

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

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 ITALIAN AMERICAN FOUNDATION, INC		D Employer identification number 52-1071723
	Doing business as		E Telephone number (202) 387-0600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1860 19TH STREET, NW		G Gross receipts \$ 7,127,988.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009-5501		
F Name and address of principal officer: ROBERT V. ALLEGRINI SAME AS C ABOVE		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: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NIAF.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1975** **M** State of legal domicile: **DC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES ALL ITALIAN AMERICANS WITH A NATIONAL HEADQUARTERS DEDICATED TO		
	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	50
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	50
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	29
	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)	2,557,025.	2,343,745.
	9 Program service revenue (Part VIII, line 2g)	2,249,683.	2,253,508.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271,939.	224,504.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,078,647.	4,821,757.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	720,265.	793,972.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,376,077.	1,468,960.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 100,825.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,759,636.	3,252,915.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,855,978.	5,515,847.	
19 Revenue less expenses. Subtract line 18 from line 12	222,669.	-694,090.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,404,032.	End of Year 12,234,364.
	21 Total liabilities (Part X, line 26)	856,302.	798,195.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,547,730.	11,436,169.

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		Date		
	ROBERT V. ALLEGRINI, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name CST GROUP, CPAS, PC		11/15/24		
Firm's address 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191-4424			Firm's EIN 54-1019610		
			Phone no. (703) 391-2000		

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: THE NATIONAL ITALIAN AMERICAN FOUNDATION (NIAF) IS A NONPROFIT, NONPARTISAN EDUCATIONAL FOUNDATION THAT PROMOTES ITALIAN AMERICAN CULTURE AND HERITAGE. THE NIAF SERVES AS A RESOURCE IN THE ITALIAN AMERICAN COMMUNITY AND HAS EDUCATIONAL AND YOUTH PROGRAMS INCLUDING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] 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 \$ 1,206,267. including grants of \$ 793,972.) (Revenue \$ 404,711.) SCHOLARSHIPS/ GRANTS: APPROXIMATELY \$794K WAS AWARDED FOR GRANTS, SCHOLARSHIPS AND OTHER EDUCATION PROGRAMS. SCHOLARSHIPS WERE PRESENTED TO STUDENTS AT THE COLLEGE AND GRADUATE LEVELS. GRANTS WERE AWARDED FOR SUCH CATEGORIES AS GENERAL UNDERGRADUATE, WOMEN'S STUDIES, ITALIAN LANGUAGE, COMMUNICATIONS, ETC.

4b (Code:) (Expenses \$ 1,895,931. including grants of \$) (Revenue \$ 1,071,528.) GALA DINNER: AN ANNUAL EVENT THAT HONORS DISTINGUISHED ITALIAN AMERICAN MEN AND WOMEN WHO HAVE MADE SUBSTANTIAL CONTRIBUTIONS TO THEIR PROFESSIONS IN SUCH FIELDS AS EDUCATION, HUMANITARIANISM, BUSINESS, ENTERTAINMENT, SCIENCE, AND SPORTS. PROCEEDS FROM THE DINNER SUPPORT NIAF'S CULTURAL, SCHOLARSHIP, AND EDUCATIONAL PROGRAMS.

4c (Code:) (Expenses \$ 287,167. including grants of \$) (Revenue \$) MEMBER SERVICES: TIERED MEMBERSHIP PROGRAM OFFERING VARIOUS OPPORTUNITIES FOR EACH LEVEL OF MEMBERSHIP. MEMBERSHIP SUPPORT HAS ALLOWED NIAF TO EXPAND ITS MANY YOUTH PROGRAMS, SCHOLARSHIP OFFERINGS AND GRANT AWARDS TO THOUSANDS OF DESERVING ITALIAN AMERICANS THROUGHOUT THE COUNTRY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 204,785. including grants of \$) (Revenue \$ 727,924.)

4e Total program service expenses 3,594,150.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 16	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 50		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed DC
- 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.
 Own website Another's website 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
NATIONAL ITALIAN AMERICAN FOUNDATION, INC - (202)-939-3111
1860 19TH ST NW, WASHINGTON, DC 20009

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) ROBERT V. ALLEGRINI PRESIDENT	40.00					X	328,116.	0.	62,284.	
(2) GERALDINE JONES CHIEF OF STAFF	40.00					X	167,622.	0.	30,378.	
(3) PETER J. ARDUINI VICE CHAIRMAN OF FUND DEVE	3.00	X		X			0.	0.	0.	
(4) KENNETH J. ASPROMONTE VICE CHAIRMAN INTERNAIONA	3.00	X		X			0.	0.	0.	
(5) MARIA BARTIROMO AT LARGE MEMBERS OF EXECUT	0.30	X					0.	0.	0.	
(6) CAPRI S. CAFARO BOARD MEMBER	0.30	X					0.	0.	0.	
(7) JOHN F. CALVELLI EXECUTIVE VICE CHAIR	3.00	X		X			0.	0.	0.	
(8) LINDA R. CARLOZZI ESQ. EVP, SCHOLARSHIPS & GRANTS	3.00	X		X			0.	0.	0.	
(9) ROBERT E. CARLUCCI CHAIRMAN	3.00	X		X			0.	0.	0.	
(10) PAOLO CATALFAMO BOARD MEMBER	0.30	X					0.	0.	0.	
(11) MIKE A. FERGUSON AT LARGE MEMBERS OF EXECUT	0.30	X					0.	0.	0.	
(12) FRANK GIORDANO EVP OF GOVERNMENT RELATION	3.00	X		X			0.	0.	0.	
(13) ANTONIO GIORDANO, MD AT LARGE MEMBERS OF EXECUT	0.30	X					0.	0.	0.	
(14) GERARD S. LAROCCA EVP OF NATIONAL MEMBERSHIP	3.00	X		X			0.	0.	0.	
(15) JOSEPH D. LONARDO ESQ. GENERAL COUNSEL	3.00	X		X			0.	0.	0.	
(16) ANITA BEVACQUA MCBRIDE VICE CHAIR NATIONAL	3.00	X		X			0.	0.	0.	
(17) JOSEPH H. MOGLIA BOARD MEMBER	0.30	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) JOHN P. ROSA BOARD MEMBER	0.30	X						0.	0.	0.
(19) LOUIS E. TOSI ESQ. AT LARGE MEMBERS OF EXECUT	0.30	X						0.	0.	0.
(20) PATRICIA DE STACY HARRISON BOARD MEMBER	0.30	X						0.	0.	0.
(21) NICHOLAS R. CAIAZZO ESQ. BOARD MEMBER	0.30	X						0.	0.	0.
(22) GEORGE M. SIMEONE TREASURER	3.00	X		X				0.	0.	0.
(23) ANTHONY S. DISANDRO JR. SECRETARY	1.30	X		X				0.	0.	0.
(24) ALFONSO RUFFO BOARD MEMBER	0.30	X						0.	0.	0.
(25) ANTONIO DE MATTEIS BOARD MEMBER	0.30	X						0.	0.	0.
(26) JOSEPH V. DEL RASO ESQ. BOARD MEMBER	0.30	X						0.	0.	0.
1b Subtotal								495,738.	0.	92,662.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								495,738.	0.	92,662.

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 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
THE OMNI SHOREHAM HOTEL 2500 CALVERT ST. NW, WASHINGTON, DC 20008	VENUE FOR NIAF'S FALL GALAS, NORMALLY	368,950.
CIPRIANI, 42ND STREET LESSEE, LLC, 110 EAST 42ND STREET, NEW YORK, NY	VENUE FOR NIAF'S EVENTS AND MEETINGS	197,509.
ARIZONA BILTMORE, 2400 EAST MISSOURI AVENUE, PHOENIX, AZ 85016	VENUE FOR NIAF'S PHOENIX REGIONAL GAL	158,234.
GLEN OAKS CLUB, 175 POST ROAD, OLD WESTBURY, NEW YORK, NY 10568	VENUE FOR NIAF'S ANNUAL NEW YORK GOLF	149,735.
QCORE GROUP, LLC 6321 ALBRO LN, ALEXANDRIA, VA 22312	ONE OF TWO IT PROVIDERS FOR NIAF	135,491.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) DANIEL M. DILELLA BOARD MEMBER	0.30	X					0.	0.	0.	
(28) JOSEPH D. GULINO BOARD MEMBER	0.30	X					0.	0.	0.	
(29) FRANK MATTEI BOARD MEMBER	0.30	X					0.	0.	0.	
(30) DINO F. PETRONGOLO BOARD MEMBER	0.30	X					0.	0.	0.	
(31) CARL SCHRAMM BOARD MEMBER	0.30	X					0.	0.	0.	
(32) ALAN A. DAMBROSIO ESQ. BOARD MEMBER	0.30	X					0.	0.	0.	
(33) AURELIO DE LAURENTIIS BOARD MEMBER	0.30	X					0.	0.	0.	
(34) DOMINIC CAGLIOTI BOARD MEMBER	0.30	X					0.	0.	0.	
(35) GERARD V. CENTIOLI BOARD MEMBER	0.30	X					0.	0.	0.	
(36) ANDREA DELFINI BOARD MEMBER	0.30	X					0.	0.	0.	
(37) JANET M. DIFIIORE BOARD MEMBER	0.30	X					0.	0.	0.	
(38) DEBRA DIMAGGIO ESQ. BOARD MEMBER	0.30	X					0.	0.	0.	
(39) MICHAEL MATURO BOARD MEMBER	0.30	X					0.	0.	0.	
(40) MASSIMO PETRONE BOARD MEMBER	0.30	X					0.	0.	0.	
(41) PETER RIGUARDI BOARD MEMBER	0.30	X					0.	0.	0.	
(42) GARY J. SILVI BOARD MEMBER	0.30	X					0.	0.	0.	
(43) NICK SINATRA BOARD MEMBER	0.30	X					0.	0.	0.	
(44) GIOVANNI COLAVITA BOARD MEMBER	0.30	X					0.	0.	0.	
(45) FUCSIA NISSOLI FITZGERALD BOARD MEMBER	0.30	X					0.	0.	0.	
(46) JOSEPH GUCCIONE BOARD MEMBER	0.30	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include board members like Stefano Lucchini, Charles Lynch, Kenneth Realì, Patrick Salvi, John Silvestri, and Angelo Vivolo.

Total to Part VII, Section A, line 1c

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	793,489.				
	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	1,550,256.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			2,343,745.			
Program Service Revenue	2 a	GALA DINNER	Business Code	900099	1,071,528.	1,071,528.		
	b	SPECIAL PROJECTS		900099	712,628.	712,628.		
	c	EDUCATION DEPARTMENT		900099	404,711.	404,711.		
	d	PUBLICATIONS REVENUE		541800	49,345.		49,345.	
	e	OTHER		900099	15,296.	15,296.		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,253,508.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			240,092.		240,092.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						2,290,643.		
	b	Less: cost or other basis and sales expenses	7b	2,306,231.				
c	Gain or (loss)	7c	-15,588.					
d	Net gain or (loss)			-15,588.		-15,588.		
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	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			4,821,757.	2,204,163.	0.	273,849.	

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

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	178,175.	178,175.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	200,325.	200,325.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	415,472.	415,472.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,129,135.	542,035.	523,018.	64,082.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,690.	51,821.	49,766.	6,103.
9 Other employee benefits	154,342.	73,966.	71,608.	8,768.
10 Payroll taxes	77,793.	37,344.	36,034.	4,415.
11 Fees for services (nonemployees):				
a Management				
b Legal	173,859.	5,540.	168,319.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,255.		50,255.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	83,762.	41,740.	41,947.	75.
12 Advertising and promotion	37,664.	18,888.	18,076.	700.
13 Office expenses	366,567.	131,536.	234,444.	587.
14 Information technology	229,157.	1,827.	227,330.	
15 Royalties				
16 Occupancy	92,765.		92,765.	
17 Travel	322,983.	187,968.	134,629.	386.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,283,195.	1,269,936.		13,259.
20 Interest	14,080.		14,080.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,491.		55,491.	
23 Insurance	35,207.		35,207.	
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 AUCTION ITEMS	247,495.	247,495.		
b DESIGN AND PRODUCTION C	164,862.	137,723.	27,139.	
c MEETING EXPENSES	94,175.	51,855.	39,920.	2,400.
d DUES & SUBSCRIPTIONS	1,398.	504.	844.	50.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,515,847.	3,594,150.	1,820,872.	100,825.
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	97,240.	1	166,187.
	2 Savings and temporary cash investments	2,203,058.	2	1,739,550.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,352,171.	4	1,743,604.
	5 Loans and other receivables from any current or 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	174,872.	9	242,368.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,335,780.		
	b Less: accumulated depreciation	10b 1,686,121.		
	11 Investments - publicly traded securities	702,163.	10c	649,659.
	12 Investments - other securities. See Part IV, line 11	6,874,528.	11	7,692,996.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,404,032.	15		
		16	12,234,364.	
Liabilities	17 Accounts payable and accrued expenses	223,372.	17	240,011.
	18 Grants payable		18	
	19 Deferred revenue	131,500.	19	63,305.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete 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	501,430.	25	494,879.
	26 Total liabilities. Add lines 17 through 25	856,302.	26	798,195.
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	2,272,346.	27	1,743,738.
	28 Net assets with donor restrictions	9,275,384.	28	9,692,431.
	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	11,547,730.	32	11,436,169.
	33 Total liabilities and net assets/fund balances	12,404,032.	33	12,234,364.

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	4,821,757.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,515,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	-694,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,547,730.
5	Net unrealized gains (losses) on investments	5	582,529.
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	11,436,169.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1740641.	1216705.	1748898.	2557025.	2445992.	9709261.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1546396.	702,842.	2892678.	2249683.	2151261.	9542860.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3287037.	1919547.	4641576.	4806708.	4597253.	19252121.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	320,490.	296,434.	256,400.	232,600.	568,650.	1674574.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	85,550.	88,485.	17,572.	271,996.	29,423.	493,026.
c Add lines 7a and 7b	406,040.	384,919.	273,972.	504,596.	598,073.	2167600.
8 Public support. (Subtract line 7c from line 6.)						17084521.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	3287037.	1919547.	4641576.	4806708.	4597253.	19252121.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249,411.	186,714.	229,783.	196,774.	240,092.	1102774.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	249,411.	186,714.	229,783.	196,774.	240,092.	1102774.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3536448.	2106261.	4871359.	5003482.	4837345.	20354895.

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	83.93 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	84.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	5.42 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	6.17 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A

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

2023

**** Do Not File ****

***** Not Open to Public Inspection *****

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

Schedule A

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

2023

**** Do Not File ****

***** Not Open to Public Inspection *****

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

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

2023

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

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

Schedule B
(Form 990)

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

2023

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
NATIONAL ITALIAN AMERICAN FOUNDATION, INC	52-1071723

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	ALIANTE PARTNERS S.P.A. VAT NUMBER 05271080961 VIA DEI PIATTI, 9 MILAN, ITALY 20123	\$ 14,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALMAS PARTECIPAZIONI INDUSTRIALI VIA MOZZONI LOC SAN DOMENICO OTTAVIANO, ITALY 80044	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AP CONSTRUCTION 915 S. BLACKHORSE PIKE BLACKWOOD, NJ 08012	\$ 9,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ASPROMONTE, KENNETH 2 DERHAM PARC HOUSTON, TX 77024	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ASSICURAZIONI GENERALI S.P.A. PIAZZA TRE TORRI, 1 MILAN, ITALY 20145	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ATLANTIC TRAILER LEASING 170 EAST MAIN STREET MOORESTOWN, NJ 08057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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	BARTIROMO, MARIA 73 DUNE ROAD WESTHAMPTON, NY 11978	\$ 14,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BECKER & POLLAKOFF P.A. 1275 K STREET, NW SUITE 850 WASHINGTON, DC 20009	\$ 14,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BERETTA USA CORP. 17601 BERETTA WAY ACCOKEEK, MD 20607	\$ 9,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BLOOMBERG LP 731 LEXINGTON AVENUE NEW YORK, NY 10022	\$ 6,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BOSTON PROPERTIES INC. (BXP) 599 LEXINGTON AVENUE, 16TH FLOOR NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BRACCO DIAGNOSTICS INC. 250 PROSPECT PLAINS ROAD #H MONROE TOWNSHIP, NJ 08831	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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	CAFARO, CAPRI 658 WARNER ROAD HUBBARD, OH 44425	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CAMPARI AMERICA 1114 AVENUE OF THE AMERICAS, 19TH FLOOR THE GRACE BUILDING NEW YORK, NY 10036	\$ 21,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CAPANO MANAGEMENT 105 FOULK ROAD WILMINGTON, DE 19803	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CARLUCCI, ROBERT 1555 SOUTH OCEAN BLVD. MANALAPAN, FL 33462	\$ 17,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CBRE 200 PARK AVENUE NEW YORK, NY 10166	\$ 21,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CION INVESTMENT GROUP 100 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10017	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
19	<u>CLAAR ADVISORS LLC</u> <u>10 NORMANDY LANE</u> <u>SCARSDALE, NY 10583</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>COLAVITA USA LLC</u> <u>1 RUNYONS LANE</u> <u>EDISON, NJ 08817</u>	\$ <u>19,568.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>CORPORATION FOR PUBLIC BROADCASTING</u> <u>PRESIDENT AND CEO</u> <u>WASHINGTON, DC 20004</u>	\$ <u>9,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>DELAWARE VALLEY REGIONAL ECONOMIC DEVELOPMENT FUND</u> <u>1500 MARKET STREET, 12TH FLOOR EAST T</u> <u>PHILADELPHIA, PA 19102</u>	\$ <u>6,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>DELOITTE AND TOUCHE</u> <u>30 ROCKEFELLER PLAZA 30TH FLOOR</u> <u>NEW YORK, NY 11001</u>	\$ <u>19,571.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>DM DILELLA FAMILY FOUNDATION</u> <u>3843 WEST CHESTER PIKE</u> <u>NEWTOWN SQUARE, PA 19073</u>	\$ <u>21,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
25	<u>DRRT</u> <u>340 W. FLAGLER STREET #201</u> <u>MIAMI, FL 33130</u>	\$ <u>7,244.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>FERRERO</u> <u>700 PENNSYLVANIA AVENUE, SE STE. 500</u> <u>WASHINGTON, DC 20003</u>	\$ <u>6,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>GED SRLS</u> <u>VIA FERRUCCI, 58</u> <u>PRATO, ITALY 59100</u>	\$ <u>5,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>GOLISANO, THOMAS</u> <u>3175 GREEN DOLPHIN LANE</u> <u>NAPLES, FL 34102</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>GUARANTEED RATE</u> <u>3940 NORTH RAVENSWOOD AVENUE</u> <u>CHICAGO, IL 60613</u>	\$ <u>9,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>GUARINI, GEORGE</u> <u>65 PRINCEVILLE LANE</u> <u>LAS VEGAS, NV 89113</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
31	HILL & CO. 262 E. MAIN STREET MOORESTOWN, NJ 08057	\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	HPS INVESTMENT PARTNERS, LLC 40 WEST 57TH STREET NEW YORK, NY 10019	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	IL CIRCOLO 7411 MODERNA DRIVE BOYNTON BEACH, FL 33437	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	IMD/MEDIASET ITALIA 100 UNIVERSAL CITY PLAZA BLDG.1440/1100, 9TH FL. UNIVERSAL CITY, CA 91608	\$ 13,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	INTERSTATE COMMERCIAL REAL ESTATE, INC. 14000 HORIZON WAY, SUITE 100 MOUNT LAUREL, NJ 08054	\$ 22,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	INTESA SANPAOLO SPA ONE WILLIAM STREET NEW YORK, NY 10004	\$ 41,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
37	INVNT GROUP 101 GREENWICH STREET, 26TH FLOOR NEW YORK, NY 10006	\$ 18,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	IREN SPA VIA NUBI DI MAGELLANO 30 REGGIO EMILIA, ITALY 43123	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KITON CORPORATION 4 EAST 54TH STREET NEW YORK, NY 10022	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	KPMG LLC 1601 MARKET STREET PHILADELPHIA, PA 19103	\$ 13,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	LA SPERANZA CHARITABLE FOUNDATION 205 MCCLURE DRIVE BLUE BELL, PA 19422	\$ 15,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	LAROCCA, GERARD 138 HILLTOP ROAD MENDHAM, NJ 07945	\$ 6,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
43	LEANDRO P RIZZUTO FOUNDATION 2200 NW CORPORATE BLVD. SUITE 317 BOCA RATON, FL 33431	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	LEONARDO US CORPORATION 1235 SOUTH CLARK STREET ARLINGTON, VA 22202	\$ 53,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	LIFESTAR HOLDING PLC TESTAFERRATA STREET TA XBIEX XBX, MALTA 1403	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MAVERICK CAPITAL CHARITIES C/O JORDAN DAY 1900 N. PEARL STREET, 20TH FLOOR DALLAS, TX 75201	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	MCBRIDE, ANITA 5016 UPTON STREET, NW WASHINGTON, DC 20016	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	MOGLIA FAMILY FOUNDATION 505 CORNHUSTER ROAD STE. 105, #393 BELLEVUE, NE 68005	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
49	MONTI, PASQUALINO ENAV SPA, VIA SALARIA 716 ROME, ITALY 00138	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	MULLEN, ELEANOR GRAY 5690 THREE NOTCHED ROAD, STE. 200 CROZET, VA 22932	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	OSIA 219 E STREET, NE WASHINGTON, DC 20002	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	PANEPINTO PROPERTIES 3 2ND STREET, #1203 JERSEY CITY, NJ 07302	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	PETRONE GROUP SRL VIALE DELLA LIBERAZIONE 111 NAPLES, ITALY 80125	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	PHRMA 950 F STREET, NW, #300 WASHINGTON, DC 20004	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
55	REALI, KENNETH 216C W. GEER STREET DURHAM, NC 27701	\$ 19,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	REDBIRD CAPITAL PARTNERS 667 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10065	\$ 36,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	REGIONE EMILIA-ROMAGNA VIALE ALDO MORO, 52 BOLOGNA, ITALY 40127	\$ 122,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	REPUBLIC NATIONAL DISTRIBUTING COMPANY 402 S. 54TH PLACE PHOENIX, AZ 85034	\$ 14,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	ROSA, JOHN 13405 CHESTNUT OAK DRIVE DARNESTOWN, MD 20878	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	RUFRANO, GLENN 3112 SHORE ROAD BELLMORE, NY 11710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
61	RXR REALTY LLC 625 REALTY PLAZA UNIONDALE, NY 11556	\$ 12,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	SALVI, SCHOSTOK & PRITCHARD P.C. 161 NORTH CLARK STREET SUITE 4700 CHICAGO, IL 60611	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	SBARRO HEALTH RESEARCH ORGANIZATION 1230 GULPH CREEK DRIVE RADNOW, PA 19087	\$ 22,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	SCHRAMM, CARL PO BOX 531 BROOKLANDVILLE, MD 21022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	SILVESTRI FAMILY FOUNDATION 26 WEST 68TH STREET NEW YORK, NY 10023	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SINATRA AND COMPANY 617 MAIN STREET SUITE 200 BUFFALO, NY 14203	\$ 5,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
67	STADLER FAMILY CHARITABLE FOUNDATION PO BOX 326 TITUSVILLE, NJ 08560	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	STAMPEDE VENTURES 4024 RADFORD AVENUE, 2ND FLOOR STUDIO CITY, CA 91604	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	THE CAGLIOTI GROUP 41 GROVE STREET 2ND FLOOR HADDONFIELD, NJ 08033	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	THE FRANCESCO AND MARY GIAMBELLI FOUNDATION 60 CROSSWAYS PARK DRIVE WEST SUITE 301 WOODBURY, NY 11797	\$ 31,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THE GERALD & JOAN COLANGELO FAMILY TRUST 70 E. COUNTRY CLUB DRIVE PHOENIX, AZ 85014	\$ 16,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	THE MAGGIORE GROUP 14747 N. NORTHSIGHT BLVD., STE. 106 SCOTTSDALE, AZ 85260	\$ 53,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
73	THE PENATES FOUNDATION ONE LIBERTY LANE EAST HAMPTON, NH 03842	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	THE RC GROUP 2530 RIVA ROAD SUITE 400 ANNAPOLIS, MD 21401	\$ 23,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	THREE CHORD BOURBON, INC. 8940 MAIN STREET CLARENCE, NY 14031	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	TROUTMAN PEPPER 3000 TWO LOGAN SQUARE 18TH AND ARCH STREETS PHILADELPHIA, PA 19103	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	UNITEL MANAGEMENT, LLC 3122 FIRE ROAD SUITE 200 EGG HARBOR TOWNSHIP, NJ 08234	\$ 6,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	VESPER PROPERTY GROUP 1100 BRYNLAWN DRIVE VILLANOVA, PA 19085	\$ 9,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
79	WALGREENS BOOTS ALLIANCE 108 WILMOT ROAD MS 1858 DEERFIELD, IL 60015	\$ 7,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	XFL 667 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10065	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	SHERIFF'S DEPARTMENT OF MARICOPA COUNTY/PAUL PENZONE 3370 N. HAYDEN ROAD, #128 SCOTTSDALE, AZ 85251	\$ 8,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	STEVENS & LEE 620 FREEDOM BUSINESS CENTER, SUITE 200 KING OF PRUSSIA, PA 19406	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	HOTEL PALAZZO GIOVANELLI SANTA CROCE 2070/A VENICE, ITALY 30135	\$ 6,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	NERO LIFESTYLE PIAZZA CASTELLO N.26 MILANO, ITALY 20121	\$ 5,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
85	<u>NERO LIFESTYLE</u> <u>PIAZZA CASTELLO N.26</u> <u>MILANO, ITALY 20121</u>	\$ <u>8,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	<u>NERO LIFESTYLE</u> <u>PIAZZA CASTELLO N.26</u> <u>MILANO, ITALY 20121</u>	\$ <u>5,289.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	<u>NERO LIFESTYLE</u> <u>PIAZZA CASTELLO N.26</u> <u>MILANO, ITALY 20121</u>	\$ <u>10,577.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	<u>PARADISE RESORT SANTORINI</u> <u>AKROTIRI</u> <u>SANTORINI, GREECE 84700</u>	\$ <u>6,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	<u>CASA DE CAMPO RESORT AND VILLAS</u> <u>CARRETERA LA ROMANA - HIGUEY HWY</u> <u>LA ROMANA, DOMINICAN REPUBLIC 22000</u>	\$ <u>5,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
81	HELICOPTER RIDE AND LUNCH WITH FORMER SHERIFF PENZONE <hr/> <hr/> <hr/>	\$ <u>8,500.</u>	<u>12/31/23</u>
82	VIP EXCLUSIVE DINNER WITH COACH VERMEIL, COACH SIRIANNI AND DOM AT CELLAR 62. WINNER AND 8 GUESTS (TOTAL OF 9) WOULD HAVE DINNER WITH THE COACHES AND DOM IN CELLAR 62 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	<u>12/31/23</u>
83	VENICE TRIP- THREE-NIGHT-STAY FOR TWO IN HOTEL PALAZZO GIOVANELLI'S WOLFGANG AMADEUS MOZART SUITE OR <hr/> <hr/> <hr/>	\$ <u>6,200.</u>	<u>12/31/23</u>
84	ANDREA BOCELLI MEET AND GREET <hr/> <hr/> <hr/>	\$ <u>5,289.</u>	<u>12/31/23</u>
85	ROME & PUGLIA TRIP- 12-NIGHT ITINERARY FOR TWO IN APULIA: ROME, 2 NIGHTS AT PALAZZO RIPETTA; SALENTO <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	<u>12/31/23</u>
86	ANDREA BOCELLI MEET AND GREET <hr/> <hr/> <hr/>	\$ <u>5,289.</u>	<u>12/31/23</u>

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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
87	LIGURIAN TRIP- 8 NIGHTS BUNDLE FOR TWO. SANREMO, 4 NIGHTS AT MIRAMARE THE PALACE HOTEL. SANTA MARG <hr/> <hr/>	\$ <u>10,577.</u>	<u>12/31/23</u>
88	PARADISE IN SANTORINI GREECE FOR TWO <hr/> <hr/>	\$ <u>6,000.</u>	<u>12/31/23</u>
89	CASA DE CAMPO PRIVATE VILLA FOR 8 <hr/> <hr/>	\$ <u>5,500.</u>	<u>12/31/23</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: NATIONAL ITALIAN AMERICAN FOUNDATION, INC. Employer identification number: 52-1071723

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 2006), and questions 3-9 regarding modifications, monitoring, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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	3,025,887.	3,015,887.	2,975,887.	2,975,887.	2,875,887.
b Contributions	184,214.	10,000.	40,000.		100,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,210,101.	3,025,887.	3,015,887.	2,975,887.	2,975,887.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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	344,963.			344,963.
b Buildings	1,555,061.		1,265,863.	289,198.
c Leasehold improvements				
d Equipment	435,756.		420,258.	15,498.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				649,659.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) CREDIT CARD PAYABLE	6,937.
(3) NOTE PAYABLE	487,942.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	494,879.

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	5,404,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	582,529.	
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	582,529.	
3	Subtract line 2e from line 1		3	4,821,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,821,757.

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	5,451,513.
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	5,451,513.
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	50,254.	
b	Other (Describe in Part XIII.)	4b	14,080.	
c	Add lines 4a and 4b	4c		64,334.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,515,847.

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

Part XIII Supplemental Information (continued)

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

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

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

Part XIII Supplemental Information (continued)

US AND THE WORLD. THE PROGRAM IS ALL-EXPENSES PAID TRIP COVERING
ROUND-TRIP AIRFARE BETWEEN ITALY AND AMERICA AND 10 DAYS OF PROGRAMS.

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

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

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

PART X, LINE 2:

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

INTEREST EXPENSE 14,080.

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		415,472.
3 a Subtotal	0	0			415,472.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			415,472.

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

SEE PART V FOR COLUMN (A) DESCRIPTIONS

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE NIAF GRANTS AWARDED INTERNATIONALLY ARE MONITORED IN THE SAME WAY AS THE DOMESTIC GRANTS. THE NIAF REQUIRES ALL GRANT APPLICANTS TO FILL OUT AN APPLICATION INCLUDING THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE, AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH THE FOUNDATION'S MISSION. THE GIOP GRANTS, MANY OF WHICH ARE AWARDED INTERNATIONALLY, ARE MONITORED BY THE GIOP FOUNDATION.

LIST TOTAL: 415,472

PART III, COLUMN (A):

REGION: EUROPE

(A) TYPE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR TRAVEL EXPENSES FOR 2023 NIAF CIONGOLI COLLOQUIA AND COPYRIGHT LICENSING FOR FILANGIERI ITALIAN AND AMERICAN ENLIGHTENMENT ARTICLE PUBLISHED IN ITALY

**SCHEDULE I
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **NATIONAL ITALIAN AMERICAN FOUNDATION, INC** Employer identification number **52-1071723**

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
AMC PRODUCTIONS 112 EAST 71ST STREET SECON FLOOR NEW YORK, NY 10021	26-4582454	501(C)(3)	10,000.	0.			GRANT FOR 2023 OPERA ITALIANA IS IN THE AIR CONCERT IN DC
CHILD HELP 6730 NORTH SCOTTSDALE ROAD, SUITE 1 SCOTTSDALE, AZ 85253	95-2884608	501(C)(3)	27,175.	0.			DONATION FROM PROCEEDS OF NIAF ARIZONA GALA AUCTION
COLUMBUS CITIZENS FOUNDATION 8 EAST 69TH STREET NEW YORK, NY 10021	13-6118967	501(C)(3)	11,000.	0.			GRANT FOR NEW YORK COLUMBUS DAY SCREENING BEIT CAMPAIGN, GRANT TO SUPPORT 2023 ANNUAL
FRIENDS OF CALANDRA INSTITUTE FND. 25 WEST 43RD STREET, 17TH FLOOR NEW YORK, NY 10036	26-4235918	501(C)(3)	6,000.	0.			GRANT TO SUPPORT 2023 EDITION OF ITALIAN DIASPORA STUDIES SUMMER SEMINAR
IL CIRCOLO CULTURAL SOCIETY OF THE PALM BEACHES - 7411 MODENA DRIVE - BOYNTON BEACH, FL 33437	59-1742639	501(C)(3)	10,000.	0.			SUPPORT OF IL CIRCOLO'S 43RD ANNIVERSARY GALA - \$10,000 SPONSOR
INTERNATIONAL FRIENDS VERDERAME INC. - 444 MADISON AVENUE, SUITE 1206 - NEW YORK, NY 10022	83-2680935	501(C)(3)	10,000.	0.			GRANT TO SUPPORT THE RESTORATION OF VILLA FARNESINA

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

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
ITALIAN WELFARE LEAGUE 8 EAST 69TH STREET NEW YORK, NY 10021	13-1624051	501(C)(3)	10,000.	0.			SPONSORSHIP OF 2023 AUTUMN LUNCHEON IN NEW YORK
MID-SHORE COMMUNITY FOUNDATION INC. - THE BULLET HOUSE - EASTON, MD 21501	52-1782373	501(C)(3)	10,000.	0.			GRANT TO SUPPORT SORELLE FONTANA FILM
NATIONAL SYMPHONY ORCHESTRA 2700 F STREET NW WASHINGTON, DC 20566	53-0208364	501(C)(3)	10,000.	0.			2024 SPONSORSHIP OF NSO PERFORMANCE AT TEATRO ALLA SCALA
ROMAN CATHOLIC HIGH SCHOOL 301 N. BROAD STREET PHILADELPHIA, PA 19107	23-2956706	501(C)(3)	7,500.	0.			GRANT TO SUPPORT DINNER HONORING CHAIRMAN EMERITUS AND BOARD MEMBER, JOSEPH DEL RASO
SONS OF ITALY FOUNDATION 219 E STREET NE WASHINGTON, DC 20002	23-6276526	501(C)(3)	10,000.	0.			SUPPORT OF SONS OF ITALY FOUNDATIONS 34TH ANNUAL GALA - \$10,000 SPONSOR.
THE FISHERMANS FEAST PO BOX 130076 HANOVER STREET STATIO BOSTON, MA 20002	04-3158730	501(C)(3)	6,500.	0.			NIAF GRANT TO SUPPORT 2023 FISHERMANS FEAST OF BOSTON
TOLEDO MUSEUM OF ART 2445 MONROE STREET TOLEDO, OH 43620	34-4434678	501(C)(3)	10,000.	0.			GRANT FOR CARAVAGGIO EXHIBIT AT TOLEDO MUSEUM OF ART

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDED FOR USE TOWARD EDUCATION EXPENSES SUCH AS TUITION, BOOKS, COMPUTERS, AND DORMITORY.	48	200,325.	0.		

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

PART I, LINE 2:

THE NIAF REQUIRES ALL GRANT APPLICANTS TO FILL OUT AN APPLICATION INCLUDING THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE, AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH THE FOUNDATION'S MISSION.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS CITIZENS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR NEW YORK COLUMBUS DAY

SCREENING BEIT CAMPAIGN, GRANT TO SUPPORT 2023 ANNUAL COLUMBUS WEEKEND
CELEBRATION

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

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

2023

Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(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) ROBERT V. ALLEGRINI PRESIDENT	(i)	272,116.	56,000.	0.	41,067.	21,217.	390,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GERALDINE JONES CHIEF OF STAFF	(i)	140,622.	0.	27,000.	18,000.	12,378.	198,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **NATIONAL ITALIAN AMERICAN FOUNDATION, INC** Employer identification number **52-1071723**

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				
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 (<u>TRAVEL PACKAGES</u>)	X	9	79,463.	
26 Other (<u>TICKETS</u>)	X	5	28,900.	
27 Other (<u>CLOTHING & ACCE</u>)	X	15	19,797.	
28 Other (<u>DINING</u>)	X	2	12,000.	

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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

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

PART I, OTHER TYPES OF PROPERTY:

MEMORABILIA

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 18

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

(D) METHOD OF DETERMINING REVENUE:

WINE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 6

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

(D) METHOD OF DETERMINING REVENUE:

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

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

ENCOURAGING AND SUPPORTING THEIR ROLE IN PUBLIC LIFE.

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

SCHOLARSHIPS, GRANTS, HERITAGE TRAVEL, AND MENTORING.

THE NIAF ALSO HAS A PUBLIC POLICY SPEAKERS PROGRAM. THE NIAF'S MISSION
ALSO INCLUDES ADVANCING US - ITALY RELATIONS.

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

PUBLIC POLICY: INCLUDES SEMINARS, CONFERENCES, AND NEWS INFORMATION
PROJECTS DESIGNED TO ACQUAINT THE GENERAL PUBLIC WITH THE ITALIAN
COMMUNITY AS REPRESENTED BY NIAF. ALSO, THE NIAF CONTINUES EFFORTS IN
THE COOPERATION WITH THE EMBASSY OF ITALY IN ASSISTING ITALIAN
AMERICANS INTERESTED IN OBTAINING ITALIAN CITIZENSHIP. NIAF LAUNCHED AN
ONLINE SURVEY QUESTIONNAIRE TO DETERMINE ELIGIBILITY REQUIREMENTS FOR
USE BY THE EMBASSY IN PROCESSING POTENTIAL APPLICATIONS.

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

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

THE BOARD EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY, BUT THE COMMITTEE DOES NOT DOCUMENT ITS MEETINGS UNLESS
ACTION ITEMS ARE DISCUSSED. THE DECISION NOT TO DOCUMENT THE MEETINGS WAS A
DECISION OF THE BOARD OF DIRECTORS.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
---	--

PRIOR TO FILING, A DRAFT OF THE TAX RETURN WAS REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE AND THEN CIRCULATED WITH THE BOARD'S EXECUTIVE COMMITTEE. THE NATIONAL ITALIAN AMERICAN FOUNDATION IS IN THE PROCESS OF ESTABLISHING A RIGOROUS REVIEW PROCESS OF THE RETURN PRIOR TO FILING. SUCH A PROCESS WILL INVOLVE SELECTED BOARD MEMBERS WITH FINANCIAL OVERSIGHT RESPONSIBILITIES OVER THE FOUNDATION.

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

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

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

NIAF'S PERSONNEL & COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

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

NIAF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO EMPLOYEES AND THE PUBLIC UPON REQUEST.

990 PART XII, LINE 2C EXPLANATION

THE BOARD OF DIRECTORS' RESPONSIBILITY AS IT RELATED TO OVERSIGHT OF THE AUDIT IS CONSISTENT WITH THE PRIOR YEAR.

Type and Entity: PUBLICATION ADVERTISIN POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	750.										
B	2019	750.										
C	2020	750.										
D	2021	750.										
E	2022	750.										
F	2023	750.										
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2013	750.									
B	2014	750.									
C	2015	4,992.									
D	2016	500.									
E	2017	500.									
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
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P											
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S											
T											
U											
V											
W											

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NATIONAL ITALIAN AMERICAN FOUNDATION, INC EIN or SSN 52-1071723

Name and title of officer or person subject to tax ROBERT V. ALLEGRINI PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize CST GROUP, CPAS, PC to enter my PIN 20191 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54679820191

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CST GROUP, CPAS, PC Date 11/15/24

ERO Must Retain This Form - See Instructions

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

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

Form 8879-TE (2023)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

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

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 12,234,364, D Employer identification number 52-1071723, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X

L The books are in care of NATIONAL ITALIAN AMERICAN FOUNDA Telephone number (202)-939-3111

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 11: Unrelated business taxable income 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 7: Total 0.

Part III Tax and Payments

Table with 5 rows for Part III: Tax and Payments. Line 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>7,492.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
541800		\$ 3,750.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT	Title
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
			11/15/24	
	Firm's name	Firm's address		Firm's EIN
	CST GROUP, CPAS, PC	10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191-4424		54-1019610
				Phone no. (703) 391-2000

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	750.	0.	750.	750.
12/31/14	750.	0.	750.	750.
12/31/15	4,992.	0.	4,992.	4,992.
12/31/16	500.	0.	500.	500.
12/31/17	500.	0.	500.	500.
NOL CARRYOVER AVAILABLE THIS YEAR			7,492.	7,492.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NATIONAL ITALIAN AMERICAN FOUNDATION, INC	B Employer identification number 52-1071723
C Unrelated business activity code (see instructions) 541800	D Sequence: 1 of 1

E Describe the unrelated trade or business **PUBLICATION ADVERTISING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		49,345.	36,521.	12,824.
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		49,345.	36,521.	12,824.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A **AMBASSADOR MAGAZINE**

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	49,345.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				49,345.

a				
3 Direct advertising costs by periodical	36,521.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				36,521.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	12,824.			
5 Readership costs	117,389.			
6 Circulation income	22,402.			
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-	94,987.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	12,824.			
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				12,824.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREP FEES	500.
TOTAL TO SCHEDULE A, PART II, LINE 14	500.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	750.	0.	750.	750.
12/31/19	750.	0.	750.	750.
12/31/20	750.	0.	750.	750.
12/31/21	750.	0.	750.	750.
12/31/22	750.	0.	750.	750.
NOL CARRYOVER AVAILABLE THIS YEAR			3,750.	3,750.

Alternative Minimum Tax-Corporations

2023

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

Name NATIONAL ITALIAN AMERICAN FOUNDATION, INC	Employer identification number 52-1071723
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a -1,750.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c
d	Adjustment for certain consolidating entries (see instructions)	1d
e	Specified additional net income or loss item D. Reserved for future use	1e
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f -1,750.
2 Adjustments:		
a	Financial statements covering different tax years	2a
b	Reserved for future use - Adjustment 2b	2b
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e
f	Amounts that are not effectively connected to a U.S. trade or business	2f
g	Certain taxes. Enter the amount from Part III, line 7	2g
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h
i	Alaska native corporations	2i
j	Certain credits (see instructions)	2j
k	Mortgage servicing income	2k
l	Covered benefit plans described in section 56A(c)(11)(B)	2l
m	Tax-exempt entities (organizations subject to tax under section 511)	2m
n	Depreciation	2n
o	Qualified wireless spectrum	2o
p	Covered transactions	2p
q	Adjustments related to bankruptcy and insolvency	2q
r	Certain insurance company adjustments	2r
s	AFSI adjustment S - Reserved for future use	2s
t	AFSI adjustment T - Reserved for future use	2t
u	AFSI adjustment U - Reserved for future use	2u
z	Other (see instructions)	2z
3	Total adjustments. Combine lines 2a through 2z	3
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4 -1,750.
5	Financial statement net operating loss (FSNOL) (see instructions)	5
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6
7	Multiply line 6 by 15% (0.15)	7
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9
10	Regular tax liability (see instructions)	10
11	Base erosion minimum tax (see instructions)	11
12	Combine lines 10 and 11	12
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1
2	Current income tax provision - Federal	2
3	Deferred income tax provision - Foreign	3
4	Deferred income tax provision - Federal	4
5	Income taxes included in equity method investment income	5
6a	Adjustment A - Reserved for future use	6a
b	Adjustment B - Reserved for future use	6b
c	Adjustment C - Reserved for future use	6c
d	Adjustment D - Reserved for future use	6d
e	Adjustment E - Reserved for future use	6e
f	Adjustment F - Reserved for future use	6f
g	Adjustment G - Reserved for future use	6g
h	Adjustment H - Reserved for future use	6h
z	Income taxes in other places	6z
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

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