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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.
See Specific Instructions**C Name of organization**

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1860 19TH STREET, NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20009-5501

F Name and address of principal officer: JOHN MARINO
SAME AS C ABOVE**D Employer identification number**

52-1071723

E Telephone number
(202) 387-0600**G Gross receipts \$** 8,602,394.**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c) Group exemption number** ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.NIAF.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1975 **M State of legal domicile** DC**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FOUNDATION PROVIDES ALL ITALIAN AMERICANS WITH A NATIONAL HEADQUARTERS DEDICATED TO</u>		
	2 Check this box ☐ 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)	46
	4	Number of independent voting members of the governing body (Part VI, line 1b)	46
	5	Total number of employees (Part V, line 2a)	27
	6	Total number of volunteers (estimate if necessary)	0
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7,283.
	7b	Net unrelated business taxable income from Form 990-T, line 34	-152,271.
	8	Contributions and grants (Part VIII, line 1h)	4,860,284.
	9	Program service revenue (Part VIII, line 2g)	5,111,624.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,737,477.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,428.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,756.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,207.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	6,805,945.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,098,682.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,004,227.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1,049,090.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,027,478.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,696,389.
	19	Revenue less expenses. Subtract line 18 from line 12	3,228,792.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,502,050.
	21	Total liabilities (Part X, line 26)	6,260,497.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,247,529.
			545,448.

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 ▶ JOHN MARINO, EXECUTIVE DIRECTOR Date 12/08/10
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ Joseph J. Romagnoli CPA Date 12/08/10 Check if self-employed ☐ Preparer's identifying number (see instructions) 000181102
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COCKE, SZPANKA & TAYLOR, CPAS
1800 ROBERT FULTON DRIVE, #100
RESTON, VA 20191-4346 EIN ▶ (703) 391-2000

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

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JAN 05 2011

g/bv 23

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE NATIONAL ITALIAN AMERICAN FOUNDATION (NIAF) IS A NONPROFIT,
NONPARTISAN EDUCATIONAL FOUNDATION THAT PROMOTES ITALIAN AMERICAN
CULTURE AND HERITAGE. THE NIAF SERVES AS A RESOURCE IN THE ITALIAN
AMERICAN COMMUNITY AND HAS EDUCATIONAL AND YOUTH PROGRAMS INCLUDING
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,618,378. including grants of \$) (Revenue \$ 700,331.)
GALA DINNER: AN ANNUAL EVENT THAT HONORS DISTINGUISHED ITALIAN AMERICAN
MEN AND WOMEN WHO HAVE MADE SUBSTANTIAL CONTRIBUTIONS TO THEIR
PROFESSIONS IN SUCH FIELDS AS EDUCATION, HUMANITARIANISM, BUSINESS,
ENTERTAINMENT, SCIENCE, AND SPORTS. PROCEEDS FROM THE DINNER SUPPORT
NIAF'S CULTURAL, SCHOLARSHIP, AND EDUCATIONAL PROGRAMS.

4b (Code:) (Expenses \$ 1,287,400. including grants of \$ 1,049,090.) (Revenue \$ 408,930.)
SCHOLARSHIPS/ GRANTS: APPROXIMATELY \$ 1.0 MILLION WAS AWARDED FOR
GRANTS, SCHOLARSHIPS AND OTHER EDUCATION PROGRAMS. SCHOLARSHIPS WERE
PRESENTED TO STUDENTS AT THE COLLEGE AND GRADUATE LEVELS. GRANTS WERE
AWARDED FOR SUCH CATEGORIES AS GENERAL UNDERGRADUATE, WOMEN'S STUDIES,
ITALIAN LANGUAGE, COMMUNICATIONS, ETC.

4c (Code:) (Expenses \$ 510,177. including grants of \$) (Revenue \$ 32,349.)
PUBLIC RELATIONS: INCLUDE ACTIVITIES DESIGNED TO INFORM OUR MEMBERS AND
NON-MEMBERS ABOUT OUR ITALIAN AMERICAN COMMUNITY AND EVENTS. OUR TWO
PUBLICATIONS, NIAF NEWS AND AMBASSADOR MAGAZINE, KEEPS OUR MEMBERSHIP
INFORMED WHILE OUR WEB-PAGE, WWW.NIAF.ORG, IS AVAILABLE FOR ANYONE WHO
WISHES TO EXPLORE THEIR HERITAGE.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 607,898. including grants of \$) (Revenue \$ 187,489.)

4e Total program service expenses ► \$ 4,023,853.

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	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>	18	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>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	10	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	27	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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 in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ANNE DREFS KASPUTIS - (202)-387-0600
1860 19TH ST NW, WASHINGTON, DC 20009

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT V. ALLEGRI BOARD MEMBER	0.30	X						0.	0.	0.
PETER J. ARDUINI BOARD MEMBER	0.30	X						0.	0.	0.
KENNETH J. ASPROMONTE BOARD MEMBER	0.30	X						0.	0.	0.
GABRIEL A. BATTISTA TREASURER	5.00	X		X				0.	0.	0.
JOHN F. CALVELLI SECRETARY	1.30	X		X				0.	0.	0.
JEFFREY M. CAPACCIO BOARD MEMBER	0.30	X						0.	0.	0.
ROBERT E. CARLUCCI BOARD MEMBER	0.30	X						0.	0.	0.
PAOLO CATALFAMO BOARD MEMBER	0.30	X						0.	0.	0.
PAUL J. CHIAPPARONE VICE CHAIRMAN	3.00	X		X				0.	0.	0.
ADAM G. CIONGOLI BOARD MEMBER	0.30	X						0.	0.	0.
JERRY COLANGELO CHAIRMAN	10.00	X		X				0.	0.	0.
ROCCO B. COMMISSO BOARD MEMBER	0.30	X						0.	0.	0.
ROBERT S. CUILLO BOARD MEMBER	0.30	X						0.	0.	0.
JOSEPH D. DEL RASO PRESIDENT	6.00	X		X				0.	0.	0.
JOSEPH M. DELLA RATT BOARD MEMBER	0.30	X						0.	0.	0.
JOHN A. DEPASQUALE BOARD MEMBER	0.30	X						0.	0.	0.
JOSEPH DEPINTO BOARD MEMBER	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW J. DIDOMENICO SR BOARD MEMBER	0.30	X						0.	0.	0.
WILLIAM C. FREDI BOARD MEMBER	0.30	X						0.	0.	0.
LOUIS J. FREEH VICE CHAIRMAN	3.00	X		X				0.	0.	0.
ARTHUR J. FURIA GENERAL COUNSEL	3.00	X		X				0.	0.	0.
MARIO J. GABELLI BOARD MEMBER	0.30	X						0.	0.	0.
MARIE L. GARIBALDI EXECUTIVE VICE PRESIDENT	3.00	X		X				0.	0.	0.
STEPHEN GEPPI BOARD MEMBER	0.30	X						0.	0.	0.
ERIC GIOIA BOARD MEMBER	0.30	X						0.	0.	0.
G. LOUIS GRAZIADIO III BOARD MEMBER	0.30	X						0.	0.	0.
FRANK J. GUARINI BOARD MEMBER	0.30	X						0.	0.	0.
1b Total								465,297.	0.	77,358.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
HILTON HOTELS CORPORATION 1919 CONNECTICUT AVE, WASHINGTON, DC 20009	HOSPITALITY/CONVENTI ON SERVICES	151,038.
MOSAIC 4801 VIEWPOINT PLACE, CHEVERLY, MD 20781	MARKETING/PROMOTIONS & PRINTING	100,676.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	592,655.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,518,969.				
	g Noncash contributions included in lines 1a-1f \$		194,244.				
	h Total. Add lines 1a-1f			5,111,624.			
Program Service Revenue	2 a GALA DINNER	Business Code	900099	700,331.	700,331.		
	b EDUCATION DEPARTMENT		900099	408,930.	408,930.		
	c SPECIAL PROJECTS		900099	147,282.	147,282.		
	d PUBLIC OUTREACH		900099	32,349.	32,349.		
	e PUBLICATIONS REVENUE		541800	7,283.		7,283.	
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,296,175.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			66,625.			66,625.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			40,207.	40,207.		
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-415,949.			-415,949.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				6,098,682.	1,329,099.	7,283.	-349,324.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	574,823.	574,823.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	474,267.	474,267.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,468.	67,734.	67,734.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	271,969.	55,508.	151,844.	64,617.
7 Other salaries and wages	987,517.	680,897.	197,639.	108,981.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	208,467.	98,020.	87,807.	22,640.
10 Payroll taxes	92,968.	55,251.	26,105.	11,612.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	45,950.		45,950.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	39,930.		39,930.	
g Other	284,602.	196,598.	46,790.	41,214.
12 Advertising and promotion	139,035.	134,534.	4,437.	64.
13 Office expenses	503,515.	440,825.	43,670.	19,020.
14 Information technology	130,222.	74,206.	38,592.	17,424.
15 Royalties				
16 Occupancy	41,648.	9,287.	30,457.	1,904.
17 Travel	92,397.	71,234.	10,033.	11,130.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	810,487.	763,465.	37,374.	9,648.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,211.	66,479.		11,732.
23 Insurance	13,350.		13,350.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DONATED GOODS- AUCTION	194,244.	194,244.	0.	0.
b ALLOCATION OVERHEAD	103,440.	53,779.	35,283.	14,378.
c DUES & SUBSCRIPTIONS	25,019.	12,702.	5,557.	6,760.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,247,529.	4,023,853.	882,552.	341,124.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	629,767.	1	507,309.
	2 Savings and temporary cash investments	1,905,232.	2	3,645,087.
	3 Pledges and grants receivable, net	71,667.	3	71,667.
	4 Accounts receivable, net	127,836.	4	231,756.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,561.	9	40,681.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,875,156.		
	b Less: accumulated depreciation	10b 876,859.	10c	998,297.
	11 Investments - publicly traded securities	1,035,663.	11	3,807,849.
	12 Investments - other securities. See Part IV, line 11	3,457,836.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,317,562.	16	9,302,646.	
Liabilities	17 Accounts payable and accrued expenses	411,190.	17	345,392.
	18 Grants payable		18	
	19 Deferred revenue	169,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	66,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	646,190.	26	345,392.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	797,326.	27	1,306,322.
	28 Temporarily restricted net assets	1,297,771.	28	3,284,169.
	29 Permanently restricted net assets	4,576,275.	29	4,366,763.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,671,372.	33	8,957,254.
	34 Total liabilities and net assets/fund balances	7,317,562.	34	9,302,646.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

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 in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 ☐		
b 33 1/3% support test - 2008. 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 ☐		
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
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 ☐		

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4034907.	2968093.	4082930.	4860284.	5111624.	21057838.
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	3552079.	3181847.	1535372.	1737477.	1296175.	11302950.
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	7586986.	6149940.	5618302.	6597761.	6407799.	32360788.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	517,400.	1320459.	1174572.	893,954.	902,179.	4808564.
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	43,028.			3,946.		46,974.
c Add lines 7a and 7b	560,428.	1320459.	1174572.	897,900.	902,179.	4855538.
8 Public support. (Subtract line 7c from line 6)						27505250.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	7586986.	6149940.	5618302.	6597761.	6407799.	32360788.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,733.	148,292.	233,397.	207,598.	106,832.	809,852.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	113,733.	148,292.	233,397.	207,598.	106,832.	809,852.
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 IV.)		25,124.				25,124.
13 Total support. (Add lines 9, 10c, 11, and 12)	7700719.	6323356.	5851699.	6805359.	6514631.	33195764.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	82.86 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	84.36 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.44 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.27 %

- 19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,198,698.	2,881,004.			
b Contributions		1,035,420.			
c Net investment earnings, gains, and losses	1,227.	-480,293.			
d Grants or scholarships	10,000.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,189,925.	3,436,131.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	344,963.			344,963.
b Buildings	1,233,444.		616,035.	617,409.
c Leasehold improvements				
d Equipment	296,749.		260,824.	35,925.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				998,297.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: CAMPITELLI ENDOWMENT: THE ANTHONY CAMPITELLI ENDOWED

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

Part XIV Supplemental Information (continued)

SERGIO FRANCHI FUND: THE SERGIO FRANCHI MUSIC FOUNDATION HAS WORKED WITH THE FOUNDATION TO CREATE AND ENDOWMENT FOR THE PURPOSE OF AWARDING GRANTS ON AN ANNUAL BASIS AND TO FUND MUSICAL EDUCATION PROGRAMS, ALL NAMED IN MEMORY OF THE LATE TENOR, SERGIO FRANCHI.

ENDOWMENT TRUST FUND: THE NATIONAL ITALIAN AMERICAN FOUNDATION ENDOWMENT TRUST FUND (ENDOWMENT TRUST) IS AN IRREVOCABLE TRUST FUND CREATED FOR THE PURPOSE OF ENCOURAGING DONATIONS TO THE FOUNDATION AND TO ENSURE CONTINUED FINANCING OF THE OPERATING EXPENSES OF THE FOUNDATION. ONLY THE INCOME DERIVED FROM THE PRINCIPAL MAINTAINED WITHIN THE ENDOWMENT TRUST CAN BE USED TO FINANCE THE OPERATING EXPENSES OF THE FOUNDATION.

VOYAGE OF DISCOVERY: THE VOYAGE OF DISCOVERY IS AN EDUCATIONAL AND CULTURAL EXCHANGE PROGRAM FOR YOUNG ITALIAN AMERICAN COLLEGE STUDENTS BETWEEN THE AGES OF 18 AND 23. THE PURPOSE OF THE VOYAGE OF DISCOVERY IS: TO STRENGTHEN THE ITALIAN AMERICAN IDENTITY BY BONDING YOUNG ITALIAN-AMERICANS TO THE COUNTRY, CULTURE, AND HERITAGE OF ITALY; TO HELP THEM GAIN AN UNDERSTANDING OF THEIR HERITAGE AND A PRIDE IN PRESERVING THAT HERITAGE FOR THE NEXT GENERATION; AND TO UNDERSTAND THE HISTORICAL SIGNIFICANCE OF ITALY AND THE CURRENT CONTRIBUTION ITALY IS MAKING TO THE US AND THE WORLD. THE PROGRAM IS ALL-EXPENSES PAID TRIP COVERING ROUND-TRIP AIRFARE BETWEEN ITALY AND AMERICA AND 10 DAYS OF PROGRAMS.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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Employer identification number

52-1071723

1 **For grantmakers.** 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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		474,267.
Totals	0	0			474,267.

Schedule F (Form 990) 2009

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: THE NIAF GRANTS AWARDED INTERNATIONALLY ARE MONITORED IN THE SAME WAY AS THE DOMESTIC GRANTS. THE NIAF REQUIRES ALL GRANT REQUESTS TO FILL OUT AN APPLICATION INCLUDING THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE, AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH THE FOUNDATION'S MISSION. THE GIOP GRANTS, MANY OF WHICH ARE AWARDED INTERNATIONALLY, ARE MONITORED BY THE GIOP FOUNDATION.

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.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number
52-1071723

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
AWARDED FOR USE TOWARD EDUCATION EXPENSES SUCH AS TUITION, BOOKS, COMPUTERS, AND DORMITORY.	89	574,823.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE NIAF REQUIRES ALL GRANT REQUESTS TO FILL OUT AN APPLICATION INCLUDING THE PROJECT DESCRIPTION, ITEMIZED BUDGET, PERSONNEL AND RELATED EXPERIENCE, AND THE GOALS OF THE PROJECT. THE GRANT RECIPIENTS MUST SUBMIT STATUS REPORTS TO RECEIVE THEIR FINAL GRANT PAYMENT. SELECTION CRITERIA ARE STATED ON THE APPLICATION AND ARE BASED ON THE PROJECT'S COMPATIBILITY WITH THE FOUNDATION'S MISSION.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
----------------	---

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer Identification number

52-1071723

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA DE STACY HARRIS VICE CHAIRMAN	3.00	X		X				0.	0.	0.
KENNETH G. LANGONE BOARD MEMBER	0.30	X						0.	0.	0.
ANTHONY MARNELL II BOARD MEMBER	0.30	X						0.	0.	0.
DOMINIC R. MASSARO BOARD MEMBER	0.30	X						0.	0.	0.
ANITA BEVACQUA MCBRIDE BOARD MEMBER	0.30	X						0.	0.	0.
JOSEPH H. MOGLIA BOARD MEMBER	0.30	X						0.	0.	0.
FRANCESCO NICOTRA BOARD MEMBER	0.30	X						0.	0.	0.
PETER PACE BOARD MEMBER	0.30	X						0.	0.	0.
MICHAEL H. RENZULLI BOARD MEMBER	0.30	X						0.	0.	0.
LEE RIZZUTO JR. BOARD MEMBER	0.30	X						0.	0.	0.
JOHN P. ROSA BOARD MEMBER	0.30	X						0.	0.	0.
SALVATORE M. SALIBELLO EXECUTIVE VICE PRESIDENT	3.00	X		X				0.	0.	0.
ANTHONY F. SANSONE SR. BOARD MEMBER	0.30	X						0.	0.	0.
JOHN F. SCARPA BOARD MEMBER	0.30	X						0.	0.	0.
PETER J. STRIANO BOARD MEMBER	0.30	X						0.	0.	0.
VINCENT VIOLA VICE CHAIRMAN	3.00	X		X				0.	0.	0.
MICHAEL A. ZAMPARDI BOARD MEMBER	0.30	X						0.	0.	0.
MARIUCCIA ZERILLI-MARIMO BOARD MEMBER	0.30	X						0.	0.	0.
JOHN MARINO NATIONAL EXECUTIVE DIREC	40.00	X		X				123,152.	0.	12,315.
GERALDINE JONES SENIOR DIRECTOR	40.00					X		114,568.	0.	20,651.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer Identification number

52-1071723

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	2	1,601.	LESSER OF FMV OR SP
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		43,751.	LESSER OF FMV OR SP
6 Cars and other vehicles	X	1	4,500.	LESSER OF FMV OR SP
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	46	11,107.	LESSER OF FMV OR SP
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VACATION PACK)	X	41	78,137.	LESSER OF FMV OR SP
26 Other ► (ENTERTAINMENT)	X	24	38,098.	LESSER OF FMV OR SP
27 Other ► (DINING & WINE)	X	54	17,050.	LESSER OF FMV OR SP
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 Acknowledgment

29

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2009

Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

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

ENCOURAGING AND SUPPORTING THEIR ROLE IN PUBLIC LIFE.

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

SCHOLARSHIPS, GRANTS, HERITAGE TRAVEL, AND MENTORING.

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

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

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

SPECIAL PROJECTS: DURING 2009 INCLUDED A VARIETY OF ACTIVITIES DESIGNED
TO SUPPORT THE MISSION OF NIAF. OUR MAJOR PROJECTS INCLUDE CELEBRITY
GOLF TOURNAMENTS IN THE NEW YORK AND BOSTON, BENEFITING OUR SCHOLARSHIP
FUND, AS WELL AS OUR YEARLY CULTURAL HERITAGE TOUR IN ITALY AND ONGOING
SUPPORT FOR BOOKS DEALING WITH ITALIAN HISTORY. THE MAJOR PROJECT NIAF
FOCUSED ON WAS THE ABRUZZO RELIEF FUND, TO AIDE CITIZENS AND STUDENTS
OF ABRUZZO IN WAKE OF THE DEVASTING EARTHQUAKE THAT HIT THAT REGION IN
APRIL 2009. FUNDS RAISED FOR THIS PROGRAM, WERE USED TO PROVIDE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number
52-1071723

SCHOLARSHIPS AND ROOM AND BOARD TO STUDENTS FROM L'UNIVERSITY OF
L'AQUILA.

MEMBER SERVICES: TIERED MEMBERSHIP PROGRAM OFFERING VARIOUS
OPPORTUNITIES FOR EACH LEVEL OF MEMBERSHIP. MEMBERSHIP SUPPORT HAS
ALLOWED NIAF TO EXPAND ITS MANY YOUTH PROGRAMS, SCHOLARSHIP OFFERINGS
AND GRANT AWARDS TO THOUSANDS OF DESERVING ITALIAN AMERICANS THROUGHOUT
THE COUNTRY.

EXPENSES \$ 607898. INCLUDING GRANTS OF \$ 0. REVENUE \$ 187489.

FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD EXECUTIVE COMMITTEE HAS
THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, BUT THE COMMITTEE
DOES NOT DOCUMENT ITS MEETINGS UNLESS ACTION ITEMS ARE DISCUSSED. THE
DECISION NOT TO DOCUMENT THE MEETINGS WAS A DECISION OF THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, A DRAFT OF THE TAX
RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES ARE
REQUIRED TO READ AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.
IT IS THE BOARD MEMBER'S AND EMPLOYEE'S RESPONSIBILITY TO NOTIFY HIS/HER
SUPERVISOR OF POTENTIAL CONFLICTS AS THEY OCCUR.

FORM 990, PART VI, SECTION B, LINE 15: NIAF'S PERSONNEL & COMPENSATION
COMMITTEE AND THE EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR DETERMINING THE
COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

NATIONAL ITALIAN AMERICAN FOUNDATION, INC

Employer identification number

52-1071723

FORM 990, PART VI, SECTION C, LINE 19: NIAF'S GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO
EMPLOYEES AND THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JAMES DESANTIS - 14712 CASTELLETTO DR, TAMPA, FL 33626

FORM 990, SCHEDULE D, PART V, LINE 1A, COLUMN (A)

CHANGE IN ENDOWMENT FUNDS BEGINNING BALANCE:

DURING 2009 THE NIAF RECLASSIFIED NET ASSETS BETWEEN TEMPORARILY
RESTRICTED AND PERMANENTLY RESTRICTED BASED UPON DONOR SPECIFICATION
RESULTING IN AN ADJUSTMENT TO THE ENDOWMENT FUNDS BEGINNING BALANCE.

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print File by the due date for filing your return See Instructions	Name of Exempt Organization	Employer identification number
	NATIONAL ITALIAN AMERICAN FOUNDATION, INC	52-1071723
	Number, street, and room or suite no. If a P.O. box, see instructions. 1860 19TH STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009-5501	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

ANNE DREFFS KASPUTIS

- The books are in the care of ▶ 1860 19TH ST NW - WASHINGTON, DC 20009

Telephone No. ▶ (202)-387-0600

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	NATIONAL ITALIAN AMERICAN FOUNDATION, INC		52-1071723
	Number, street, and room or suite no. If a P.O. box, see instructions. 1860 19TH STREET, NW		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009-5501		

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ANNE DREFS KASPUTIS

• The books are in the care of **1860 19TH ST NW - WASHINGTON, DC 20009**

Telephone No. **(202)-387-0600**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

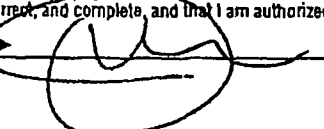
7 State in detail why you need the extension

SEE STATEMENT 1

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **EXECUTIVE DIRECTOR** Date **8/9/10**

Form 8868 (Rev. 4-2009)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

1

EXPLANATION

AN ADDITIONAL EXTENSION OF TIME TO FILE IS RESPECTFULLY REQUESTED SINCE WE ARE STILL WAITING TO RECEIVE ALL THE NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.