

FORVIS MAZARS, LLP
135 WEST 50TH STREET
NEW YORK, NY 10020-0002

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
45 BROADWAY, SUITE 2240
NEW YORK, NY 10006

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CLIENT'S COPY

Forvis Mazars, LLP
forvismazars.us



NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
45 BROADWAY, SUITE 2240
NEW YORK, NY 10006

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 CALIFORNIA FORM 199

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

FORVIS MAZARS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
45 BROADWAY, SUITE 2240
NEW YORK, NY 10006

PREPARED BY:

FORVIS MAZARS, LLP
135 WEST 50TH STREET
NEW YORK, NY 10020-0002

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

EIN or SSN

35-2420942

Name and title of officer or person subject to tax **AI-JEN POO
PRESIDENT**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>28,049,487.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **FORVIS MAZARS, LLP** to enter my PIN **20942**
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

26511928732

Do not enter all zeros

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

ERO's signature

Date

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Taxpayer identification number (TIN) 35-2420942
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 45 BROADWAY, SUITE 2240	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10006	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
45 BROADWAY, SUITE 2240 - NEW YORK, NY 10006

Telephone No. **646-360-5806** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
D Employer identification number: 35-2420942
E Telephone number: 646-360-5806
G Gross receipts \$: 40,980,806.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.DOMESTICWORKERS.ORG
K Form of organization:
L Year of formation: 2011
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO SUPPORT DOMESTIC WORKERS TO LIVE AND WORK WITH DIGNITY; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature of officer: AI-JEN POO, PRESIDENT
Date
Print/Type preparer's name: TAMAR PLOTZKER
Preparer's signature
Date
Check if self-employed
PTIN: P02047230
Firm's name: FORVIS MAZARS, LLP
Firm's EIN: 44-0160260
Firm's address: 135 WEST 50TH STREET, NEW YORK, NY 10020-0002
Phone no.: (212) 812-7000

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: NATIONAL DOMESTIC WORKERS ALLIANCE (NDWA) IS THE LEADING VOICE FOR THE MILLIONS OF DOMESTIC WORKERS IN THE UNITED STATES AND WORKS TO WIN THEM RESPECT, DIGNITY AND LABOR PROTECTIONS.

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 \$ 7,887,167. including grants of \$ 2,404,090.) (Revenue \$ 50,000.) FIELD BUILDING: NDWA PROVIDED CAPACITY-BUILDING AND FUNDING TO SUPPORT OUR 60+ AFFILIATES IN DEVELOPING THEIR ORGANIZING WORK AND BUILDING THEIR BASE OF DOMESTIC WORKERS, SUPPORTED THE BUILDING OF ORGANIZING PROJECTS AND CHAPTERS IN 7 CITIES, AND BUILT A NATIONAL WORKER ASSOCIATION.

4b (Code:) (Expenses \$ 1,225,399. including grants of \$) (Revenue \$ 99,125.) CAMPAIGNS: NDWA SUPPORTED THE DEVELOPMENT AND IMPLEMENTATION OF ISSUE ADVOCACY AND EDUCATION CAMPAIGNS AT A STATE AND NATIONAL LEVELS, INCLUDING EVENT AND MOBILIZATION PLANNING, ON THE ISSUES OF CARE AND DOMESTIC WORKERS.

4c (Code:) (Expenses \$ 1,189,580. including grants of \$) (Revenue \$) NON-PARTISAN CIVIC ENGAGEMENT: NDWA SUPPORTED NON-PARTISAN INITIATIVES TO EDUCATE AND MOBILIZE VOTERS IN SEVEN STATES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 15,165,875. including grants of \$ 822,048.) (Revenue \$ 124,592.)

4e Total program service expenses 25,468,021.

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> ? See instructions	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 Rev. Proc. 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> See instructions	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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>		
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 on 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 on 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (13), 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 AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AI-JEN POO PRESIDENT	36.00 4.00	X		X				250,000.	0.	23,912.
(2) MARIANA VITURRO VICE PRESIDENT, ORGANIZING	38.00 2.00			X				205,680.	0.	22,943.
(3) PALAK SHAH SOCIAL INNOVATIONS DIRECTOR	40.00 0.00					X		200,065.	0.	27,599.
(4) JENNIFER OLIVIA STOWE EXECUTIVE DIRECTOR	36.00 4.00			X				200,000.	0.	17,093.
(5) CECILLE ZACARIAS CHIEF FINANCIAL OFFICER	38.00 2.00			X				197,313.	0.	18,771.
(6) SADE NICOLASA DOZAN CAG CHIEF OF DEVELOPMENT & OPS	40.00 0.00					X		185,728.	0.	27,335.
(7) ROBERTA FRANCES CAPOBIANCO CAG CHIEF OF STAFF	40.00 0.00					X		182,868.	0.	21,494.
(8) HAEYOUNG YOON VICE PRESIDENT POLICY & ADVOCACY	20.00 20.00					X		184,050.	0.	19,031.
(9) NICOLE THERESE JORWIC CAG CHIEF OF ADVOCACY & CAMPAIGNS	40.00 0.00					X		184,382.	0.	13,128.
(10) CRYSTAL CRAWFORD CHAIR	5.00	X		X				0.	0.	0.
(11) GALE JOHNSON TREASURER	5.00	X		X				0.	0.	0.
(12) MAGALIS TRONCOSO SECRETARY	1.00	X						0.	0.	0.
(13) MIREYA GONZALEZ BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARIA HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) ANNA GALLAND BOARD MEMBER	1.00	X						0.	0.	0.
(16) YAQUELIN LOPEZ BOARD MEMBER	1.00	X						0.	0.	0.
(17) ROSANA ARAJUO BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BEATRIZ HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(19) CARMEN BERKLEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) LUCIMARA RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) ELIZABET OLINDA DEL CID BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARISA FRANCO BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,790,086.	0.	191,306.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,790,086.	0.	191,306.

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 51

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRECISION STRATEGIES, 901 NEW YORK AVE NW SUITE 530, WASHINGTON, DC 20001	CONSULTING (DIGITAL AND COMMUNICATIONS)	225,000.
HEART+MIND STRATEGIES, LLC TOTAL, 12110 SUNSET HILLS ROAD, 6TH FL., RESTON, VA	CONSULTING SERVICES (CAG)	210,300.
CATLIN LEE CONSULTING, LLC 1020 BRAND LANE, #933, DTAFFORD, TX 77477	CONSULTING SERVICES (DATABASE)	180,512.
ELLE COMMUNICATIONS, LLC, 1300 FACTORY PL, STE 306, LOS ANGELES, CA 90013	CONSULTING SERVICES (PR)	176,365.
THE MANAGEMENT CENTER TOTAL, 1802 VERNON ST NW PMB2308, WASHINGTON, DC 20009	CONSULTING (COACHING)	135,500.

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					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	26,720,524.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 16,605.				
	h	Total. Add lines 1a-1f		26,720,524.				
Program Service Revenue	2 a	PROGRAM REVENUE	Business Code					
			900099	149,125.	149,125.			
	b	MEMBERSHIP DUES	900099	93,009.	93,009.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		242,134.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		136,818.			136,818.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					13,849,747.			
	b	Less: cost or other basis and sales expenses	7b	12,931,319.				
	c	Gain or (loss)	7c	918,428.				
	d	Net gain or (loss)		918,428.			918,428.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		199.				
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory		199.	199.				
Miscellaneous Revenue	11 a	HONORARIA	Business Code					
			900099	28,267.	28,267.			
	b	OTHER INCOME	900099	3,117.	3,117.			
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		31,384.					
12	Total revenue. See instructions		28,049,487.	273,717.	0.	1055246.		

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 ...	3,176,138.	3,176,138.		
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	50,000.	50,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	860,505.	655,810.	162,253.	42,442.
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	13,158,719.	9,928,820.	2,588,281.	641,618.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	441,442.	375,180.	41,611.	24,651.
9 Other employee benefits	1,517,882.	1,290,045.	143,075.	84,762.
10 Payroll taxes	1,358,521.	1,154,605.	128,054.	75,862.
11 Fees for services (nonemployees):				
a Management				
b Legal	129,913.		129,913.	
c Accounting	95,535.		95,535.	
d Lobbying	249,547.	249,547.		
e Professional fundraising services. See Part IV, line 17	51,645.			51,645.
f Investment management fees	70,813.		70,813.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,281,841.	4,917,614.	364,227.	
12 Advertising and promotion	557,483.	557,483.		
13 Office expenses	958,814.	578,640.	342,745.	37,429.
14 Information technology	989,513.	595,808.	383,304.	10,401.
15 Royalties				
16 Occupancy	502,344.	29,669.	471,975.	700.
17 Travel	1,514,689.	1,175,125.	315,724.	23,840.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	726,648.	589,932.	128,763.	7,953.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,140.		27,140.	
23 Insurance	85,446.	50,789.	30,544.	4,113.
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 STAFF DEVELOPMENT	173,597.	55,000.	114,985.	3,612.
b				
c				
d				
e All other expenses	45,739.	37,816.	7,923.	
25 Total functional expenses. Add lines 1 through 24e	32,023,914.	25,468,021.	5,546,865.	1,009,028.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,806,461.	1	10,461,598.
	2 Savings and temporary cash investments	7,054,022.	2	1,550,958.
	3 Pledges and grants receivable, net	10,816,215.	3	10,994,001.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127,272.	9	77,238.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 342,308.		
	b Less: accumulated depreciation	10b 137,217.	187,936.	10c 205,091.
	11 Investments - publicly traded securities	11,269,578.	11	12,655,057.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,208,438.	15	1,624,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,469,922.	16	37,568,362.	
Liabilities	17 Accounts payable and accrued expenses	2,182,958.	17	1,073,940.
	18 Grants payable	1,140,371.	18	211,316.
	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	783,684.	25	452,849.
	26 Total liabilities. Add lines 17 through 25	4,107,013.	26	1,738,105.
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	7,967,880.	27	9,712,508.
	28 Net assets with donor restrictions	31,395,029.	28	26,117,749.
	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	39,362,909.	32	35,830,257.
33 Total liabilities and net assets/fund balances	43,469,922.	33	37,568,362.	

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	28,049,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,023,914.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,974,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,362,909.
5	Net unrealized gains (losses) on investments	5	441,775.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,830,257.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
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	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
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)						66612903.
6 Public support. Subtract line 5 from line 4.						122799932

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,994.	47,006.	103,578.	91,606.	136,818.	440,002.
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.)	143,949.	57,015.	74,303.	302,331.	31,384.	608,982.
11 Total support. Add lines 7 through 10						190461819
12 Gross receipts from related activities, etc. (see instructions)					12	942,379.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	64.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67.23 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

HONORARIA

OTHER

Multiple horizontal lines for providing supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE MERIDIAN PARTNERS 415 MADISON AVENUE, FLOOR 10 NEW YORK, NY 10017	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION 1330 AVENUE OF THE AMERICAS, 10TH FL NEW YORK, NY 10019	\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	\$ 2,121,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BILL & MELINDA GATES FOUNDATION 1300 I ST., NW WASHINGTON, DC 20005	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHARLES AND LYNN SCHUSTERMAN PO BOX 51 TULSA, OK 74101-0051	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE SCARLET FEATHER 1401 S. MAIN STREET, SUITE 100 DAYTON, OH 45409	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>NDWA LABS</u> <u>45 BROADWAY, SUITE 2240</u> <u>NEW YORK, NY 10006</u>	\$ <u>693,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>THE JAMES IRVINE FOUNDATION</u> <u>ONE BUSH STREET, STE 800</u> <u>SAN FRANCISCO, CA 94104</u>	\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>FORD FOUNDATION</u> <u>320 EAST 43RD STREET</u> <u>NEW YORK, NY 10017</u>	\$ <u>3,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>THE JPB FOUNDATION</u> <u>875 3RD AVE 29TH FLOOR</u> <u>NEW YORK, NY 10022</u>	\$ <u>3,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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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)	84,151.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	733,736.													
c	Total lobbying expenditures (add lines 1a and 1b)	817,887.													
d	Other exempt purpose expenditures	31,206,027.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	32,023,914.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)	250,000.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	165,887.	611,368.	753,423.	817,887.	2,348,565.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	102,325.	193,043.	112,354.	84,151.	491,873.

Schedule C (Form 990) 2023

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)).

	(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 not be 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 expenditures 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: NATIONAL DOMESTIC WORKERS ALLIANCE, INC. Employer identification number: 35-2420942

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		51,055.	12,105.	38,950.
d Equipment		291,253.	125,112.	166,141.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				205,091.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	452,849.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT OUTLINING THE USE OF FUNDS, SUBMIT DUE DILIGENCE, AND SUBMIT WRITTEN FINANCIAL REPORTS. THIS IS ALL MONITORED CLOSELY BY THE ORGANIZATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

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

2023

Open to Public Inspection

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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			
RESURGENS IMPACT CONSULTING - P.O. BOX 5604, ATLANTA, GA	SEE PART IV		X	4,400,000.	24,693.	4,375,307.
OLIVER MACCOLL - 266 MUNSON RD., BURLINGTON FLATS, NY	SEE PART IV		X	268,010.	26,952.	241,058.
Total				4,668,010.	51,645.	4,616,365.

- 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.
- AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, DC, WV, WI**

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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))
		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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RESURGENS IMPACT CONSULTING

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5604, ATLANTA, GA 31107

(I) NAME OF FUNDRAISER: OLIVER MACCOLL

(I) ADDRESS OF FUNDRAISER: 266 MUNSON RD., BURLINGTON FLATS, NY 13315

SCHEDULE G, PART I - DESCRIPTION OF FUNDRAISER ACTIVITIES

Part IV Supplemental Information (continued)

RESURGENS IMPACT CONSULTING - RESEARCH/DEVELOP LIST OF POTENTIAL FUNDERS. DESIGN GRANT PROPOSALS. WRITE PROJECT NARRATIVES. DRAFT TEMPLATES FOR MOUS, LETTERS OF SUPPORT, ABSTRACTS, PROPOSALS AND REPORTS. REVIEW GRANT APPLICATON FORMS AND ATTACHEMENTS.

OLIVER MACCOLL - SUPPORTER EMAIL OPTIMIZATION. GROW, DEVELOP FUNDERS. DIGITAL FUNDRAISING STRATEGY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADHIKAAR 7107 WOODSIDE AVE WOODSIDE, NY 11377	20-3384725	501(C)(3)	110,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ADULTS AND YOUTH UNITED DEVELOPMENT ASSOCIATION INC - P.O. BOX 344116 - SAN ELIZARIO, TX 79849	74-2596297	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
AFIRE 4300 N. CALIFORNIA AVE CHICAGO, IL 60618	26-3305351	501(C)(3)	45,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ALA GARIFUNA WOMEN 1225 SOUTH WEILLER STREET SEATTLE, WA 98144	58-2505889	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ARISE CHICAGO 1700 W. HUBBARD STREET CHICAGO, IL 60622	20-1072983	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ARRIBA LAS VEGAS WORKER CENTER 1948 EAST CHARLESTON BOULEVARD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	100,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDER WORKERS UNITED 1317 EAST RIO GRANDE AVENUE EL PASO, TX 79902	74-1995879	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
BRAZILIAN WOMEN'S GROUP 697 CAMBRIDGE ST., SUITE 106 BRIGHTON, MA 02135	04-3549382	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CALIFORNIA DOMESTIC WORKERS COALITION - 3543 18TH STREET - SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	150,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CARROLL GARDENS ASSOCIATION, INC. 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432	501(C)(3)	74,090.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CASA FREEHOLD 4 JACKSON STREET FREEHOLD, NJ 07728	20-0779108	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CASA LATINA 317 17TH AVE SOUTH SEATTLE, WA 98144	91-1689251	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CHIRLA 221 S 2ND ST STE 300 MILWAUKEE, WI 53204	39-1424314	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CONNECTICUT WORKER CENTER 1067 PARK AVENUE BRIDGEPORT, CT 06604	04-3273525	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DAMAYAN MIGRANT WORKERS ASSOCIATION - 33-06 92ND ST APT 2T - JACKSON HEIGHTS, NY 11372	03-0481206	501(C)(3)	60,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT DISABILITY POWER 3498 EAST LAKE LANSING ROAD EAST LANSING, MI 48823	38-2435517	501(C)(3)	10,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DOLORES STREET COMMUNITY SERVICES 938 VALENCIA STREET SAN FRANCISCO, CA 94110	94-2919302	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DOMINICAN DEVELOPMENT CENTER 8 BEACON ST BOSTON, MA 02108	04-3132500	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DREAMERS MOTHERS IN ACTION 580 FIFTH AVENUE NEW YORK, NY 10036	13-1661738	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EDUCATION & TRAINING INSTITUTE, INC. - 55 PATERSON ST 2ND FLOOR - NEW BRUNSWICK, NJ 08901	22-3665469	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO CULTURAL DE MEXICO 837 NORTH ROSS STREET SANTA ANA, CA 92706	33-0614169	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH ST. SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO HUMANITARIO PO BOX 3190 DENVER, CO 80201	03-0412235	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EQUALITY HOMECARE CO-OP 2265 GOODWIN LN. NEW BRAUNFELS, TX 78130	46-3405498	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR WORK CENTER 116 WARREN AVE N, SUITE A SEATTLE, WA 98109	47-5249092	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
FILIPINO ADVOCATES FOR JUSTICE 310 8TH ST. STE. 309 OAKLAND, CA 94607	94-2218907	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
HAND IN HAND 210 E 64TH STREET NEW YORK, NY 10065	20-4157876	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
LA PLAZA DE ENCUENTRO 714 4TH STREET SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
LATINO UNION 4811 N CENTRAL PARK AVE CHICAGO, IL 60625	61-1403712	501(C)(3)	65,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MATAHARI WOMEN WORKERS CENTER C/O TSNE BOSTON, MA 02111	04-2261109	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MIAMI WORKERS CENTER 745 NORTHWEST 54TH STREET MIAMI, FL 33127	65-0942224	501(C)(3)	95,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MISMA 5608 THUNDER GULCH DRIVE DEL VALLE, TX 78617	47-4137116	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET BOX 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK VALLEY PROJECT INC 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
NDWA LABS LLC / NDWA - CAG 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	46-5427425	501(C)(4)	125,000.	0.			FAIR CARE LABS SUPPORT OF THE HANDY PILOT WORKERS PROGRAM / CARE FEST INITIATIVE
NM CAREGIVERS COALITION PO BOX 297 BERNALILLO, NM 87004	47-1126935	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
PILIPINO WORKERS' CENTER 153 GLENDALE BLVD. LOS ANGELES, CA 90026	77-0439301	501(C)(3)	110,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
TENNESSEE IMMIGRANT & REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TX 37211	20-0121100	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
UNIDAD LATINA EN ACCION (ULA) 37 HOWE STREET NEW HAVEN, CT 06511	80-0370324	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
UNIDAD LATINA EN ACCION NJ 112 WITHERSPOON STREET PRINCETON, NJ 08542	47-0986640	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
VOZ WORKERS' RIGHTS EDUCATION PROJECT - 330 SOUTHEAST 11TH AVENUE - PORTLAND, OR 97214	26-1357376	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WECOUNT!, INC. P.O. BOX 344116 HOMESTEAD, FL 33034	56-2638368	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIND OF THE SPIRIT 40 SUSSEX AVENUE MORRISTOWN, NJ 07960	95-3808047	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WOMEN WORKING TOGETHER USA 4019 N UNIVERSITY DR. E205 SUNRISE, FL 33351	81-3156866	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WOMEN EMPLOYED 1. E. WACKER DRIVE, SUITE 2520 CHICAGO, IL 60601	36-2969526	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STATEN ISLAND COMMUNITY JOB CENTER 774 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	47-2787706	501(C)(3)	20,000.	0.			DOMESTIC WORKERS UNIONIZING PROGRAM
PUBLIC JUSTICE CENTER 201 N. CHARLES ST., SUITE 1200 BALTIMORE, MD 21201	52-1412226	501(C)(3)	60,000.	0.			STATE CAMPAIGN STRATEGY
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN, INC - 207 E BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202	34-1246311	501(C)(3)	70,000.	0.			CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN / OPERATING SUPPORT
BLACK CALIFORNIANS UNITED FOR EARLY CARE AND EDUCATION - 374 CAMELBACK ROAD - PLEASANT HILL, CA 94523	88-3806712	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CASA DE MARYLAND 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES - 1436 W. RANDOLPH STREET - CHICAGO, IL 60607	36-4044632	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 3700 O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	35,000.	0.			TO SUPPORT THE KALMANOVITZ INITIATIVE FOR LABOR & THE WORKING POOR'S DOMESTIC WORKERS
GEORGIA STRATEGIC ALLIANCE FOR NEW DIRECTIONS AND UNITED POLICES, INC. - 2366 SYLVAN ROAD, SUITE A, EAST POINT - ATLANTA, GA 30344	20-0984437	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HISPANIC RESOURCE CENTER OF LARCHMONT & MAMARONECK, INC. D/B/A COMMUNITY RE - 134 CENTER AVENUE - MAMARONECK, NY 10543	31-1678682	501(C)(3)	40,000.	0.			GENERAL SUPPORT
JUSTICE IN AGING 1444 EYE STREET, NW, SUITE 1100 WASHINGTON, DC 20005	95-3132674	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
LEADINGAGE 2519 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	13-6213525	501(C)(3)	10,000.	0.			THE PURPOSE OF THE GRANT IS TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
LITTLE LOBBYISTS ACTION NETWORK PO BOX 2052 SILVER SPRINGS, MD 20915	84-3800643	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
MOMRISING EDUCATIONAL FUND 12011 BEL-RED ROAD #206 BELLEVUE, WA 98005	45-2499952	501(C)(3)	140,000.	0.			CARE NARRATIVE CHANGE / CARE COMMON LANGUAGE
NATIONAL ALLIANCE FOR CAREGIVING 1730 RHODE ISLAND AVE., NW, SUITE 8 WASHINGTON, DC 20036	52-1931357	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
NATIONAL WOMENS LAW CENTER 1350 I ST., NW SUITE 700 WASHINGTON, DC 20005	52-1213010	501(C)(3)	10,000.	0.			TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DISABLED SOUTH INC. 1201 W. PEACHTREE ST., NW, SUITE 26 ATLANTA, GA 30309	88-2606879	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	132,048.	0.			SUPPORT RESEARCH WORK ON AMERICAN RESCUE PLAN ACT (ARPA) FUNDS IN REGARDS TO CALIFORNIA FOR HOME
OAKLAND FORWARD F/S MICHIGAN ORGANIZAING PROJECT - 4405 WESSON ST. - DETROIT, MI 48210	38-3058190	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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:

GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT OUTLINING THE USE OF FUNDS,
SUBMIT DUE DILIGENCE, AND SUBMIT WRITTEN FINANCIAL REPORTS. THIS IS ALL
MONITORED CLOSELY BY THE ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JANE ADDAMS SENIOR CAUCUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FOR CHANGES, IMPROVEMENT
& INCREASED FUNDING FOR HCBS FUNDING AT THE FEDERAL LEVEL RELATED TO

Part IV Supplemental Information

COVID RELIEF & RECOVERY AS WELL AS STANDALONE CAG-SPONSORED FEDERAL LEGISLATION

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR & DISABILITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COLLECT STORIES OF PERSONS WITH DISABILITIES & CAREGIVERS, TRAIN EMPLOYEES ON RIGHT, AND IMPROVE HOME SUPPORTIVE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE KALMANOVITZ INITIATIVE FOR LABOR & THE WORKING POOR'S DOMESTIC WORKERS HAZARD GUIDANCE INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL WOMENS LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEASTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT RESEARCH WORK ON AMERICAN RESCUE PLAN ACT (ARPA) FUNDS IN REGARDS TO CALIFORNIA FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SPENDING IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: PAID LEAVE FOR ALL/ HOPEWELL FUND

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE GRANT IS FOR THE PAID LEAVE FOR ALL PROJECT TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AI-JEN POO PRESIDENT	(i)	250,000.	0.	0.	7,500.	16,412.	273,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIANA VITURRO VICE PRESIDENT, ORGANIZING	(i)	205,680.	0.	0.	6,109.	16,834.	228,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PALAK SHAH SOCIAL INNOVATIONS DIRECTOR	(i)	200,065.	0.	0.	6,002.	21,597.	227,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER OLIVIA STOWE EXECUTIVE DIRECTOR	(i)	200,000.	0.	0.	6,000.	11,093.	217,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CECILLE ZACARIAS CHIEF FINANCIAL OFFICER	(i)	197,313.	0.	0.	5,919.	12,852.	216,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SADE NICOLASA DOZAN CAG CHIEF OF DEVELOPMENT & OPS	(i)	185,728.	0.	0.	5,572.	21,763.	213,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERTA FRANCES CAPOBIANCO CAG CHIEF OF STAFF	(i)	182,868.	0.	0.	5,486.	16,008.	204,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HAEOUNG YOON VICE PRESIDENT POLICY & ADVOCACY	(i)	184,050.	0.	0.	5,521.	13,510.	203,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NICOLE THERESE JORWIC CAG CHIEF OF ADVOCACY & CAMPAIGNS	(i)	184,382.	0.	0.	5,531.	7,597.	197,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.**
Employer identification number: **35-2420942**

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	5	16,605.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPORTED ABOVE REPRESENTS THE TOTAL NUMBER OF DONORS OF PUBLICLY TRADED SECURITIES DURING THE YEAR.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

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

OTHER PROGRAMS

EXPENSES \$ 15,165,875. INCLUDING GRANTS OF \$ 822,048. REVENUE \$ 124,592.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE TWO CLASSES OF MEMBERS - ORGANIZING MEMBERS AND
ASSOCIATE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

ORGANIZING MEMBERS SHALL HAVE FULL VOTING RIGHTS AS SET FORTH IN SECTION 6
OF THE BY-LAWS, INCLUDING BUT NOT LIMITED TO ELECTING ORGANIZING MEMBER
DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ORGANIZING MEMBERS SHALL HAVE FULL VOTING RIGHTS FOR THE PURPOSE OF
AMENDING THE BYLAWS, AND THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME
BEFORE THE MEMBERS, AS DESCRIBED IN THE BY-LAWS. THE FOLLOWING ACTIONS MAY
NOT BE TAKEN WITHOUT APPROVAL BY THE ORGANIZING MEMBERS: (A) PETITION FOR
JUDICIAL DISSOLUTION, (B) DISPOSING OF ALL, OR SUBSTANTIALLY ALL, OF THE
ASSETS OF THE CORPORATION, (C) APPROVAL OF A PLAN OF MERGER, (D)
AUTHORIZATION OF A PLAN OF NON-JUDICIAL DISSOLUTION, OR (E) REVOCATION OF A
VOLUNTARY DISSOLUTION PROCEEDING.

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

THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND IS THEN GIVEN TO
THE ENTIRE BOARD TO READ AND COMMENT.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
--	--

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. MANAGEMENT IS TASKED WITH REVIEWING ALL SIGNED STATEMENTS AND TAKING APPROPRIATE ACTION WHEN NECESSARY, AS DESCRIBED IN ORGANIZATIONAL DOCUMENTS.

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

PRESIDENT - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD, WHO DETERMINES THE PRESIDENT'S SALARY.

EXECUTIVE DIRECTOR - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD, WHO DETERMINES THE EXECUTIVE DIRECTOR'S SALARY.

OTHER OFFICERS & KEY EMPLOYEES - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR THEN DETERMINES THE SALARIES.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

Name of the organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
--	--

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES	4,619,856.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,619,856.

TRANSLATION AND INTERPRETATION:

PROGRAM SERVICE EXPENSES	297,758.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	297,758.

OTHER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	364,227.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	364,227.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,281,841.

**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

2023

Open to Public Inspection

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

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
CARE IN ACTION - 46-4605470 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	POLICY AND ADVOCACY ORGANIZATION	DELAWARE	501(C)(4)				X
NDWA GIG WORKER ADVOCATES - 85-1769558 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	SOCIAL WELFARE ORGANIZATION	DELAWARE	501(C)(4)				X

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

Schedule R (Form 990) 2023

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) CARE IN ACTION	O	2,988,502.	ACTUAL
(2) CARE IN ACTION (FAIR CARE LABS LLC)	O	463,453.	ACTUAL
(3) CARE IN ACTION (FAIR CARE LABS LLC)	B	100,000.	ACTUAL
(4) CARE IN ACTION (FAIR CARE LABS LLC)	C	693,361.	ACTUAL
(5)			
(6)			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
45 BROADWAY, SUITE 2240
NEW YORK, NY 10006

PREPARED BY:

FORVIS MAZARS, LLP
135 WEST 50TH STREET
NEW YORK, NY 10020-0002

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

California corporation number
3500479

Additional information. See instructions.

FEIN
35-2420942

Street address (suite or room)
45 BROADWAY, SUITE 2240

PMB no.

City
NEW YORK

State
NY

ZIP code
10006

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	14,260,282	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	26,720,524	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	40,980,806	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	12,931,319	00
	7	Total costs. Add line 5 and line 6	7	12,931,319	00
	8	Total gross income. Subtract line 7 from line 4	8	28,049,487	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	32,023,914	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,974,427	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Signature of officer PRESIDENT		Date	● Telephone	
	Preparer's signature		Date	● PTIN	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address FORVIS MAZARS, LLP 135 WEST 50TH STREET NEW YORK, NY 10020-0002		Check if self-employed <input type="checkbox"/>	P02047230	
				● Firm's FEIN	
				44-0160260	
				● Telephone	
				(212) 812-7000	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11		0 00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements	•	17		00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				•
12 Other assets				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BLUE MERIDIAN PARTNERS	415 MADISON AVENUE, FLOOR 10 NEW YORK, NY 10017		2,500,000.
ROBERT WOOD JOHNSON FOUNDATION	1330 AVENUE OF THE AMERICAS, 10TH FL NEW YORK, NY 10019		2,200,000.
ROCKEFELLER PHILANTHROPY ADVISORS	6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036		2,121,821.
BILL & MELINDA GATES FOUNDATION	1300 I ST., NW WASHINGTON, DC 20005		1,000,000.
CHARLES AND LYNN SCHUSTERMAN	PO BOX 51 TULSA, OK 74101-0051		700,000.
THE SCARLET FEATHER	1401 S. MAIN STREET, SUITE 100 DAYTON, OH 45409		700,000.
NDWA LABS	45 BROADWAY, SUITE 2240 NEW YORK, NY 10006		693,361.
THE JAMES IRVINE FOUNDATION	ONE BUSH STREET, STE 800 SAN FRANCISCO, CA 94104		625,000.
JOHN D. & CATHERINE MACARTHUR FDN	140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603		500,000.
THE MAY & STANLEY SMITH CHAR. TRUST	770 TAMALPAIS DRIVE, SUITE 309 CORTE MADERA, CA 94925		500,000.
W.K. KELLOGG FOUNDATION	1 MICHIGAN AVE BATTLE CREEK, MI 49017		500,000.
FORD FOUNDATION	320 EAST 43RD STREET NEW YORK, NY 10017		3,450,000.
RALPH C. WILSON JR. FOUNDATION	3101 E GRAND BLVD STE 200 DETROIT, MI 48202		450,000.
JAMES AND GRETCHEN SANDLER	185 EDGEWOOD AVE SAN FRANCISCO, CA 94117		350,000.

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.35-2420942

METTA FUND	101 MONTGOMERY STREET, SUITE 2200 SAN FRANCISCO, CA 94104	330,000.
WELLSPRING PHILANTHROPY	10 TIMES SQUARE NEW YORK, NY 10036	300,000.
THE KRESGE FOUNDATION	3215 W BIG BEAVER RD TROY, MI 48084	300,000.
LIFT FUND	2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	280,000.
BLUE SHIELD OF CALIFORNIA FOUNDATION	601 12TH STREET OAKLAND, CA 94607	255,000.
OMIDYAR NETWORK SERVICES LLC	1991 BROADWAY STREET, SUITE 200 REDWOOD CITY, CA 94063	225,000.
HEARTHSLAND FOUNDATION	2940 THROOP AVE, BRONX, NY 10469	200,000.
ANNE DELANEY	467 W 21ST ST NEW YORK, NY 10011	200,000.
NAOMI & NEHEMIAH COHEN FOUNDATION	PO BOX 30100 BETHESDA, MD 20825	200,000.
HEISING-SIMONS FOUNDATION	400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	200,000.
FROM NOW ON FUND	3440 WALNUT AV, BLDG A, WINDOW H FREMONT, CA 94538	175,000.
MILLER KIT	6185 FRANKTOWN RD WASHOE VALLEY, NV 89704	165,000.
SOBEL DENISE LITTLEFIELD	393 BLEECKER STREET NEW YORK, NY 10014	150,000.
NATALIE PORTMAN	C/O NDWA, 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	150,000.
PILIPINO WORKER CENTER	153 GLENDALE BLVD. LOS ANGELES, CA 90026	126,000.
WORKRISE	500 L'ENFANT PLAZA SW WASHINGTON, DC 20024	125,000.
TIME'S UP FOUNDATION	PO BOX 33633 1800 M STREET NW WASHINGTON, DC 20033	114,560.
DUKE UNIVERSITY	SUBCONTRACT MANAGER DURHAM, NC 27705	108,336.
SURDNA FOUNDATION	200 MADISON AVENUE, 25TH FLOOR NEW YORK, NY 10016	100,000.
THE SARAH MIN & MATT	307 7TH AVE., SUITE 2104 NEW YORK, NY 10001	100,000.
Z. SMITH REYNOLDS FOUNDATION	102 W THIRD ST. SUITE 1110 WINSTON-SALEM, NC 27101	100,000.
RRF FOUNDATION FOR AGING	8765 W. HIGGINS ROAD, SUITE 430 CHICAGO, IL 60631	100,000.
AMALGAMATED CHARITABLE FOUNDATION (DAF)	1825 K STREET NW WASHINGTON, DC 20006	100,000.
GOLDEN MICHELLE MERCER	2500 STREET, UNIT 10 SAN FRANCISCO, CA 94115	100,000.
WOMEN DONORS NETWORK	PO BOX 2930 SAN FRANCISCO, CA 94126	100,000.
LIBRA FOUNDATION	3 CANAL PLAZA PORTLAND, ME 04101	90,000.
PATRICIA KIND FAMILY FOUNDATION	714 NORTH BETHLEHEM PIKE, SUITE 304 SPRING HOUSE, PA 19002	75,000.
KATIE MCGRATH & JJ A	16000 VENTURA BLVD STE 900 ENCINO, CA 91436	75,000.

SAN FRANCISCO FOUNDATION	ONE EMBARCADERO CENTER SAN FRANCISCO , CA 94111	75,000.
GIBBS PATRICIA HELLM	29 LOCHNESS LN SAN RAFAEL, CA 94901	75,000.
PELEH FUND	121 STEUART ST SAN FRANCISCO, CA 94104	75,000.
FWD US EDUCATION FUND	PO BOX 34506 WASHINGTON , DC 20042	62,500.
ROBERT STERLING CLARK FOUNDATION	135TH EAST 64TH STREET NEW YORK CITY, NY 10065	55,000.
ANONYMOUS- NO NAME	C/O NDWA, 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	50,395.
NEO PHILANTHROPY, INC	45 WEST 36TH STREET, 6TH FL. NEW YORK, NY 10018	50,000.
THE LEAFGLEN FOUNDATION	10848 PLEASANT HILL DRIVE POTOMAC, MD 20854	50,000.
SEIU	1800 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	50,000.
WARBURG JENNIFER	101 E RIVER DR FL 4 EAST HARTFORD, CT 06108	50,000.
QUINN DELANEY	436 14TH STREET, SUITE 1417 OAKLAND, CA 94612	40,000.
JOSEPHINE & LOUISE CRANE FOUNDATION	PO BOX 901 FALMOUTH, MA 02540	38,000.
ANONYMOUS -TERESA KLINGESROW	3102 TAYLOR ST MOUNT RAINIER, MD 20712	37,500.
TIDES FOUNDATION	55 EXCHANGE PLACE, SUITE 402 NEW YORK, NY 10005	37,000.
ECONOMIC POLICY INSTITUTE	1225 EYE ST. NW, SUITE 600 WASHINGTON, DC 20005	34,200.
SAMUEL S. FELS FUND	1528 WALNUT STREET 10TH FLOOR, SUITE 1002 PHILADELPHIA, PA 19102	30,000.
FAIR PLAY POLICY INSTITUTE	10669 SANTA MONICA BLVD LOS ANGELES, CA 90025	30,000.
PINPOINT FOUNDATION	855 EL CAMINO REAL, BUILDING 4., SUITE 250 PALO ALTO, CA 94301	30,000.
NEW JERSEY CITIZEN ACTION FUND	75 RARITAN AVE. SUITE 200 HIGHLAND PARK, NJ 08904	26,500.
BIRD BY BIRD OUTREACH	FIDELITY CHARITABLE (DAF) P.O. BOX 770001 CINCINNATI, OH 45277	25,000.
CRAVENS FAMILY FOUNDATION	188 8TH AVE BROOKLYN, NY 11215	25,000.
MERTZ GILMORE FOUNDATION	218 EAST 18TH STREET NEW YORK, NY 10003	25,000.
DC JOBS WITH JUSTICE	1226 VERMONT AVE NW WASHINGTON, DC 20005	25,000.
MORRIS AND GWENDOLYN CAFRITZ FOUNDATION	1825 K STREET N.W. WASHINGTON, DC 20006	25,000.
COLLEEN & ROBERT D. HAAS FUND	ONE EMBARCADERO BUILDING SAN FRANCISCO, CA 94111	25,000.
GOFUNDME	PO BOX 121270, 815 E STREET SAN DIEGO, CA 92101	25,000.
GENDER JUSTICE FUND	1501 CHERRY ST #220C PHILADELPHIA, PA 19102	22,000.

MARTHA STRUTHERS FARLEY & DONALD FARLEY JR FAMILT FOUNDATION	PO BOX 1532 PENNINGTON, NJ 08534	21,000.
LEMPEL DIANA LIMBACH	1329 TOMPKINS DR UNIT F MADISON, WI 53716	20,000.
PHILADELPHIA FOUNDATION	1835 MARKET STREET, SUITE 2410 PHILADELPHIA, PA 19103	20,000.
TIKKUN OLAM FOUNDATION	6 WEST 48TH ST, 10TH FLOOR NEW YORK, NY 10036	20,000.
DEMOCRATIZING PHILANTHROPY PROJECT	224 WEST 57TH STREET NEW YORK, NY 10019	20,000.
SILO REDISTRIBUTION FUND	AMALGAMATED CHARITABLE FOUNDATION (DAF): 1825 K ST NW WASHINGTON, DC 20006	20,000.
THE SCAN FOUNDATION	3800 KILROY AIRPORT WAY, SUITE 400 LONG BEACH, CA 90806	20,000.
LIBERTY HILL FOUNDATION (DAF)	1001 WILSHIRE BOULEVARD, PMB 2170 LOS ANGELES, CA 90017	20,000.
SCHWAB CHARITABLE (DAF)	P.O. BOX 628298 ORLANDO, FL 32862	18,000.
DIANE & NORMA BERNSTEIN FOUNDATION	3299 K STREET, NW SUITE 700 WASHINGTON, DC 20007	18,000.
CARING ACROSS GENERATION	C/O BEND THE ARC 330 7TH AVENUE, 19TH FL NEW YORK, NY 10001	17,500.
THE CITY OF PHILADEL	CITY HALL, ROOM 267 1400 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19107	16,964.
MOMSRISING TOGETHER	12011 BEL-RED RD #206 BELLEVUE, WA 98005	15,000.
AARP INC	750 3RD AVE NEW YORK, NY 10017	15,000.
BLACK WOMEN IN CARE PANEL (BET)	1515 BROADWAY NEW YORK, NY 10036	15,000.
IANACARE	716 BEACON ST UNIT 590713 NEW CENTER, MA 02459	15,000.
GATES FOUNDATION	1300 I ST. NW WASHINGTON, DC 20005	15,000.
KOREAN IMMIGRANT WORKER	1053 SOUTH NEW HAMPSHIRE AVE LOS ANGELES, CA 90006	15,000.
MUJERES UNIDAS Y ACT	3543 18TH STREET BOX 23 SAN FRANCISCO, CA 94110	15,000.
PARTICIPANT MEDIA	331 FOOTHILL RD FL 3 BEVERLY HILLS, CA 90210	15,000.
TRUST NAN H. ALTMAYE	REGIONS BANK C/O DUKE CULLAN, 250 RIVERCHASE PARKWAY - 4TH FLOOR BIRMINGHAM,	15,000.
PROGEORGIA	151 ELLIS ST NE ATLANTA, GA 30303	14,133.
DEBORAH MCMANUS THE DJ MCMANUS FOUNDATION	420 WEST BROADWAY, PH A NEW YORK, NY 10012	12,000.
CREDO MOBILE	P.O. BOX 193895 SAN FRANCISCO, CA 94119	10,675.
LYFT FUND	2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	10,000.
BERNSTEIN/SCHOEN FAMILY FUND	1425 WIGHTMAN ST, PITTSBURGH, PA 15217	10,000.

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

35-2420942

BREAD AND ROSES COMM	100 S BROAD ST SUITE 1600 PHILADELPHIA, PA 19102	10,000.
WHITMAN & RABIN FAMILY FOUNDATION VIA NARARO FOUNDATION	720 WESTVIEW ST PHILADELPHIA, PA 19119	10,000.
THE ALLEN HILLES FUN	150 NORTH RADNOR CHESTER ROAD RADNOR, PA 19087	10,000.
INEVITABLE FOUNDATION	228 PARK AVE SUITE 15849 NEW YORK, NY 10003	10,000.
SCHROEDER JULIAN &	215 WEST 92ND STREET APT 8A NEW YORK, NY 10025	10,000.
SUGAR FOREST FUND	NORTH STAR FUND, 520 EIGHTH AVENUE, SUITE 1800 NEW YORK, NY 10018	10,000.
WEISS NANCY MEYER &	234 E 19TH ST NEW YORK, NY 10003	10,000.
WILENS DAVID P.	43 ELM AVE. LARCHMONT, NY 10538	10,000.
FOUNDATION TUNGARE MANOHAR FAMILY STREEP MERYL	501 JAMES ST MORRISTOWN, NJ 07960 C/O SIMON QUICK ADVISORS, 360 MOUNT KEMBLE AVENUE SUITE 5 MORRISTOWN, NJ 079	10,000. 10,000.
FETTER HOLLY	1515 BROADWAY NEW YORK, NY 10036	10,000.
ALEXANDRA DUCAS (CARTON FUND)	4340 EAST-WEST HWY SUITE 210 BETHESDA, MD 20814	10,000.
MACKEY BRITA	59 LARCHWOOD DR. CAMBRIDGE, MA 02138	10,000.
PERRY RUTH	43 FAYETTE STREET CAMBRIDGE, MA 02139	10,000.
CHICAGO FOUNDATION FOR WOMEN GENERAL FUND MARSHA SOFFER	140 S DEARBORN ST #400 CHICAGO, IL 60603 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180	10,000. 10,000. 10,000.
TRIEENENS LILY	PO BOX 1074 LYONS, CO 80540	10,000.
LAUREN & SETH ROGAN	9301 WILSHIRE BLVD. SUITE 507 BEVERLY HILLS, CA 90210	10,000.
HETFIELD JAMES	1101 5TH AVE STE 325 SAN RAFAEL, CA 94901	10,000.
ROSE & DAVID DORTORT	221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012	10,000.
ROSSITER RUTH ANN BI	60 PORTEOUS AVE FAIRFAX, CA 94930	10,000.
THE COMMONPLACE FUND	RFS (DAF) PO BOX 2007 SAN FRANCISCO, CA 94126	10,000.
SHAH SHANEHI	C/O NDWA, 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	10,000.
JAMES E. BEST LIVING TRUST	C/O NDWA, 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	8,000.
JONATHAN PATTON	C/O NDWA, 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	7,287.
WINKY FOUNDATION	1100 N MARKET ST WILMINGTON, DE 19890	7,000.

<u>NATIONAL DOMESTIC WORKERS ALLIANCE, INC.</u>		<u>35-2420942</u>
JANKLOW ERIN	2280 64AV GREELEY, CO 80634	7,000.
STANSBURY MICHAEL BU	3145 35TH AVE.S SEATTLE, WA 98144	5,000.
JONES JENNIFER RISHE	2030 1ST AVENUE SEATTLE, WA 98121	5,000.
MOLLY MOON'S HOMEMADE ICE CREAM	1122 E PIKE ST #1448 SEATTLE, WA 98122	5,000.
THE CITY OF PHILADEL	CITY HALL, ROOM 267 1400 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19107	5,000.
KNOLL JOAN	3900 DORSET DRIVE DAYTON , OH 45405	5,000.
BARTOK JARED	275 HALE ST BEVERLY, MA 01915	5,000.
PAMELA KOHLBERG	47 SUFFOLK ROAD CHESTNUT HILL, MA 02467	5,000.
HONIG LISA AND EMILY	57 POST ST STE 508 SAN FRANCISCO, CA 94104	5,000.
LAURA AND ANDREWS NEWBY FAMILY FUND	7495 SHELBORNE DR GRANITE BAY, CA 95746	5,000.
ARCHSTONE FOUNDATION	301 E. OCEAN BLVD STE 1850 LONG BEACH, CA 90802	5,000.
PACIFIC RESTORATION	1012 TORNEY AVE SAN FRANCISCO, CA 94129	5,000.
THE JPB FOUNDATION	875 3RD AVE 29TH FLOOR NEW YORK, NY 10022	3,700,000.
TOTAL INCLUDED ON LINE 3		<u><u>26,364,732.</u></u>

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: NATIONAL DOMESTIC WORKERS ALLIANCE, INC.
D Employer identification number: 35-2420942
E Telephone number: 646-360-5806
G Gross receipts \$: 40,980,806.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.DOMESTICWORKERS.ORG
K Form of organization:
L Year of formation: 2011
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO SUPPORT DOMESTIC WORKERS TO LIVE AND WORK WITH DIGNITY; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature of officer: AI-JEN POO, PRESIDENT
Date
Print/Type preparer's name: TAMAR PLOTZKER
Preparer's signature
Date
Check if self-employed
PTIN: P02047230
Firm's name: FORVIS MAZARS, LLP
Firm's EIN: 44-0160260
Firm's address: 135 WEST 50TH STREET, NEW YORK, NY 10020-0002
Phone no.: (212) 812-7000

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: NATIONAL DOMESTIC WORKERS ALLIANCE (NDWA) IS THE LEADING VOICE FOR THE MILLIONS OF DOMESTIC WORKERS IN THE UNITED STATES AND WORKS TO WIN THEM RESPECT, DIGNITY AND LABOR PROTECTIONS.

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 \$ 7,887,167. including grants of \$ 2,404,090.) (Revenue \$ 50,000.) FIELD BUILDING: NDWA PROVIDED CAPACITY-BUILDING AND FUNDING TO SUPPORT OUR 60+ AFFILIATES IN DEVELOPING THEIR ORGANIZING WORK AND BUILDING THEIR BASE OF DOMESTIC WORKERS, SUPPORTED THE BUILDING OF ORGANIZING PROJECTS AND CHAPTERS IN 7 CITIES, AND BUILT A NATIONAL WORKER ASSOCIATION.

4b (Code:) (Expenses \$ 1,225,399. including grants of \$) (Revenue \$ 99,125.) CAMPAIGNS: NDWA SUPPORTED THE DEVELOPMENT AND IMPLEMENTATION OF ISSUE ADVOCACY AND EDUCATION CAMPAIGNS AT A STATE AND NATIONAL LEVELS, INCLUDING EVENT AND MOBILIZATION PLANNING, ON THE ISSUES OF CARE AND DOMESTIC WORKERS.

4c (Code:) (Expenses \$ 1,189,580. including grants of \$) (Revenue \$) NON-PARTISAN CIVIC ENGAGEMENT: NDWA SUPPORTED NON-PARTISAN INITIATIVES TO EDUCATE AND MOBILIZE VOTERS IN SEVEN STATES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 15,165,875. including grants of \$ 822,048.) (Revenue \$ 124,592.)

4e Total program service expenses 25,468,021.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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>		
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 on 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 on 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 17 regarding employee counts, tax returns, unrelated 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 (14), 1b (13), 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 AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AI-JEN POO PRESIDENT	36.00 4.00	X		X				250,000.	0.	23,912.
(2) MARIANA VITURRO VICE PRESIDENT, ORGANIZING	38.00 2.00			X				205,680.	0.	22,943.
(3) PALAK SHAH SOCIAL INNOVATIONS DIRECTOR	40.00 0.00					X		200,065.	0.	27,599.
(4) JENNIFER OLIVIA STOWE EXECUTIVE DIRECTOR	36.00 4.00			X				200,000.	0.	17,093.
(5) CECILLE ZACARIAS CHIEF FINANCIAL OFFICER	38.00 2.00			X				197,313.	0.	18,771.
(6) SADE NICOLASA DOZAN CAG CHIEF OF DEVELOPMENT & OPS	40.00 0.00					X		185,728.	0.	27,335.
(7) ROBERTA FRANCES CAPOBIANCO CAG CHIEF OF STAFF	40.00 0.00					X		182,868.	0.	21,494.
(8) HAEYOUNG YOON VICE PRESIDENT POLICY & ADVOCACY	20.00 20.00					X		184,050.	0.	19,031.
(9) NICOLE THERESE JORWIC CAG CHIEF OF ADVOCACY & CAMPAIGNS	40.00 0.00					X		184,382.	0.	13,128.
(10) CRYSTAL CRAWFORD CHAIR	5.00	X		X				0.	0.	0.
(11) GALE JOHNSON TREASURER	5.00	X		X				0.	0.	0.
(12) MAGALIS TRONCOSO SECRETARY	1.00	X						0.	0.	0.
(13) MIREYA GONZALEZ BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARIA HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) ANNA GALLAND BOARD MEMBER	1.00	X						0.	0.	0.
(16) YAQUELIN LOPEZ BOARD MEMBER	1.00	X						0.	0.	0.
(17) ROSANA ARAJUO BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BEATRIZ HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(19) CARMEN BERKLEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) LUCIMARA RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) ELIZABET OLINDA DEL CID BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARISA FRANCO BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal							1,790,086.	0.	191,306.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,790,086.	0.	191,306.	

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 51

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRECISION STRATEGIES, 901 NEW YORK AVE NW SUITE 530, WASHINGTON, DC 20001	CONSULTING (DIGITAL AND COMMUNICATIONS)	225,000.
HEART+MIND STRATEGIES, LLC TOTAL, 12110 SUNSET HILLS ROAD, 6TH FL., RESTON, VA	CONSULTING SERVICES (CAG)	210,300.
CATLIN LEE CONSULTING, LLC 1020 BRAND LANE, #933, DTAFFORD, TX 77477	CONSULTING SERVICES (DATABASE)	180,512.
ELLE COMMUNICATIONS, LLC, 1300 FACTORY PL, STE 306, LOS ANGELES, CA 90013	CONSULTING SERVICES (PR)	176,365.
THE MANAGEMENT CENTER TOTAL, 1802 VERNON ST NW PMB2308, WASHINGTON, DC 20009	CONSULTING (COACHING)	135,500.

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					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	26,720,524.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 16,605.				
	h	Total. Add lines 1a-1f		26,720,524.				
Program Service Revenue	2 a	PROGRAM REVENUE	Business Code					
			900099	149,125.	149,125.			
	b	MEMBERSHIP DUES	900099	93,009.	93,009.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		242,134.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		136,818.			136,818.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					13,849,747.			
	b	Less: cost or other basis and sales expenses	7b	12,931,319.				
	c	Gain or (loss)	7c	918,428.				
	d	Net gain or (loss)		918,428.			918,428.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		199.				
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory		199.	199.				
Miscellaneous Revenue	11 a	HONORARIA	Business Code					
			900099	28,267.	28,267.			
	b	OTHER INCOME	900099	3,117.	3,117.			
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		31,384.					
12	Total revenue. See instructions		28,049,487.	273,717.	0.	1055246.		

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 ...	3,176,138.	3,176,138.		
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	50,000.	50,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	860,505.	655,810.	162,253.	42,442.
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	13,158,719.	9,928,820.	2,588,281.	641,618.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	441,442.	375,180.	41,611.	24,651.
9 Other employee benefits	1,517,882.	1,290,045.	143,075.	84,762.
10 Payroll taxes	1,358,521.	1,154,605.	128,054.	75,862.
11 Fees for services (nonemployees):				
a Management				
b Legal	129,913.		129,913.	
c Accounting	95,535.		95,535.	
d Lobbying	249,547.	249,547.		
e Professional fundraising services. See Part IV, line 17	51,645.			51,645.
f Investment management fees	70,813.		70,813.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,281,841.	4,917,614.	364,227.	
12 Advertising and promotion	557,483.	557,483.		
13 Office expenses	958,814.	578,640.	342,745.	37,429.
14 Information technology	989,513.	595,808.	383,304.	10,401.
15 Royalties				
16 Occupancy	502,344.	29,669.	471,975.	700.
17 Travel	1,514,689.	1,175,125.	315,724.	23,840.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	726,648.	589,932.	128,763.	7,953.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,140.		27,140.	
23 Insurance	85,446.	50,789.	30,544.	4,113.
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 STAFF DEVELOPMENT	173,597.	55,000.	114,985.	3,612.
b				
c				
d				
e All other expenses	45,739.	37,816.	7,923.	
25 Total functional expenses. Add lines 1 through 24e	32,023,914.	25,468,021.	5,546,865.	1,009,028.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	11,806,461.	1	10,461,598.
	2 Savings and temporary cash investments	7,054,022.	2	1,550,958.
	3 Pledges and grants receivable, net	10,816,215.	3	10,994,001.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127,272.	9	77,238.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 342,308.		
	b Less: accumulated depreciation	10b 137,217.	187,936.	10c 205,091.
	11 Investments - publicly traded securities	11,269,578.	11	12,655,057.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,208,438.	15	1,624,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,469,922.	16	37,568,362.	
Liabilities	17 Accounts payable and accrued expenses	2,182,958.	17	1,073,940.
	18 Grants payable	1,140,371.	18	211,316.
	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	783,684.	25	452,849.
	26 Total liabilities. Add lines 17 through 25	4,107,013.	26	1,738,105.
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	7,967,880.	27	9,712,508.
	28 Net assets with donor restrictions	31,395,029.	28	26,117,749.
	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	39,362,909.	32	35,830,257.
33 Total liabilities and net assets/fund balances	43,469,922.	33	37,568,362.	

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	28,049,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,023,914.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,974,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,362,909.
5	Net unrealized gains (losses) on investments	5	441,775.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,830,257.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p style="text-align:center;">NATIONAL DOMESTIC WORKERS ALLIANCE, INC.</p>	Employer identification number <p style="text-align:center;">35-2420942</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
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	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
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)						66612903.
6 Public support. Subtract line 5 from line 4.						122799932

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	12037445.	77810645.	47792223.	25051998.	26720524.	189412835
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,994.	47,006.	103,578.	91,606.	136,818.	440,002.
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.)	143,949.	57,015.	74,303.	302,331.	31,384.	608,982.
11 Total support. Add lines 7 through 10						190461819
12 Gross receipts from related activities, etc. (see instructions)					12	942,379.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	64.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67.23 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

HONORARIA

OTHER

Multiple horizontal lines for providing supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE MERIDIAN PARTNERS 415 MADISON AVENUE, FLOOR 10 NEW YORK, NY 10017	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION 1330 AVENUE OF THE AMERICAS, 10TH FL NEW YORK, NY 10019	\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	\$ 2,121,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BILL & MELINDA GATES FOUNDATION 1300 I ST., NW WASHINGTON, DC 20005	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHARLES AND LYNN SCHUSTERMAN PO BOX 51 TULSA, OK 74101-0051	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE SCARLET FEATHER 1401 S. MAIN STREET, SUITE 100 DAYTON, OH 45409	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>NDWA LABS</u> <u>45 BROADWAY, SUITE 2240</u> <u>NEW YORK, NY 10006</u>	\$ <u>693,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>THE JAMES IRVINE FOUNDATION</u> <u>ONE BUSH STREET, STE 800</u> <u>SAN FRANCISCO, CA 94104</u>	\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>FORD FOUNDATION</u> <u>320 EAST 43RD STREET</u> <u>NEW YORK, NY 10017</u>	\$ <u>3,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>THE JPB FOUNDATION</u> <u>875 3RD AVE 29TH FLOOR</u> <u>NEW YORK, NY 10022</u>	\$ <u>3,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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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-.

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

Schedule C (Form 990) 2023

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)	84,151.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	733,736.													
c	Total lobbying expenditures (add lines 1a and 1b)	817,887.													
d	Other exempt purpose expenditures	31,206,027.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	32,023,914.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <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.	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)	250,000.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	165,887.	611,368.	753,423.	817,887.	2,348,565.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	102,325.	193,043.	112,354.	84,151.	491,873.

Schedule C (Form 990) 2023

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)).

	(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 not be 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 expenditures 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC. Employer identification number 35-2420942

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		51,055.	12,105.	38,950.
d Equipment		291,253.	125,112.	166,141.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				205,091.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	452,849.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ...

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		50,000.
3 a Subtotal	0	0			50,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			50,000.

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

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN, (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation. Row 1 contains data for 'TO SUPPORT CENTRO 32 IN TIJUANA, MEXICO & THE FAMILIES BELONG TOGETHER MEXICO TEAM' with a grant amount of 50,000.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1
3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT OUTLINING THE USE OF FUNDS, SUBMIT DUE DILIGENCE, AND SUBMIT WRITTEN FINANCIAL REPORTS. THIS IS ALL MONITORED CLOSELY BY THE ORGANIZATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

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

2023

Open to Public Inspection

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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			
RESURGENS IMPACT CONSULTING - P.O. BOX 5604, ATLANTA, GA	SEE PART IV		X	4,400,000.	24,693.	4,375,307.
OLIVER MACCOLL - 266 MUNSON RD., BURLINGTON FLATS, NY	SEE PART IV		X	268,010.	26,952.	241,058.
Total				4,668,010.	51,645.	4,616,365.

- 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.
- AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, DC, WV, WI**

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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.

Revenue		(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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RESURGENS IMPACT CONSULTING

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5604, ATLANTA, GA 31107

(I) NAME OF FUNDRAISER: OLIVER MACCOLL

(I) ADDRESS OF FUNDRAISER: 266 MUNSON RD., BURLINGTON FLATS, NY 13315

SCHEDULE G, PART I - DESCRIPTION OF FUNDRAISER ACTIVITIES

Part IV Supplemental Information (continued)

RESURGENS IMPACT CONSULTING - RESEARCH/DEVELOP LIST OF POTENTIAL FUNDERS. DESIGN GRANT PROPOSALS. WRITE PROJECT NARRATIVES. DRAFT TEMPLATES FOR MOUS, LETTERS OF SUPPORT, ABSTRACTS, PROPOSALS AND REPORTS. REVIEW GRANT APPLICATON FORMS AND ATTACHEMENTS.

OLIVER MACCOLL - SUPPORTER EMAIL OPTIMIZATION. GROW, DEVELOP FUNDERS. DIGITAL FUNDRAISING STRATEGY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADHIKAAR 7107 WOODSIDE AVE WOODSIDE, NY 11377	20-3384725	501(C)(3)	110,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ADULTS AND YOUTH UNITED DEVELOPMENT ASSOCIATION INC - P.O. BOX 344116 - SAN ELIZARIO, TX 79849	74-2596297	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
AFIRE 4300 N. CALIFORNIA AVE CHICAGO, IL 60618	26-3305351	501(C)(3)	45,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ALA GARIFUNA WOMEN 1225 SOUTH WEILLER STREET SEATTLE, WA 98144	58-2505889	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ARISE CHICAGO 1700 W. HUBBARD STREET CHICAGO, IL 60622	20-1072983	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
ARRIBA LAS VEGAS WORKER CENTER 1948 EAST CHARLESTON BOULEVARD LAS VEGAS, NV 89104	83-4206510	501(C)(3)	100,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDER WORKERS UNITED 1317 EAST RIO GRANDE AVENUE EL PASO, TX 79902	74-1995879	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
BRAZILIAN WOMEN'S GROUP 697 CAMBRIDGE ST., SUITE 106 BRIGHTON, MA 02135	04-3549382	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CALIFORNIA DOMESTIC WORKERS COALITION - 3543 18TH STREET - SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	150,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CARROLL GARDENS ASSOCIATION, INC. 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432	501(C)(3)	74,090.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CASA FREEHOLD 4 JACKSON STREET FREEHOLD, NJ 07728	20-0779108	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CASA LATINA 317 17TH AVE SOUTH SEATTLE, WA 98144	91-1689251	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CHIRLA 221 S 2ND ST STE 300 MILWAUKEE, WI 53204	39-1424314	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
CONNECTICUT WORKER CENTER 1067 PARK AVENUE BRIDGEPORT, CT 06604	04-3273525	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DAMAYAN MIGRANT WORKERS ASSOCIATION - 33-06 92ND ST APT 2T - JACKSON HEIGHTS, NY 11372	03-0481206	501(C)(3)	60,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT DISABILITY POWER 3498 EAST LAKE LANSING ROAD EAST LANSING, MI 48823	38-2435517	501(C)(3)	10,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DOLORES STREET COMMUNITY SERVICES 938 VALENCIA STREET SAN FRANCISCO, CA 94110	94-2919302	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DOMINICAN DEVELOPMENT CENTER 8 BEACON ST BOSTON, MA 02108	04-3132500	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
DREAMERS MOTHERS IN ACTION 580 FIFTH AVENUE NEW YORK, NY 10036	13-1661738	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EDUCATION & TRAINING INSTITUTE, INC. - 55 PATERSON ST 2ND FLOOR - NEW BRUNSWICK, NJ 08901	22-3665469	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO CULTURAL DE MEXICO 837 NORTH ROSS STREET SANTA ANA, CA 92706	33-0614169	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO DE IGUALDAD Y DERECHOS 714 4TH ST. SW ALBUQUERQUE, NM 87102	26-4675255	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EL CENTRO HUMANITARIO PO BOX 3190 DENVER, CO 80201	03-0412235	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
EQUALITY HOMECARE CO-OP 2265 GOODWIN LN. NEW BRAUNFELS, TX 78130	46-3405498	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR WORK CENTER 116 WARREN AVE N, SUITE A SEATTLE, WA 98109	47-5249092	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
FILIPINO ADVOCATES FOR JUSTICE 310 8TH ST. STE. 309 OAKLAND, CA 94607	94-2218907	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
HAND IN HAND 210 E 64TH STREET NEW YORK, NY 10065	20-4157876	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
LA PLAZA DE ENCUENTRO 714 4TH STREET SW ALBUQUERQUE, NM 87102	27-2016727	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
LATINO UNION 4811 N CENTRAL PARK AVE CHICAGO, IL 60625	61-1403712	501(C)(3)	65,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MATAHARI WOMEN WORKERS CENTER C/O TSNE BOSTON, MA 02111	04-2261109	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MIAMI WORKERS CENTER 745 NORTHWEST 54TH STREET MIAMI, FL 33127	65-0942224	501(C)(3)	95,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MISMA 5608 THUNDER GULCH DRIVE DEL VALLE, TX 78617	47-4137116	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET BOX 23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK VALLEY PROJECT INC 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
NDWA LABS LLC / NDWA - CAG 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	46-5427425	501(C)(4)	125,000.	0.			FAIR CARE LABS SUPPORT OF THE HANDY PILOT WORKERS PROGRAM / CARE FEST INITIATIVE
NM CAREGIVERS COALITION PO BOX 297 BERNALILLO, NM 87004	47-1126935	501(C)(3)	80,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
PILIPINO WORKERS' CENTER 153 GLENDALE BLVD. LOS ANGELES, CA 90026	77-0439301	501(C)(3)	110,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
TENNESSEE IMMIGRANT & REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TX 37211	20-0121100	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
UNIDAD LATINA EN ACCION (ULA) 37 HOWE STREET NEW HAVEN, CT 06511	80-0370324	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
UNIDAD LATINA EN ACCION NJ 112 WITHERSPOON STREET PRINCETON, NJ 08542	47-0986640	501(C)(3)	30,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
VOZ WORKERS' RIGHTS EDUCATION PROJECT - 330 SOUTHEAST 11TH AVENUE - PORTLAND, OR 97214	26-1357376	501(C)(3)	20,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WECOUNT!, INC. P.O. BOX 344116 HOMESTEAD, FL 33034	56-2638368	501(C)(3)	70,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIND OF THE SPIRIT 40 SUSSEX AVENUE MORRISTOWN, NJ 07960	95-3808047	501(C)(3)	50,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WOMEN WORKING TOGETHER USA 4019 N UNIVERSITY DR. E205 SUNRISE, FL 33351	81-3156866	501(C)(3)	40,000.	0.			DOMESTIC WORKERS PROGRAM AFFILIATE SUPPORT
WOMEN EMPLOYED 1. E. WACKER DRIVE, SUITE 2520 CHICAGO, IL 60601	36-2969526	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STATEN ISLAND COMMUNITY JOB CENTER 774 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	47-2787706	501(C)(3)	20,000.	0.			DOMESTIC WORKERS UNIONIZING PROGRAM
PUBLIC JUSTICE CENTER 201 N. CHARLES ST., SUITE 1200 BALTIMORE, MD 21201	52-1412226	501(C)(3)	60,000.	0.			STATE CAMPAIGN STRATEGY
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN, INC - 207 E BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202	34-1246311	501(C)(3)	70,000.	0.			CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN / OPERATING SUPPORT
BLACK CALIFORNIANS UNITED FOR EARLY CARE AND EDUCATION - 374 CAMELBACK ROAD - PLEASANT HILL, CA 94523	88-3806712	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CASA DE MARYLAND 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES - 1436 W. RANDOLPH STREET - CHICAGO, IL 60607	36-4044632	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 3700 O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	35,000.	0.			TO SUPPORT THE KALMANOVITZ INITIATIVE FOR LABOR & THE WORKING POOR'S DOMESTIC WORKERS
GEORGIA STRATEGIC ALLIANCE FOR NEW DIRECTIONS AND UNITED POLICES, INC. - 2366 SYLVAN ROAD, SUITE A, EAST POINT - ATLANTA, GA 30344	20-0984437	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HISPANIC RESOURCE CENTER OF LARCHMONT & MAMARONECK, INC. D/B/A COMMUNITY RE - 134 CENTER AVENUE - MAMARONECK, NY 10543	31-1678682	501(C)(3)	40,000.	0.			GENERAL SUPPORT
JUSTICE IN AGING 1444 EYE STREET, NW, SUITE 1100 WASHINGTON, DC 20005	95-3132674	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
LEADINGAGE 2519 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	13-6213525	501(C)(3)	10,000.	0.			THE PURPOSE OF THE GRANT IS TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
LITTLE LOBBYISTS ACTION NETWORK PO BOX 2052 SILVER SPRINGS, MD 20915	84-3800643	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
MOMRISING EDUCATIONAL FUND 12011 BEL-RED ROAD #206 BELLEVUE, WA 98005	45-2499952	501(C)(3)	140,000.	0.			CARE NARRATIVE CHANGE / CARE COMMON LANGUAGE
NATIONAL ALLIANCE FOR CAREGIVING 1730 RHODE ISLAND AVE., NW, SUITE 8 WASHINGTON, DC 20036	52-1931357	501(C)(3)	10,000.	0.			TO IMPLEMENT THE CARE IN COMMON LANGUAGE AND NARRATIVE CHANGE PROJECT
NATIONAL WOMENS LAW CENTER 1350 I ST., NW SUITE 700 WASHINGTON, DC 20005	52-1213010	501(C)(3)	10,000.	0.			TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DISABLED SOUTH INC. 1201 W. PEACHTREE ST., NW, SUITE 26 ATLANTA, GA 30309	88-2606879	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	132,048.	0.			SUPPORT RESEARCH WORK ON AMERICAN RESCUE PLAN ACT (ARPA) FUNDS IN REGARDS TO CALIFORNIA FOR HOME
OAKLAND FORWARD F/S MICHIGAN ORGANIZAING PROJECT - 4405 WESSON ST. - DETROIT, MI 48210	38-3058190	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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:

GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT OUTLINING THE USE OF FUNDS,
SUBMIT DUE DILIGENCE, AND SUBMIT WRITTEN FINANCIAL REPORTS. THIS IS ALL
MONITORED CLOSELY BY THE ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JANE ADDAMS SENIOR CAUCUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FOR CHANGES, IMPROVEMENT
& INCREASED FUNDING FOR HCBS FUNDING AT THE FEDERAL LEVEL RELATED TO

Part IV Supplemental Information

COVID RELIEF & RECOVERY AS WELL AS STANDALONE CAG-SPONSORED FEDERAL LEGISLATION

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR & DISABILITY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COLLECT STORIES OF PERSONS WITH DISABILITIES & CAREGIVERS, TRAIN EMPLOYEES ON RIGHT, AND IMPROVE HOME SUPPORTIVE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE KALMANOVITZ INITIATIVE FOR LABOR & THE WORKING POOR'S DOMESTIC WORKERS HAZARD GUIDANCE INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL WOMENS LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEASTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT RESEARCH WORK ON AMERICAN RESCUE PLAN ACT (ARPA) FUNDS IN REGARDS TO CALIFORNIA FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SPENDING IN CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT: PAID LEAVE FOR ALL/ HOPEWELL FUND

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE GRANT IS FOR THE PAID LEAVE FOR ALL PROJECT TO WORK ON A CARE NARRATIVE CHANGE COMMUNICATIONS CAMPAIGN IN PARTNERSHIP WITH STATE AND NATIONAL PARTNERS

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AI-JEN POO PRESIDENT	(i)	250,000.	0.	0.	7,500.	16,412.	273,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIANA VITURRO VICE PRESIDENT, ORGANIZING	(i)	205,680.	0.	0.	6,109.	16,834.	228,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PALAK SHAH SOCIAL INNOVATIONS DIRECTOR	(i)	200,065.	0.	0.	6,002.	21,597.	227,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER OLIVIA STOWE EXECUTIVE DIRECTOR	(i)	200,000.	0.	0.	6,000.	11,093.	217,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CECILLE ZACARIAS CHIEF FINANCIAL OFFICER	(i)	197,313.	0.	0.	5,919.	12,852.	216,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SADE NICOLASA DOZAN CAG CHIEF OF DEVELOPMENT & OPS	(i)	185,728.	0.	0.	5,572.	21,763.	213,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERTA FRANCES CAPOBIANCO CAG CHIEF OF STAFF	(i)	182,868.	0.	0.	5,486.	16,008.	204,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HAEOUNG YOON VICE PRESIDENT POLICY & ADVOCACY	(i)	184,050.	0.	0.	5,521.	13,510.	203,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NICOLE THERESE JORWIC CAG CHIEF OF ADVOCACY & CAMPAIGNS	(i)	184,382.	0.	0.	5,531.	7,597.	197,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.**
Employer identification number: **35-2420942**

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	5	16,605.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPORTED ABOVE REPRESENTS THE TOTAL NUMBER OF DONORS OF PUBLICLY TRADED SECURITIES DURING THE YEAR.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

Employer identification number

35-2420942

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

OTHER PROGRAMS

EXPENSES \$ 15,165,875. INCLUDING GRANTS OF \$ 822,048. REVENUE \$ 124,592.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE TWO CLASSES OF MEMBERS - ORGANIZING MEMBERS AND
ASSOCIATE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

ORGANIZING MEMBERS SHALL HAVE FULL VOTING RIGHTS AS SET FORTH IN SECTION 6
OF THE BY-LAWS, INCLUDING BUT NOT LIMITED TO ELECTING ORGANIZING MEMBER
DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ORGANIZING MEMBERS SHALL HAVE FULL VOTING RIGHTS FOR THE PURPOSE OF
AMENDING THE BYLAWS, AND THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME
BEFORE THE MEMBERS, AS DESCRIBED IN THE BY-LAWS. THE FOLLOWING ACTIONS MAY
NOT BE TAKEN WITHOUT APPROVAL BY THE ORGANIZING MEMBERS: (A) PETITION FOR
JUDICIAL DISSOLUTION, (B) DISPOSING OF ALL, OR SUBSTANTIALLY ALL, OF THE
ASSETS OF THE CORPORATION, (C) APPROVAL OF A PLAN OF MERGER, (D)
AUTHORIZATION OF A PLAN OF NON-JUDICIAL DISSOLUTION, OR (E) REVOCATION OF A
VOLUNTARY DISSOLUTION PROCEEDING.

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

THE DRAFT FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND IS THEN GIVEN TO
THE ENTIRE BOARD TO READ AND COMMENT.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
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FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. MANAGEMENT IS TASKED WITH REVIEWING ALL SIGNED STATEMENTS AND TAKING APPROPRIATE ACTION WHEN NECESSARY, AS DESCRIBED IN ORGANIZATIONAL DOCUMENTS.

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

PRESIDENT - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD, WHO DETERMINES THE PRESIDENT'S SALARY.

EXECUTIVE DIRECTOR - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD, WHO DETERMINES THE EXECUTIVE DIRECTOR'S SALARY.

OTHER OFFICERS & KEY EMPLOYEES - AN ANNUAL SALARY STUDY IS PERFORMED BY THE SENIOR HR DIRECTOR, AND THE FINDINGS ARE REPORTED TO THE BOARD AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR THEN DETERMINES THE SALARIES.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

Name of the organization NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	Employer identification number 35-2420942
--	--

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES	4,619,856.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,619,856.

TRANSLATION AND INTERPRETATION:

PROGRAM SERVICE EXPENSES	297,758.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	297,758.

OTHER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	364,227.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	364,227.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,281,841.

**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

2023

Open to Public Inspection

Name of the organization **NATIONAL DOMESTIC WORKERS ALLIANCE, INC.** Employer identification number **35-2420942**

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
CARE IN ACTION - 46-4605470 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	POLICY AND ADVOCACY ORGANIZATION	DELAWARE	501(C)(4)				X
NDWA GIG WORKER ADVOCATES - 85-1769558 45 BROADWAY, SUITE 2240 NEW YORK, NY 10006	SOCIAL WELFARE ORGANIZATION	DELAWARE	501(C)(4)				X

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

Schedule R (Form 990) 2023

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) CARE IN ACTION	O	2,988,502.	ACTUAL
(2) CARE IN ACTION (FAIR CARE LABS LLC)	O	463,453.	ACTUAL
(3) CARE IN ACTION (FAIR CARE LABS LLC)	B	100,000.	ACTUAL
(4) CARE IN ACTION (FAIR CARE LABS LLC)	C	693,361.	ACTUAL
(5)			
(6)			

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
NATIONAL DOMESTIC WORKERS ALLIANCE, INC.	35-2420942

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	40,980,806
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	28,049,487
3 Total expenses and disbursements (Form 199, line 9)	3	32,023,914
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here **PRESIDENT**

Signature of officer _____ Date _____ Title _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P02047230
Must Sign Firm's name (or yours if self-employed) and address	FORVIS MAZARS, LLP 135 WEST 50TH STREET NEW YORK, NY			Firm's FEIN 44-0160260 ZIP code 10020-0002

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code