE OF THE INTERESTED PERSON, AND VOTES ON IF THEY WILL APPROVE THE TRANSACTION. ALL RECORDS OF THESE PROCEEDINGS ARE MAINTAINED IN THE MINUTES OF THE BOARD.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE PRESIDENT AND CEO BASED ON A PERFORMANCE EVALUATION AND COMPARABILITY DATA FOR SALARIES OF TOP MANAGEMENT OFFICIALS IN THE NON-PROFIT SECTOR. THE BOARD LAST REVIEWED THE PRESIDENT AND CEO'S COMPENSATION IN MAY 2024. THE STAFF SENIOR LEADERSHIP TEAM SETS THE COMPENSATION FOR ALL EMPLOYEES, INCLUDING ALL KEY EMPLOYEES EXCEPT FOR THE PRESIDENT AND CEO, BASED ON AN INTERNAL SALARY SCALE DEVELOPED AFTER REVIEW OF COMPARABILITY DATA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, OR, PA, SC, TN, UT, VA, WV

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROJECT MANAGEMENT:

PROGRAM SERVICE EXPENSES	12,801.
MANAGEMENT AND GENERAL EXPENSES	1,169.
FUNDRAISING EXPENSES	1,030.
TOTAL EXPENSES	15,000.

POLICY STRATEGY:

PROGRAM SERVICE EXPENSES	25,089.
MANAGEMENT AND GENERAL EXPENSES	2,292.
FUNDRAISING EXPENSES	2,019.
TOTAL EXPENSES	29,400.

ADMINISTRATIVE SUPPORT:

PROGRAM SERVICE EXPENSES	339,878.
MANAGEMENT AND GENERAL EXPENSES	31,048.
FUNDRAISING EXPENSES	27,347.
TOTAL EXPENSES	398,273.

COMMUNICATIONS SUPPORT:

Name of the organization	NATIONAL IMMIGRATION LAW CENTER	Employer identification number	95-4539765
PROGRAM SERVICE EXPENSES			220,060.
MANAGEMENT AND GENERAL EXPENSES			20,102.
FUNDRAISING EXPENSES			17,706.
TOTAL EXPENSES			257,868.
STRATEGIC CONSULTING:			
PROGRAM SERVICE EXPENSES			105,459.
MANAGEMENT AND GENERAL EXPENSES			9,634.
FUNDRAISING EXPENSES			8,485.
TOTAL EXPENSES			123,578.
DATA COLLECTION:			
PROGRAM SERVICE EXPENSES			206,220.
MANAGEMENT AND GENERAL EXPENSES			18,838.
FUNDRAISING EXPENSES			16,592.
TOTAL EXPENSES			241,650.
OTHER CONSULTANTS:			
PROGRAM SERVICE EXPENSES			1,405,316.
MANAGEMENT AND GENERAL EXPENSES			128,375.
FUNDRAISING EXPENSES			113,071.
TOTAL EXPENSES			1,646,762.
LITIGATION SUPPORT:			
PROGRAM SERVICE EXPENSES			81,867.
MANAGEMENT AND GENERAL EXPENSES			7,478.
FUNDRAISING EXPENSES			6,587.
TOTAL EXPENSES			95,932.
DEVELOPMENT LEADERSHIP:			
PROGRAM SERVICE EXPENSES			153,953.
MANAGEMENT AND GENERAL EXPENSES			14,064.
FUNDRAISING EXPENSES			12,387.
TOTAL EXPENSES			180,404.
PUBLIC RELATIONS:			
PROGRAM SERVICE EXPENSES			38,658.
MANAGEMENT AND GENERAL EXPENSES			3,532.
FUNDRAISING EXPENSES			3,110.
TOTAL EXPENSES			45,300.
EVENT FACILITATION:			
PROGRAM SERVICE EXPENSES			14,689.
MANAGEMENT AND GENERAL EXPENSES			1,342.
FUNDRAISING EXPENSES			1,182.
TOTAL EXPENSES			17,213.
SECURITY SERVICES:			
PROGRAM SERVICE EXPENSES			86,618.
MANAGEMENT AND GENERAL EXPENSES			7,913.
FUNDRAISING EXPENSES			6,969.
TOTAL EXPENSES			101,500.
TRANSLATION SERVICES:			
PROGRAM SERVICE EXPENSES			41,594.
MANAGEMENT AND GENERAL EXPENSES			4,755.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NATIONAL IMMIGRATION LAW CENTER** Employer identification number **95-4539765**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NILC IMMIGRANT JUSTICE FUND - 46-2030419 P.O. BOX 34573 WASHINGTON, DC 20043	IMMIGRATION POLICY	CALIFORNIA	501(C)(4)	N/A	NILC	X	

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NILC IMMIGRANT JUSTICE FUND	B	250,000.	FMV
(2) NILC IMMIGRANT JUSTICE FUND	N	5,482.	FMV
(3) NILC IMMIGRANT JUSTICE FUND	O	355,570.	FMV
(4)			
(5)			
(6)			

