

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL IMMIGRATION LAW CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 34573 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20043 F Name and address of principal officer: ADNAN BOKHARI SAME AS C ABOVE	D Employer identification number 95-4539765 E Telephone number 202-216-0261 G Gross receipts \$ 23,729,304. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NILC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1995
		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ESTABLISHED IN 1979, THE NATIONAL IMMIGRATION LAW CENTER (NILC) IS THE LEADING NATIONAL LEGAL		
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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	84
6	Total number of volunteers (estimate if necessary)	6	0
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, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	15,100,301.	17,917,002.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,278,037.	84,443.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	401,852.	390,972.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,900.	24,385.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,796,090.	18,416,802.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,329,620.	2,722,870.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,184,558.	8,230,549.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,351,786.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,523,077.	5,669,475.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,037,255.	16,622,894.
19	Revenue less expenses. Subtract line 18 from line 12	3,758,835.	1,793,908.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	27,251,816.	30,747,417.
22	Net assets or fund balances. Subtract line 21 from line 20	2,182,649.	3,981,843.
		25,069,167.	26,765,574.

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 ADNAN BOKHARI, CHIEF OPERATIONS OFFICER Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name NAZ AFSHAR	Preparer's signature
	Firm's name ▶ GURSEY SCHNEIDER LLP	Date 05-07-2021
	Firm's address ▶ 1888 CENTURY PARK E, #900 LOS ANGELES, CA 90067	Check if self-employed <input type="checkbox"/> PTIN P00441843
		Firm's EIN ▶ 95-3309779
		Phone no. 310-552-0960

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,541,120. including grants of \$ 1,272,000.) (Revenue \$ 26,221.) FIGHTING THE PUBLIC CHARGE "WEALTH" TEST: SINCE 2017, NILC HAS BEEN CO-LEADING THE NATIONAL PROTECTING IMMIGRANT FAMILIES CAMPAIGN TO FIGHT BACK AGAINST EFFORTS TO STRIP IMMIGRANTS' ACCESS TO CRITICAL HEALTHCARE, SAFETY NET, AND ECONOMIC SECURITY PROGRAMS. ONE OF THE PRIMARY ISSUES THE PIF CAMPAIGN HAS FOCUSED ON IS THE DEPARTMENT OF HOMELAND SECURITY "PUBLIC CHARGE" RULE, A WEALTH TEST DESIGNED TO DRASTICALLY RESTRICT IMMIGRANTS' ABILITY TO ESTABLISH PERMANENT RESIDENCY OR GET ON A PATH TO CITIZENSHIP IF THEY USE SAFETY-NET PROGRAMS. NILC IS CO-COUNSELING LITIGATION CHALLENGING THIS RULE AND HAS WORKED CLOSELY WITH PIF CAMPAIGN PARTNERS TO ADDRESS THE WIDESPREAD CHILLING EFFECT IT HAS CAUSED, WHICH RAMPED UP AFTER IT WAS ALLOWED BY COURTS TO GO INTO EFFECT IN FEBRUARY 2020. IN EARLY DECEMBER 2020, A

4b (Code:) (Expenses \$ 1,705,477. including grants of \$ 233,870.) (Revenue \$ 12,629.) WINNING IN THE STATES: CREATED IN 2018, NILC'S WINNING IN THE STATES INITIATIVE IS DESIGNED TO ADVANCE PRO-IMMIGRANT POLICIES AT THE STATE AND LOCAL LEVEL AND AMPLIFY THOSE VICTORIES TO FUEL MOMENTUM FOR OTHER SUCH POLICY SOLUTIONS ACROSS THE COUNTRY. IN 2020, NILC PROVIDED INTENSIVE SUPPORT TO BOLSTER WITS PARTNER ADVOCACY EFFORTS TO EXPAND IMMIGRANTS' ACCESS TO DRIVER'S LICENSES, WHICH RESULTED IN KEY POLICY VICTORIES. NILC ALSO WORKED WITH WITS PARTNERS TO PROMOTE "SAFE SPACES" IN SCHOOLS AND COURTHOUSES, LIMITS ON LAW ENFORCEMENT ENTANGLEMENT WITH FEDERAL IMMIGRATION OFFICIALS, AND OTHER PRO-MIGRANT STATE AND LOCAL MEASURES. NILC RECENTLY PRODUCED A REPORT, "SHARED CRISIS, SHARED SOLUTIONS: STATE AND LOCAL ADVOCACY FOR AN IMMIGRANT-INCLUSIVE RESPONSE TO THE COVID-19 CRISIS," SHOWCASING EXAMPLES OF INNOVATIVE ECONOMIC

4c (Code:) (Expenses \$ 462,302. including grants of \$ 0.) (Revenue \$ 3,423.) CHALLENGING THE MUSLIM, REFUGEE, AND AFRICAN BANS: SINCE JANUARY 2017, WHEN PRESIDENT TRUMP ISSUED THE FIRST SWEEPING EXECUTIVE ORDER BARRING PEOPLE FROM SEVERAL PREDOMINANTLY MUSLIM COUNTRIES FROM ENTERING THE U.S., NILC HAS FILED MULTIPLE LEGAL CASES INCLUDING THE FIRST ONE TO CHALLENGE THE INITIAL ORDER, AS WELL AS OTHER MODIFICATIONS THE TRUMP ADMINISTRATION MADE AFTER COURT DECISIONS TIME AND TIME AGAIN SUPPORTED LEGAL ARGUMENTS THAT THE VARIOUS BANS WERE UNCONSTITUTIONAL AND DISCRIMINATORY. LEVERAGING THE OPPORTUNITY PROVIDED BY LITIGATION, NILC ALSO CO-LED A CAMPAIGN WITH KEY PARTNERS FROM THE MUSLIM, ARAB, AND SOUTH ASIAN COMMUNITY FOCUSED ON MOBILIZING BROAD OPPOSITION AGAINST THE BAN, EDUCATING POLICYMAKERS ON THE NEED TO REPEAL THE BAN, AND HIGHLIGHTING THE ISLAMOPHOBIA AND DISCRIMINATION UNDERGIRDING NOT ONLY

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,278,458. including grants of \$ 1,217,000.) (Revenue \$ 53,895.)

4e Total program service expenses 12,987,357.

Part IV Checklist of Required Schedules

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

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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	X	
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>	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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, CT, FL, GA, HI, IL, KS, KY, MD, MA
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.
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

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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) SARA GOULD CHAIR	3.00	X		X				0.	0.	0.
(2) HIROSHI MOTOMURA MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(3) INEZ GONZALEZ TREASURER	3.00	X		X				0.	0.	0.
(4) GHAZAL TAJMIRI MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(5) JULISSA ARCE MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(6) TONY BORREGO MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(7) KEVIN M. CATHCART MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(8) ROBERT J. HORSLEY MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(9) BRADLEY S. PHILLIPS MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(10) ROBERT PAUW VICE CHAIR	3.00	X		X				0.	0.	0.
(11) ALEXANDRA SUH SECRETARY	3.00	X		X				0.	0.	0.
(12) ANGELA BANKS MEMBER OF THE BOARD OF DIR	2.00	X						0.	0.	0.
(13) ADNAN BOKHARI CHIEF OPERATING OFFICER, MEMBER OF T	60.00 2.00	X		X				0.	0.	0.
(14) MARIELENA HINCAPIE EXECUTIVE DIRECTOR	66.00 1.44			X				222,423.	0.	16,827.
(15) KAMAL ESSAHEB DEPUTY DIRECTOR, PROGRAMS	48.00 0.75				X			151,670.	0.	20,304.
(16) LINTON JOAQUIN GENERAL COUNSEL	38.00 0.01					X		159,634.	0.	8,530.
(17) WILLIAM T. KAM CHIEF OPERATING OFFICER	49.00					X		178,548.	0.	16,522.

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)	(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			
(18) BELINDA HEZLER INTERIM LEGAL DIRECTOR	46.00					X		186,007.	0.	681.
(19) JILL CORRAL DIRECTOR OF FINANCE & ADMINISTRATION	41.00 0.08					X		185,622.	0.	13,172.
(20) TANYA BRODER SENIOR STAFF ATTORNEY	57.00					X		146,346.	0.	8,691.
1b Subtotal								1,230,250.	0.	84,727.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,230,250.	0.	84,727.

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 **24**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HELEN S. KIM 475 4TH ST #1, BROOKLYN, NY 11215	COMMUNICATIONS AND MARKETING SUPPORT	231,825.
CIVITAS PUBLIC AFFAIRS GROUP, 409 7TH ST NW SUITE 350, WASHINGTON, DC 20004	PUBLIC RELATIONS CONSULTING	226,400.
LAKE RESEARCH PARTNERS INC, 1101 17TH ST NORTHWEST SUITE 301, WASHINGTON, DC 20036	PROGRAM CONSULTING	199,930.
MONICA REGAN CONSULTING 44 JOOST AVE, SAN FRANCISCO, CA 94131	ORGANIZATIONAL DEVELOPMENT	148,050.
SPRINGBOARD PARTNERS LLC, 9143 SLIGO CREEK PARKWAY, SILVER SPRING, MD 20901	PROGRAM CONSULTING	140,788.

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 **7**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	49,320.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	539,329.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,328,353.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			17,917,002.			
Program Service Revenue	2 a TRAINING & CONFERENCES	Business Code					
		900099	74,618.	74,618.			
	b HONORARIUM	541900	9,825.	9,825.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			84,443.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		491,089.			491,089.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	12,660.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	12,660.				
	d Net rental income or (loss)			12,660.		12,660.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,158,305.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,258,422.				
	c Gain or (loss)	7c	-100,117.				
d Net gain or (loss)			-100,117.		-100,117.		
8 a Gross income from fundraising events (not including \$ 49,320. of contributions reported on line 1c). See Part IV, line 18	8a		54,080.				
			54,080.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
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 MISCELLANEOUS	Business Code					
		900099	11,725.	11,725.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			11,725.				
12 Total revenue. See instructions			18,416,802.	96,168.	0.	403,632.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,722,870.	2,722,870.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	525,661.	385,280.	85,276.	55,105.
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	6,269,021.	4,615,823.	992,266.	660,932.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	162,972.	119,953.	25,845.	17,174.
9 Other employee benefits	773,871.	510,049.	192,927.	70,895.
10 Payroll taxes	499,024.	367,298.	79,138.	52,588.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	64,516.		64,516.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,813,111.	2,456,436.	156,298.	200,377.
12 Advertising and promotion				
13 Office expenses	186,076.	86,153.	67,968.	31,955.
14 Information technology				
15 Royalties				
16 Occupancy	900,038.	452,504.	358,705.	88,829.
17 Travel	305,608.	250,216.	35,120.	20,272.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	312,578.	246,193.	46,545.	19,840.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,120.	97,096.	23,143.	12,881.
23 Insurance	77,075.	56,217.	13,400.	7,458.
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 COMMUNICATIONS AND TELE	302,153.	262,616.	22,505.	17,032.
b LIBRARY	94,899.	86,895.	2,996.	5,008.
c LITIGATION	92,889.	92,889.		
d STAFF DEVELOPMENT	63,588.	46,380.	11,055.	6,153.
e All other expenses	323,824.	132,489.	106,048.	85,287.
25 Total functional expenses. Add lines 1 through 24e	16,622,894.	12,987,357.	2,283,751.	1,351,786.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	9,616,660.	2	4,619,923.
	3 Pledges and grants receivable, net	5,033,258.	3	6,441,199.
	4 Accounts receivable, net		4	
	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	27,776.	7	231,247.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	333,844.	9	284,318.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 737,310.		
	b Less: accumulated depreciation	10b 270,523.		
	11 Investments - publicly traded securities	531,026.	10c	466,787.
	12 Investments - other securities. See Part IV, line 11	11,704,216.	11	18,697,549.
	13 Investments - program-related. See Part IV, line 11	0.	12	0.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,736.	14	6,094.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,251,816.	15		
		16	30,747,417.	
Liabilities	17 Accounts payable and accrued expenses	2,172,463.	17	3,981,843.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	10,186.	25	
	26 Total liabilities. Add lines 17 through 25	2,182,649.	26	3,981,843.
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	15,402,730.	27	13,404,039.
	28 Net assets with donor restrictions	9,666,437.	28	13,361,535.
	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	25,069,167.	32	26,765,574.
	33 Total liabilities and net assets/fund balances	27,251,816.	33	30,747,417.

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	18,416,802.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,622,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,793,908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,069,167.
5	Net unrealized gains (losses) on investments	5	-97,501.
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	26,765,574.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

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

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 or 990-EZ).)
- 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 in 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7685016.	12516856.	19946813.	15100301.	17717682.	72966668.
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	7685016.	12516856.	19946813.	15100301.	17717682.	72966668.
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)						16883914.
6 Public support. Subtract line 5 from line 4.						56082754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7685016.	12516856.	19946813.	15100301.	17717682.	72966668.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,908.	7,666.	140,889.	429,176.	415,426.	1001065.
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.)	36,187.	73,252.	4,280.	15,901.	21,550.	151,170.
11 Total support. Add lines 7 through 10						74118903.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	75.67 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.05 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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.)						

14 First five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		

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>		

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 in (2), 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>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>		
b Did the activities described in (a) 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 (a) and (b) 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>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>		

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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME

OTHER INCOME - 2014 AMOUNT \$7,637, 2015 AMOUNT \$36,187, 2016 AMOUNT \$73,252, 2017 AMOUNT \$4,280, 2018 AMOUNT \$15,901, 2019 AMOUNT \$21,550.

AMOUNTS CONSIST OF CONTRACT PAYMENTS, SALES OF PUBLICATION AND HONORARIUM.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	28,227.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	925,661.													
c	Total lobbying expenditures (add lines 1a and 1b)	953,888.													
d	Other exempt purpose expenditures	15,669,006.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	16,622,894.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	981,145.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	245,286.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	529,730.	717,084.	801,927.	981,145.	3,029,886.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,544,829.
c Total lobbying expenditures	231,954.	309,606.	450,000.	953,888.	1,945,448.
d Grassroots nontaxable amount	132,433.	179,271.	200,482.	245,286.	757,472.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,136,208.
f Grassroots lobbying expenditures				28,227.	28,227.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

PART II-A, LINE 1, LOBBYING ACTIVITIES

NILC ANALYZES LEGISLATIVE AND REGULATORY CHANGES THAT AFFECT THE LIVES OF LOW-INCOME IMMIGRANTS AND THEIR FAMILIES. NILC HELPS IMMIGRANT ADVOCATES VOICE THEIR PERSPECTIVES REGARDING POLICY CHANGES AT THE LOCAL, STATE AND FEDERAL LEVELS, AND EDUCATES POLICYMAKERS ABOUT THE IMPACT THAT VARIOUS POLICY PROPOSALS WOULD HAVE ON IMMIGRANT FAMILIES. NILC ALSO ADVOCATES FOR

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

2019 Open to Public Inspection

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

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

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.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic), a table for lines 2a-2d (Total number, acreage, historic structures, etc.), and questions 3-9 regarding monitoring, expenses, 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,222,598.	1,133,344.	1,000,000.	1,000,000.	1,000,000.
b Contributions					
c Net investment earnings, gains, and losses	156,959.	89,254.	133,344.	25,374.	
d Grants or scholarships					
e Other expenditures for facilities and programs				25,374.	
f Administrative expenses					
g End of year balance	1,379,557.	1,222,598.	1,133,344.	1,000,000.	1,000,000.

- 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 100.00 %
 - 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		489,526.	134,772.	354,754.
d Equipment		247,784.	135,751.	112,033.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				466,787.

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, col. (B) line 12.) ▶		

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, col. (B) line 13.) ▶		

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, col. (B) line 15.) ▶	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	18,319,301.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-97,501.
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	-97,501.
3	Subtract line 2e from line 1	3	18,416,802.
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	18,416,802.

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

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

1	Total expenses and losses per audited financial statements	1	16,622,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	16,622,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,622,894.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")
ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "INCOME TAXES,"
THE ORGANIZATION RECOGNIZED THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THOSE POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZATION IS
EXEMPT FROM INCOME TAXES BUT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX
FROM OPERATING ACTIVITIES NOT RELATED TO THEIR EXEMPT PURPOSE. UNRELATED
BUSINESS INCOME IS TAXED BASED ON THE APPLICABLE STATUTORY FEDERAL AND
STATE INCOME TAX RATES FOR FOR-PROFIT ORGANIZATIONS. THE ORGANIZATION HAS
NO RECOGNIZED OR DERECOGNIZED TAX BENEFITS, TAX PENALTIES OR RELATED
INTEREST. THE ORGANIZATION'S INCOME TAX RETURNS REMAIN SUBJECT TO
EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER JUNE 30, 2017 WITH REGARD
TO ALL TAX POSITIONS AND RESULTS REPORTED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NATIONAL IMMIGRATION LAW CENTER

Employer identification number
95-4539765

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISERS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	103,400.		103,400.
	2	Less: Contributions	49,320.		49,320.
	3	Gross income (line 1 minus line 2)	54,080.		54,080.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	36,412.		36,412.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,668.		17,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			54,080.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN BUREAU FOR IMMIGRATION AND SOCIAL AFFAIRS - 14866 ROBSON - DETROIT, MI 48227	47-2419175	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
AMERICAN FRIENDS SERVICE COMMITTEE-NEW JERSEY - 1501 CHERRY STREET - PHILADELPHIA, PA 19102	23-1352010	501 (C)(3)	11,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
ARKANSAS UNITED PO BOX 9296 FAYETTEVILLE, AR 72703	27-5271968	501 (C)(3)	8,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
BREAD FOR THE CITY 1525 7TH ST NW WASHINGTON, DC 20001	52-1138207	501 (C)(3)	1,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE CHICAGO, IL 60632	36-4229387	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
BUILDING ONE COMMUNITY 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL

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 ▶ _____

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPEÑINOS SIN FRONTERAS 663 E. MAIN STREET, SUITE A/PO BOX SOMERTON, AZ 85350	86-0944114	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
CASA DE MARYLAND, INC. 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501 (C)(3)	41,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
CAUSA OREGON 700 MARION STREET, NE SALEM, OR 97301	61-1590160	501 (C)(3)	30,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
CENTER FOR PAN ASIAN COMMUNITY SERVICES - 3510 SHALLOWFORD RD NE - ATLANTA, GA 30341	58-1437980	501 (C)(3)	20,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DR. SUITE 200 - AUSTIN, TX 78752	74-2898197	501 (C)(3)	75,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
CENTRO COMUNITARIO DE TRABAJADORES INC. - 1532 ACUSHNET AVE - NEW BEDFORD, MA 02746	27-0445556	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
CLASP 1200 18TH STREET, NW STE. 200 WASHINGTON, DC 20036	23-7000150	501 (C)(3)	432,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES - 50 BROAD STREET SUITE 1837 - NEW YORK, NY 10004	13-3682471	501 (C)(3)	80,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
COLORADO IMMIGRANT RIGHTS COALITION - 2525 W. ALAMEDA AVENUE - DENVER, CO 80219	73-1675486	501 (C)(3)	38,870.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPANEROS FOUR CORNERS IMMIGRANT RESOURCE CENTER - 701 CAMINO DEL RIO, #319 - DURANGO, CO 81301	37-1640345	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
COMUNICADES INDIGENAS EN LIDERAZGO 464 LUCAS AVENUE OFFICE 202 LOS ANGELES, CA 90017	95-4459427	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
CONGREGATION ACTION NETWORK 999 NORTH CAPITOL STREET NE SUITE 2 WASHINGTON, DC 20002	94-2206497	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
EAST BAY SANCTUARY COVENANT 2362 BANCROFT WAY BERKELEY, CA 94704	94-3249753	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
EL CENTRO, INC. C/O MELINDA LEWIS 650 MINNESOTA AVE. B - KANSAS CITY, KS 66107	36-2904073	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
ENTRE HERMANOS 1621 S JACKSON ST SUITE 202 SEATTLE, WA 98144	31-1775429	501 (C)(3)	65,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
FAITH IN NEW JERSEY 215 ELM AVE RAHWAY, NJ 07065	47-2456034	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
FLORIDA HEALTH JUSTICE PROJECT, INC. - 3793 IRVINGTON AVE - MIAMI, FL 33133	82-3397515	501 (C)(3)	65,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
FOOD RESEARCH AND ACTION CENTER 1200 18TH STREET NW, SUITE 400 WASHINGTON, DC 20036	23-7200739	501 (C)(3)	8,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER FREE COLORADO 1355 S. COLORADO BLVD SUIE 201 DENVER, CO 80222	68-0551464	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
ICIRR 228 S WABASH AVE, STE 800 CHICAGO, IL 60604	36-3783551	501 (C)(3)	8,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
IMMIGRANT FREEDOM FUND OF COLORADO 745 EAST 5TH STREET LOVELAND, CO 80537	84-1594732	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
IMMIGRANT JUSTICE IDAHO, INC. 3775 W. CASSIA ST. BOISE, ID 83705	83-1632271	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
IMMIGRANT LEGAL ADVOCACY PROJECT PO BOX 17917 PORTLAND, ME 04112	22-3260883	501 (C)(3)	5,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, STE. 310 LEXINGTON, KY 40507	61-0909545	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
KOREAN IMMIGRANT WORKERS ADVOCATES OF SOUTHERN CALIFORNIA - 941 S. VERMONT AVE. STE 101 #31 - LOS ANGELES, CA 90006	95-4392004	501 (C)(3)	25,000.	0.			NARRATIVE CHANGE WORK THROUGH THE NILC LISTENING PROJECT
KURDISH PROFESSIONALS 581 SUMMIT CT NASHVILLE, TN 37221	82-3723983	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
LA CLINICA DEL PUEBLO 2970 BELCREST CENTER DRIVE 4TH FLOOR HYATTSVILLE, MD 20782	52-1942551	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501 (C)(3)	11,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
MANO A MANO 2921 SADDLE CLUB ST SE, #1009 SALEM, OR 97317	93-0992858	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
MASSACHUSETTS IMMIGRANT & REFUGEE ADVOCACY COALITION - 105 CHAUNCY STREET, SUITE 901 - BOSTON, MA 02111	22-3115048	501 (C)(3)	30,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
MICHIGAN IMMIGRANT RIGHTS CENTER 15 S WASHINGTON STREET YPSILANTI, MI 48197	38-1845444	501 (C)(3)	80,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET SUITE G1 LANSING, MI 48906	38-1360557	501 (C)(3)	5,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
MISSISSIPPI CENTER FOR JUSTICE PO BOX 1023 JACKSON, MS 39215-1023	13-4203234	501 (C)(4)	30,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
MURFREESBORO MUSLIM YOUTH PO BOX 330735 MURFREESBORO, TN 37133	47-4437752	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
MUSLIM SOCIAL SERVICES AGENCY 4307 WENTWORTH ROAD BALTIMORE, MD 21207	35-2347791	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO PHILANTHROPY, INC. 45 W 36TH ST 6TH FLOOR NEW YORK, NY 10018	13-3191113	501 (C)(3)	44,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
NEW LABOR 55 PATERSON STREET APT A NEW BRUNSWICK, NJ 08901	22-3665469	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
NEW YORK STATE YOUTH LEADERSHIP COUNCIL - 168 CANAL STREET, FLR 6 - NEW YORK, NY 10013	26-3599242	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
NILC IJF 3450 WILSHIRE BLVD. #108 61 LOS ANGELES, CA 90010	46-2030419	501 (C)(4)	900,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
NORTH CAROLINA JUSTICE CENTER 224 SOUTH DAWSON STREET RALEIGH, NC 27601	56-1348186	501 (C)(3)	75,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
PENNSYLVANIA IMMIGRATION AND CITIZENSHIP COALITION - 2100 ARCH STREET, 4TH FLOOR - PHILADELPHIA, PA 19103	83-0379943	501 (C)(3)	65,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
SAN LUIS VALLEY IMMIGRANT RESOURCE CENTER - 225 6TH STREET SUITE B - ALAMOSA, CO 81101	74-3064080	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
SANCTUARY LONG BEACH COALITION 1230 E WARDLOW ROAD LONG BEACH, CA 90807	33-0851176	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 67 E. MADISON STREET SUITE 2000 - CHICAGO, IL 60603	36-3151279	501 (C)(3)	75,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLIDARITY DEVELOPMENT LIGHT ASSOCIATION - 705 BELLEAIRE AVE - KNOXVILLE, TN 37921	27-1023386	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
SOMOS UN PUEBLO UNIDO 1804 ESPINACITAS ST. SANTA FE, NM 87505	20-4216836	501 (C)(3)	30,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
SOUTH CAROLINA PASOS 730 DEVINE STREET COLUMBIA, SC 29208	57-6017985	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
TENNESSEE IMMIGRANT & REFUGEE RIGHTS (TIRRC) - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501 (C)(3)	85,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501 (C)(3)	15,000.	0.			PROMOTING HEALTH AND ECONOMIC WELL-BEING FOR ALL
URBAN JUSTICE CENTER AND THE NORTH STAR FUND - 40 RECTOR STREET, 9TH FLR - NEW YORK, NY 10006-1732	13-3442022	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE
VOCES DE LA FRONTERA 1027 S. 5TH STREET MILWAUKEE, WI 53204	39-2010107	501 (C)(3)	30,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
WECOUNT!, INC. 201 N. KROME AVE SECOND FLOOR HOMESTEAD, FL 33030	56-2638368	501 (C)(3)	5,000.	0.			ADVANCING PRO-IMMIGRANT POLICY SOLUTIONS
WIND OF THE SPIRIT IRIS BORDAYO 19 MARKET ST. - MORRISTOWN, NJ 07103	22-3777248	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH JUSTICE COALITION PO BOX 73688 LOS ANGELES, CA 90003	83-0466818	501 (C)(3)	10,000.	0.			COVID-19 RESPONSE

932241
04-01-19

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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 **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

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

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

Schedule J (Form 990) 2019

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 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) MARIELENA HINCAPIE EXECUTIVE DIRECTOR	(i)	222,423.	0.	0.	9,029.	7,798.	239,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAMAL ESSAHEB DEPUTY DIRECTOR, PROGRAMS	(i)	151,670.	0.	0.	6,464.	13,840.	171,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINTON JOAQUIN GENERAL COUNSEL	(i)	159,634.	0.	0.	6,426.	2,104.	168,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM T. KAM CHIEF OPERATING OFFICER	(i)	149,606.	0.	28,942.	5,125.	11,397.	195,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BELINDA HEZLER INTERIM LEGAL DIRECTOR	(i)	186,007.	0.	0.	0.	681.	186,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JILL CORRAL DIRECTOR OF FINANCE & ADMINISTRATION	(i)	185,622.	0.	0.	2,495.	10,677.	198,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TANYA BRODER SENIOR STAFF ATTORNEY	(i)	146,346.	0.	0.	5,937.	2,754.	155,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 4A

SEPARATION PAYMENTS TOTALING \$137,746 WERE PAID TO INDIVIDUALS LISTED
ON FORM 990, PART VII.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X		97,918.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

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

ADVOCACY ORGANIZATION IN THE U.S. EXCLUSIVELY DEDICATED TO DEFENDING
AND ADVANCING THE RIGHTS AND OPPORTUNITIES OF THE MOST VULNERABLE
IMMIGRANTS AND THEIR LOVED ONES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FEDERAL APPEALS COURT ISSUED A DECISION THAT UPHELD PREVIOUS
PRELIMINARY INJUNCTIONS BLOCKING THE RULE'S IMPLEMENTATION. APART FROM
LITIGATION, NILC ALSO EDUCATED PIF PARTNERS AND POLICYMAKERS ON THE
CONNECTION BETWEEN PUBLIC CHARGE AND COVID-19, AND MONITORED OTHER
PUBLIC CHARGE-RELATED ADMINISTRATIVE POLICY CHANGES THAT THREATEN
IMMIGRANTS' ACCESS TO PUBLIC HOUSING ASSISTANCE, FOOD STAMPS, AND OTHER
INCOME SUPPORTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT, HEALTH ACCESS, AND WORKPLACE PROTECTION POLICY INITIATIVES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE EXECUTIVE ORDER, BUT ALSO BACK-DOOR RESTRICTIONS THAT SEEK TO BAR
MUSLIMS FROM REUNITING WITH FAMILY OR RESETTLING IN THE U.S.

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

IN ADDITION TO ITS CORE PROGRAM PRIORITIES, NILC PLAYED A CENTRAL ROLE
IN: SHAPING PROGRESSIVE POLICIES ON A RANGE OF ISSUES TO ADVANCE ITS
VISION OF A COUNTRY IN WHICH EVERYONE HAS THE FREEDOM TO THRIVE, NO
MATTER WHERE THEY ARE BORN, HOW MUCH WEALTH THEY HAVE, OR THE COLOR OF

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

THEIR SKIN; INITIATING CREATIVE LITIGATION STRATEGIES THAT EXPAND OPPORTUNITIES FOR IMMIGRANT YOUTH AND THEIR LOVED ONES WITH LOW-INCOMES; AND SHAPING GROUNDBREAKING MESSAGING THAT PROMOTES THE IMPORTANT AND POSITIVE ROLE THAT LOW-INCOME IMMIGRANTS PLAY IN U.S. SOCIETY.

EXPENSES \$ 7,278,458. INCLUDING GRANTS OF \$ 1,217,000. REVENUE \$ 53,895

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

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

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

EACH DIRECTOR AND OFFICER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE CORPORATION IS CHARITABLE AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE BOARD CHAIR AND EXECUTIVE DIRECTOR OF NATIONAL IMMIGRATION LAW CENTER ARE RESPONSIBLE FOR ENSURING ALL CONFLICTS OF INTEREST DISCLOSURE STATEMENTS ARE SUBMITTED TO THE ORGANIZATION AND FOR REVIEWING THE STATEMENTS.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON A PERFORMANCE EVALUATION AND COMPARABILITY DATA FOR SALARIES OF TOP MANAGEMENT OFFICIALS IN THE NON-PROFIT SECTOR. THE STAFF SENIOR

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number

95-4539765

LEADERSHIP TEAM SETS THE COMPENSATION FOR ALL EMPLOYEES, INCLUDING ALL KEY EMPLOYEES EXCEPT FOR THE EXECUTIVE DIRECTOR, BASED ON AN INTERNAL SALARY SCALE DEVELOPED AFTER REVIEW OF COMPARABILITY DATA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, OR, PA, SC, TN, UT, VA
WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND OTHER INFORMATIONAL RETURN DOCUMENTS REQUIRED TO BE MADE AVAILABLE UNDER SECTION 6104, ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW.GUIDESTAR.ORG OR UPON REQUEST.

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

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

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

CONTRACT STAFF:

PROGRAM SERVICE EXPENSES	2,456,436.
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MANAGEMENT AND GENERAL EXPENSES	156,298.
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FUNDRAISING EXPENSES	200,377.
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TOTAL EXPENSES	2,813,111.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,813,111.
--	------------

FORM 990, PART IX, LINE 11G:

OTHER FEES FOR SERVICES INCLUDE FEES FOR MANAGEMENT CONSULTING, LEGAL SERVICES, AND SERVICES IN THE AREA OF PUBLIC RELATIONS, ADVOCACY,

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NILC IMMIGRANT JUSTICE FUND - 46-2030419 P.O. BOX 70067 LOS ANGELES, CA 90010	IMMIGRATION POLICY	CALIFORNIA	501(C)(4)		NATIONAL IMMIGRATION LAW CENTER	X	

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NILC IMMIGRANT JUSTICE FUND	B	900,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.