			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047		
Form 990					2022		
For		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may		2023		
	rtment	st information.	Open to Public Inspection				
	A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024						
	heck if	C Name of	organization	D Employer identificat	ion number		
a	pplicab						
	Addr	ge LMML	GRATION INSTITUTE OF THE BAY AREA				
	Name Chan	ge Doing b	usiness as	94-1156554			
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address)				
	Final returi termi		ND STREET, 3RD FLOOR	415-538-81			
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,292,757.		
	returr Appli	n SAN	FRANCISCO, CA 94105	H(a) Is this a group retur			
	_ltion pend		nd address of principal officer: ELLEN DUMESNIL AS C ABOVE	for subordinates?			
	-	kempt status:		H(b) Are all subordinates includ			
	Vebs		∑ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or : IIBAYAREA.ORG	527 If "No," attach a list H(c) Group exemption n			
		of organization:		ear of formation: 1918 M S			
	art I	Summary					
	1	Briefly describ	e the organization's mission or most significant activities: THE IMMIC	GRATION INSTITU	TE OF THE		
JCe			A HELPS IMMIGRANTS, REFUGEES, AND THEI				
Activities & Governance	2	Check this bo	k if the organization discontinued its operations or disposed of m	ore than 25% of its net assets	5.		
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		11		
ษั	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		11		
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)		73		
iviti	6		of volunteers (estimate if necessary)		721		
Act			d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year		
		Contributions	and grants (Dart) (III line 1b)	5,318,257.	7,186,274.		
an	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	733,509.	836,396.		
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	-108,649.	128,885.		
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,473.	60,011.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,960,590.	8,211,566.		
	13		nilar amounts paid (Part IX, column (A), lines 1·3)	0.	0.		
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.		
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,390,361.	6,001,650.		
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 5-10)	0.	0.		
be	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 448,531.				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	962,694.	1,180,074.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,353,055.	7,181,724.		
	19	Revenue less	expenses. Subtract line 18 from line 12	-392,465.	1,029,842.		
Assets or d Balances		Tabala 1 /		Beginning of Current Year	End of Year		
Asse: Rala	20	Total assets (F		<u>9,199,229</u> . 2,903,966.	<u>10,216,841.</u> 2,255,206.		
Net A	21 22		(Part X, line 26) iund balances. Subtract line 21 from line 20	6,295,263.	7,961,635.		
_	art II			0,473,403•	///////////////////////////////////////		
		-	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of mv kn	owledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	ELLEN DUMESNIL, EXECUTIVE	DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTI	-				
Paid	TARA EASTWOOD	TARA EASTWOOD	04/30/25 self-employed P00!	539129				
Preparer	Firm's name BOWMAN & COMPANY,	LLP	Firm's EIN 94-148 1	L988				
Use Only	Firm's address 10100 TRINITY PAR	KWAY,STE 310						
	STOCKTON, CA 9521	9	Phone no. (209)473	3-1040				
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions							
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23	Fc	orm 990 (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	THE IMMIGRATION INSTITUTE OF THE BAY AREA HELPS IMMIGRANTS, REFUGEES,
	AND THEIR FAMILIES JOIN AND CONTRIBUTE TO THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
-	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 \$5, 376, 975. including grants of \$) (Revenue \$836, 396.
	IMMIGRATION INSTITUTE OF THE BAY AREA (IIBA) CONTINUED TO BUILD OUR
	CAPACITY TO PROVIDE IMMIGRATION LEGAL SERVICES WITH A FOCUS ON
	EXPANDING OUR SERVICES IN MORE RURAL AREAS WHERE ACCESS TO IMMIGRATION
	LEGAL SERVICES IS LIMITED OR NON-EXISTENT. IIBA IS THE LARGEST
	NONPROFIT PROVIDER OF IMMIGRATION LEGAL SERVICES IN NORTHERN CALIFORNIA
	WITH 7 OFFICES IN 6 COUNTIES AND A STAFF OF 72.
	THIS PAST YEAR, IIBA FILED 3469 AFFIRMATIVE CASES, PROVIDED 5000 LEGAL
	CONSULTATIONS, AND OUTREACHED TO NEARLY 11,912 INDIVIDUALS. WE HELPED
	636 INDIVIDUALS PETITION FOR U.S. CITIZENSHIP AND 747 INDIVIDUALS RENEW
	THEIR DACA APPLICATIONS. WE CONTINUE TO WORK WITH CLIENTS IN REMOVAL
	PROCEEDINGS AND HELPED 202 SURVIVORS OF DOMESTIC VIOLENCE AND VIOLENT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	<pre></pre>
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c 4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form	aan	(2023)	
FUIII	330	120201	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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? If "Yes," complete Schedule F, Parts II and IV	15		_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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	12-21-23	⊦orm	39U ((2023)

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			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	<u> </u>		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	23	
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		20		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
9E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		- 22
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Vee	
.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	No
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize wippers?	10	х	
22000	(gambling) winnings to prize winners?	1c		(2023)
აპ2004	i 12-21-23 6	POIIT		(2023)
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Form	990 (2023) IMMIGRATION INSTITUTE OF THE BAY AREA	94-1156	5554	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 73	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х			
			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x		
b	If "Yes," enter the name of the foreign country	,					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).					
5a			5a		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		X		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
Ua			6a		x		
h	any contributions that were not tax deductible as charitable contributions?		Ua				
U			6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b				
7		viene provided to the powerQ	7-	Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			X	<u> </u>		
			7b	~	<u> </u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		v		
	to file Form 8282?		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
			8				
9	Sponsoring organizations maintaining donor advised funds.						
а			9a		<u> </u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	I					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_				
11	Section 501(c)(12) organizations. Enter:	1					
	Gross income from members or shareholders	11a	_				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		 		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			1		
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						
332005	12-21-23		Form	990	(2023)		

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Form 990	(2023)
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IMMIGRATION INSTITUTE OF THE BAY AREA

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

Enter the number of voting members of the governing body at the end of the tax year 1a	11			
body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	I			
Enter the number of voting members included on line 1a, above, who are independent	11			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
officer, director, trustee, or key employee?		2		X
Did the organization delegate control over management duties customarily performed by or under the direct supervision				
of officers, directors, trustees, or key employees to a management company or other person?		3		X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
•		6		X
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
nore members of the governing body?		7a		X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
persons other than the governing body?		7b		X
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
		8a	Х	
Each committee with authority to act on behalf of the governing body?		8b	Х	
s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
		9		Х
			Yes	No
Did the organization have local chapters, branches, or affiliates?		10a	Х	
f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?	11a	Х	
Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
		12b	Х	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
on Schedule O how this was done		12c	Х	
Did the organization have a written whistleblower policy?		13	Х	
Did the organization have a written document retention and destruction policy?		14	Х	
Did the process for determining compensation of the following persons include a review and approval by independent				
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
The organization's CEO, Executive Director, or top management official		15a	Х	
		15b	Х	
		16a		Х
, , ,				
	<u></u>	16b		
List the states with which a copy of this Form 990 is required to be filedCA				
	01(c)(3)s	only)	availat	ble
or public inspection. Indicate how you made these available. Check all that apply.		•••		
	licy, and	financ	ial	
		Form	990	(202
	of officers, directors, trustees, or key employees to a management company or other person? Dot the organization make any significant changes to its governing documents since the prior Form 990 was filed? Dot the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the pranization's mailing address? If 'Yes', 'grouide the names and addresses on Schedule O On B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). Dot the organization have local chapters, branches, or affiliates? Are organization provided a complete copy of this Form 990 to all members of its governing body before filing the for persches of the governing body? Dot the organization provided a complete copy of this Form 990. Dot the organization nave a written conflict of interest policy? Dot the organization have a written conflict of interest policy? Dot the organization have a written conflict of interest policy? Dot the organization have a written document retention and defense annually intersts that could give rise to conflicts? Dot the organization have a written consistent written activities of such chapters, affeitates, an Schedule O how this was done Dot the organization have a written consistent written activities of a such consistent? Dot the organization have a written consistent written aconflicts? Dot the organization ha	d offices, directors, fustees, or key employees to a management company or other person?	di officers, directors, tustees, or key employees to a management company or other person? 3 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 3 3 Did the organization have members or stockholders? 6 3 3 Did the organization have members or stockholders? 6 3 3 Did the organization have members, stockholders? 6 3 3 4 any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or zeroson other than the governing body? 7 4 any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or zeroson structure actions undertaken during the year by the following: 8 8 8 8 8 2 ach committee with authority to act on behalf of the governing body? 8 3 a mage actions? 8 3 any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body? 8 3 a store organization maling address? 9 0 officer, director, trustee, or key employee sted in Part VII, Section A, who cannot be reached at the governing body? 9 0 officer, director, trustee, or key employees organization's exempt purposes? 90 0 officer, director, trustee, or key employees required to discusse on Schedulo D 9 0 organization maling address? 10 0 organization f	d of dices, directors, trustees, or key employees to a management company or other person?

Form 990 (2023)	IMMIGRATION		-		94-1156554	Page 7
Part VII Compens	sation of Officers, Direc	tors, Trustees, K	ey Employe	ees, Highest Co	ompensated	
Employe	es, and Independent Co	ontractors				
Check if Scl	nedule O contains a response o	or note to any line in th	is Part VII			
Section A. Officers, D	Directors, Trustees, Key Emplo	oyees, and Highest C	ompensated	Employees		
1a Complete this table	for all persons required to be lis	sted Report compensi	ation for the ca	alendar vear ending	with or within the organization's	tax vear

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	r/trus	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) ELLEN DUMESNIL	37.50									
EXECUTIVE DIRECTOR				Х				218,387.	0.	10,707.
(2) SHERYL MUNOZ-BERGMAN	37.50									
DEPUTY DIRECTOR (THRU 3/23)						X		111,910.	0.	13,229.
(3) CATHERINE SEITZ	37.50									
LEGAL DIRECTOR						X		112,079.	0.	11,694.
(4) DEKRI VONAN	37.50									
FINANCE & ADMIN DIRECTOR				Х				107,997.	0.	15,775.
(5) ELEONORE I ZWINGER	37.50									
EAST BAY REGIONAL DIRECTING ATTORNEY						X		107,373.	0.	6,730.
(6) JUAN ORTIZ	37.50									
NORTH BAY REGIONAL DIRECTING ATTORNE						X		100,850.	0.	6,048.
(7) SATYEN POPAT	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) ANNE PESKOE	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) JOEY YANG	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ANTOINE ORARD	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) JENNIFER BECKETT	2.00									
DIRECTOR		Х						0.	0.	0.
(12) STEVE HERMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SEAN MCCORMICK	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ORNA RESNEKOV	2.00									
DIRECTOR		Х						0.	0.	0.
(15) GREGORY PARKS	2.00									
DIRECTOR		Х						0.	0.	0.
(16) BALA SURESH	2.00									
DIRECTOR		Х						0.	0.	0.
(17) AGNIESZKA PURVES	2.00								_	
DIRECTOR		Х						0.	0.	0.
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Form 990 (2023)

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	90 (2023)	IMMIGRATI	ION INST	LL'	TUT	Έ	OF	Ϋ́	ΗE	BAY AREA	94-1156	<u>554</u>	P	age 8				
Part V	VII Section	on A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t Co	ompensated Employe	es (continued)							
		(A)	(B)			(0	C)			(D)	(E)		(F)					
	N	Name and title	Average			Pos	itior			Reportable	Reportable	Fs	stimate	he				
			hours per					than o is both		compensation	compensation		nount					
			week					or/trus		from	from related		other	01				
			(list any 물							the	organizations	com	pensa	tion				
			hours for								(W-2/1099-MISC/		rom th					
			related	e or	stee			sated		(W-2/1099-MISC/	1099-NEC)		anizat					
			organizations	Individual trustee or	Institutional trustee		ee	Highest compensated employee		1099-NEC)	10001120)	۲ ×	d relat					
			below	lual t	tiona		l pl oy	yee	L				anizati					
			line)	divic	stitu	Officer	er er	ighes	Former				amzac	0110				
			,	-	-	0	ž	<u> </u>	Œ									
												_						
								<u> </u>										
							-	+										
41. 0								I		758,596.	0.	6	1 1	83.				
													4 ,⊥					
		continuation sheets to Part VI								0.	0.			0.				
d T	otal (add li	ines 1b and 1c)								758,596.	0.	6	4,1	83.				
2 T	otal numbe	er of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100	,000 of reportable							
с	ompensatio	on from the organization												6				
	•												Yes	No				
3 D)id the eree	nization list any former officer,	diractor truct			mnl	~~~~	~ ~r	hial	hast companyated amr								
	•		-		-	•	-		Ŭ	•	•			v				
		es," complete Schedule J for st										3		X				
		vidual listed on line 1a, is the su									the organization							
а	nd related	organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual		4	Х					
		son listed on line 1a receive or a									dual for services							
		the organization? If "Yes." com										5		X				
		endent Contractors		201			00/0	011 .				1						
		is table for your five highest cor	mponented ind	lana	ndor		ontre	ooto	o th	at received more than	100 000 of compone	otion fr						
	•	, ,	•	•							· · ·	ation in	JIII					
tr	ne organiza	tion. Report compensation for t	ine calendar ye	ear e	enair	ig w	ith c	or wi	<u>nin</u>		/ear.							
		(A)				-				(B)			C)					
		Name and business	address	NC	ONE	5				Description of	services	Compe	nsatio	n				
									+									
<u> </u>			l lt - t - t															
		er of independent contractors (ir		ot lin	nitec	to		•	ted	apove) who received m	ore than							
\$	100,000 of	compensation from the organiz	zation				(J										

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			TION I	NSTITUTE	OF THE BAY	AREA	94-1156	554 Page 9
Pa	rt V	III Statement of Revenue						
		Check if Schedule O contains a	a response (or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, s	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	·	b Membership dues						
, G		c Fundraising events		221,030.				
àifts ar A		d Related organizations]			
s, G mili		e Government grants (contributions)	1e 3,	998,633.				
tion r Si		f All other contributions, gifts, grants, and						
ibu:		similar amounts not included above \dots		966,611.				
ontr od C		g Noncash contributions included in lines 1a-1f	1g \$	43,659.	F 106 0 F 4			
<u>a Č</u>		h Total. Add lines 1a-1f	<u></u>		7,186,274.			
	-	FFFC FOD CFDVICEC		Business Code	502 020	502 020		
rice	2	a <u>FEES FOR SERVICES</u> b CONTRACT MGMT FEES	<u>,</u>	541900 541610	592,029. 244,367.	592,029. 244,367.		
erv ue				541010	244,507.	244,307.		
m S ven		c d						
Program Service Revenue		e						
Pro		f All other program service revenue						
		g Total. Add lines 2a-2f			836,396.			
	3	Investment income (including divide						
		other similar amounts)			126,866.			126,866.
	4	Income from investment of tax-exer	npt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6							
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c d Net rental income or (loss)						
			Securities	(ii) Other				
			3,353.	(.,				
		b Less: cost or other basis	,					
an		and sales expenses	L,334.					
venue		c Gain or (loss)	2,019.					
a)		d Net gain or (loss)	·····		2,019.			2,019.
Other R	8	a Gross income from fundraising events						
đ		including \$ 221,030	- 1					
		contributions reported on line 1c).						
		Part IV, line 18		109,868. 49,857.				
		b Less: direct expensesc Net income or (loss) from fundraisir		49,057.	60,011.			60,011.
		a Gross income from gaming activitie	-		00,011			00,011.
	5	Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming a	·····					
	10	a Gross sales of inventory, less return	าร					
		and allowances						
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of ir	nventory					
S				Business Code				
leor	11							
llan veni		b						
Miscellaneous Revenue		c						
Σ		d All other revenue e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			8,211,566.	836,396.	0.	188,896.
33200					· · ·	•	-	Form 990 (2023)

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	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	390,563.	154,785.	117,889.	117,889.
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	4,612,401.	3,567,663.	816,361.	228,377.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	126,078.	103,096.	22,724.	258.
9	Other employee benefits	515,382.	392,378.	102,516.	20,488.
10	Payroll taxes	357,226.	271,269.	62,678.	23,279.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	31,224.		31,224.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,838.		22,838.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	125,766.	95,343.	23,898.	6,525.
12	Advertising and promotion	14,680.			14,680.
13	Office expenses	227,231.	163,934.	58,447.	4,850.
14	Information technology	52,126.	29,001.	21,203.	1,922.
15	Royalties				
16	Occupancy	554,125.	521,459.	20,799.	11,867.
17	Travel	29,155.	12,873.	14,401.	1,881.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		11 000	1 =	
19	Conferences, conventions, and meetings	29,073.	11,983.	17,090.	
20	Interest				
21	Payments to affiliates	10 200		1 050	<u> </u>
22	Depreciation, depletion, and amortization	12,378.	10,725.	1,053.	600.
23	Insurance	36,903.	30,156.	5,070.	1,677.
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 0.)				
а	OTHER FUNDRAISING	14,170.			14,170.
b	BANK FEES	12,106.	607.	11,432.	67.
c	DUES AND SUBSCRIPTIONS	10,140.	3,544.	6,595.	1.
d	GOVT. FORM FILING FEES	8,159.	8,159.	,	
	All other expenses	.,			
	Total functional expenses. Add lines 1 through 24e	7,181,724.	5,376,975.	1,356,218.	448,531.
25				· · ·	•
<u>25</u> 26				l	
	Joint costs. Complete this line only if the organization				

Form 990 (2023)

IMMIGRATION INSTITUTE OF THE BAY AREA 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)

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Form **990** (2023)

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			361,252.	1	510,727.
	2	Savings and temporary cash investments			729,810.	2	1,035,995.
	3	Pledges and grants receivable, net			1,338,152.	3	1,864,874.
	4	Accounts receivable, net			175,298.	4	11,202.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ąŝ	9				182,485.	9	175,406.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		35,363.			
	b	Less: accumulated depreciation	10b	14,280.	26,123.	10c	21,083.
	11	Investments - publicly traded securities			4,351,407.	11	4,898,788.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,034,702.	15	1,698,766.
	16	Total assets. Add lines 1 through 15 (must equa			9,199,229.	16	10,216,841.
	17	Accounts payable and accrued expenses		890,687.	17	521,329.	
	18	Grants payable	10.000	18	42.012		
	19	Deferred revenue	18,802.	19	43,813.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24 05	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			,		1,994,477.	25	1,690,064.
	26	of Schedule D		·····	2,903,966.	25 26	2,255,206.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ck hore	X	2,505,500.	20	2,255,200.
Se		and complete lines 27, 28, 32, and 33.					
nce	27				5,430,263.	27	6,374,293.
3ala	28	Net assets with donor restrictions			865,000.	28	1,587,342.
ΒPL	20	Organizations that do not follow FASB ASC 9			,	20	
Fur		and complete lines 29 through 33.					
с С	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,295,263.	32	7,961,635.
2	33	Total liabilities and net assets/fund balances			9,199,229.	33	10,216,841.
							600 (0000)

Form 990 (2023) Part X | Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 8, 211, 50 2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 181, 72 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 029, 84 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 295, 20	24. 42. 63. 14. 16.
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	24. 42. 63. 14. 16.
2Total expenses (must equal Part IX, column (A), line 25)27,181,713Revenue less expenses. Subtract line 2 from line 131,029,844Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))46,295,27	24. 42. 63. 14. 16.
2Total expenses (must equal Part IX, column (A), line 25)27,181,713Revenue less expenses. Subtract line 2 from line 131,029,844Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))46,295,27	24. 42. 63. 14. 16.
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	42. 63. 14. 16.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	63. 14. 16.
	14.
	16.
5 Net unrealized gains (losses) on investments5 400,72	
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8 235,82	•
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 7,961,62	<u>35.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual 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? 2a	<u> </u>
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
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:	
X Separate basis Consolidated basis Both consolidated and separate basis	
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.	
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? 3a	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)

332012 12-21-23

SCHE	DULE A		Dublic Cho	rity Status an		lia Cu	unnart		OMB No. 1545-0047
(Form 9	90)			rity Status an					2022
				nization is a section 501 47(a)(1) nonexempt cha			or a section		2023
	of the Treasury		A	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspection
Name of	the organizati					7 3 5 5 7			identification number
Part I	Descon			STITUTE OF TI (All organizations must c					4-1156554
							ee instructior	IS.	
. —		-		For lines 1 through 12, c	-	-	4\/ A\/:\		
1				on of churches described)(a)011 no	I)(A)(I).		
2 🛄 3				(Attach Schedule E (Forn anization described in s e		<u></u>	::)		
4	•	•		njunction with a hospital			•	Viii) Enter	the hospital's name
- L	city, and stat	-			accombod				and noopital o name,
5		-	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)	°		, ,			
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	ally receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10				than 33 1/3% of its supp					
				t to certain exceptions; a					-
				(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	πer June 30, 1975.
11 🗔			mplete Part III.)	ively to test for public sa	fotu Soo	section 5(10(2)(4)		
12	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or
	-	-	-	ed in section 509(a)(1) o	-			-	
			-	f supporting organization					
a	_	•		upervised, or controlled		-		-	aiving
			-	gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se	• • • •					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it:	s supporte	ed organizatio	n(s), by hav	ring
	control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с 🗌	Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
	its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	ation(s)
		-		zation generally must sat	•		-	an attentiv	reness
_		-		nplete Part IV, Sections					
e 🗌				written determination fro			Туре I, Туре	II, Type III	
f Ent				nally integrated supportion					
	er the number vide the follow		n about the supporte	ad organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)

Total

Schedule A (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 2 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.)

Sec	ction A. Public Support				-	-			
Cale	ndar 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.")	5778226.	6354066.	5520402.	5318257.	7186274.	30157225.		
2	Tax revenues levied for the organ-								
	ization'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	5778226.	6354066.	5520402.	5318257.	7186274.	30157225.		
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)								
	Public support. Subtract line 5 from line 4.						30157225.		
	ction B. Total Support				1	1			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	5778226.	6354066.	5520402.	5318257.	/1862/4.	30157225.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	60,022.	65,950.	70,663.	97,749.	126,866.	421,250.		
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.)	1,542.	879.	1,826.	10,651.		14,898.		
11	Total support. Add lines 7 through 10						30593373.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	-							
-	organization, check this box and stop								
	ction C. Computation of Publi						00 57		
	Public support percentage for 2023 (I		-			14	<u>98.57 %</u>		
	Public support percentage from 2022					15	98.28 %		
16a	33 1/3% support test - 2023. If the c						77		
	stop here. The organization qualifies		-		line 15 in 00 1/00/				
b	33 1/3% support test - 2022. If the c								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			•		•			
	meets the facts-and-circumstances te	-			-	To and line 15 is			
b	10% -facts-and-circumstances test	-					10% OF		
	more, and if the organization meets the								
10	organization meets the facts-and-circu		-		••••		······		
18	Private foundation. If the organization	T UIU HOL CHECK a		a, 100, 178, 01 170	, oneok this box a		(Form 990) 2023		
							1 3111 330 2023		

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	(Form 990)		IMMIGRATIO					AREA	94-1156554	Page 3
Part III	Support	Schedule for	Organizations I	Described in S	ection	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.)

Se	ction A. Public Support						
Cale	endar 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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
7:	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	Leorganization's fi	I	I fourth or fifth toy	Vear as a section F	$\frac{1}{(0)(3) \operatorname{organis}}$	zation
		-					
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022		-			16	%
	ction D. Computation of Invest					1 1	· -
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li			17	%
	Investment income percentage from					18	%
19;	a 33 1/3% support tests - 2023. If the						ie 17 is not
	more than 33 1/3%, check this box a						
I	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins		
3320	23 12-21-23		17			Schedu	le A (Form 990) 2023

7

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

Yes No

1

94-1156554 Page 5 IMMIGRATION INSTITUTE OF THE BAY AREA Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

2	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
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? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
		2			

supervised, or controlled the supporting organization. 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)? 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)	1		

Section D.	All Type III S	upporting	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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	vear (see instructions	5).
•	Check the box hext to the method that the organization used to satisfy the integral r art rest during the	year (ooo moa doalon	1

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent o	f each of its su	upported organia	zations. Comp	lete line 3 below.
---	--	------------------	-----------------	------------------	------------------	---------------	--------------------

с		The organization	supported a	a governmental	entity.	Describe in	Part VI ho	w you su	pported a	governmental entity	/ (see instruction <u>s</u>	.).
---	--	------------------	-------------	----------------	---------	-------------	------------	----------	-----------	---------------------	-----------------------------	-----

- 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? 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.
- 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? 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.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

2a 2b 3a 3b Schedule A (Form 990) 2023

Yes No

14280430 758669 31065

Sche	dule A (Form 990) 2023 IMMIGRATION INSTITUTE OF			94-1156554 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>expla</i>	in in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E	<u> </u>			
Sect	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					
Sect	ion 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					
е	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					
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see			

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(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			
Secti	on 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 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94–1156554 Page 8 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:
MISC RECEIPTS
2019 AMOUNT: \$ 1,542.
2020 AMOUNT: \$ 879.
2021 AMOUNT: \$ 1,826.
REFUNDS & REBATES
2022 AMOUNT: \$ 10,651.
32028 12-21-23 Schedule A (Form 990) 202

14280430 758669 31065

(Form 990) Department of the Treasury

Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

TI

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

MMIGRATION	INSTITUTE	OF	THE	BAY	AREA
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94-1156554

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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)

Schedule B (Form 990) (2023) Name of organization

IMMIGRATION INSTITUTE OF THE BAY AREA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,797,765. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 180,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 161,216. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 218,358. Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

323452 12-26-23

14280430 758669 31065

Employer identification number

94-1156554

IMMIGRATION INSTITUTE OF THE BAY AREA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person Payroll 30,345. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

14280430 758669 31065

Employer identification number

94-1156554

Schedule B (Form 990) (2023)

^{323452 12-26-23}

323453 12-26-23

	\$	
) ash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
) ash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
26 2023.05070	IMMIGRATION INSTI	Schedule B (Form 990) (2023)

IMMIGRATION INSTITUTE OF THE BAY AREA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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				
8	105 OF MCDONALD'S SHARES X \$289	_					
		\$\$	02/29/24				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		_					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		-					
		— — \$					

Name of organization

Employer identification number 94-1156554

Page 3

Schedule E Name of or	3 (Form 990) (2023) ganization		Page 4 Employer identification number			
IMMIGE Part III	from any one contributor. Complete columns	utions to organizations described in sect (a) through (e) and the following line entry , charitable, etc., contributions of \$1,000 or les	94-1156554 ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$			
(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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fui pood of gift					
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of gift				
	Transferee's name, address,	., .	Relationship of transferor to transferee			
323454 12-26-	23		Schedule B (Form 990) (2023)			

14280430 758669 31065

SCHEDU	LE D
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 94-1156554

	IMMIGRATION INSTIT			94-1156554
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d in donor advised fun	uds.
Ū	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	•		
Pa	t II Conservation Easements. Complete if the or	nanization answered "Ves	" on Form 990 Part IV	
	Purpose(s) of conservation easements held by the organizati			, 1110 7.
1			Drease retion of a hist	evicelly important land area
	Preservation of land for public use (for example, recrea	ition or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
•	Preservation of open space	6	the second s	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic str			2c
d	•	• • •		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	erminated by the organ	lization during the tax
_	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	e , 1	on, handling of	
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcing conservation ea	asements during the year
-				~
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	hat describes the
De	organization's accounting for conservation easements.	Art Historical Trac	ourse or Other (Similar Acceto
Fa		-	isures, or other a	Similar Assels.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for put			nce of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre	asures, or other similar as	sets for financial gain,	
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023
33205	1 09-28-23			
		28		

		TION INSTI-						94-11			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	^r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	rganizatior	n answered "N	res" on	Form 990), Part IV, li	ne 9, or		
4	· · · · · · · · · · · · · · · · · · ·						the strend state				
1a	Is the organization an agent, trustee, custodi		-						7 ¥22		
L	on Form 990, Part X?							∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the tol	llowing tai	bie:					Amoun	+	
•	Paginning balance						10		/ arrouri		
с Ь	Beginning balance										
e e	Additions during the year										
f	Distributions during the year Ending balance										
	Did the organization include an amount on F						·		Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· └──]
Par							0.				
	•	(a) Current year		or year	(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance			-							
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	nd administer	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990						
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• • •	ccumulat preciation		(d) Boo	k valu	е
1a	Land										
b	Buildings										
	Leasehold improvements			3	5,363.		14,2	80.	2	1,0	83.
d	Equipment										
	Other										0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 100</u>	c, column	<u>(B))</u>				2	1,0	83.

Schedule D (Form 990) 2023

332052 09-28-23

		ION INSTITUTE OF	THE BAY AREA	94-1156554 Page 3
Part V	I Investments - Other Securities			
	Complete if the organization answered "			
	ription of security or category (including name of secu		(c) Method of valuation: Cost	t or end-of-year market value
	cial derivatives			
	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
Total. (Col	. (b) must equal Form 990, Part X, line 12, col. (B))		
Part V	III Investments - Program Related			
	Complete if the organization answered "			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX				
	Complete if the organization answered "		11d. See Form 990, Part X, line 15	
		(a) Description		(b) Book value
	SECURITY DEPOSITS			75,043.
	IGHT OF USE ASSETS			1,623,723.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 609 766
Part X	olumn (b) must equal Form 990, Part X, line 1 Other Liabilities	<u>5, col. (B))</u>		1,698,766.
FailA		Vaal on Form 000 Part IV line	110 or 11f Coo Form 000 Dort V	line OF
	Complete if the organization answered "	res on Form 990, Part IV, line	The or The See Form 990, Part A,	
<u>1.</u>	(a) Description of liability			(b) Book value
		TOATTON		1 600 064
	IGHT OF USE ASSETS OBL	IGATION		1,690,064.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 600 061
	olumn (b) must equal Form 990, Part X, line 2			1,690,064.
	ity for uncertain tax positions. In Part XIII, pr			
orgar	ization's liability for uncertain tax positions u	under FASB ASC 740. Check h	ere if the text of the footnote has b	een provided in Part XIII 🛛 🛄 🛣

IMMIGRATION INSTITUTE OF THE BAY AREA

Schedule D (Form 990) 2023

94-1156554 Page 3

332053 09-28-23

Schedule D (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page								
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	8,745,462.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments		400,714.					
b	Donated services and use of facilities	. 2b	106,163.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	506,877.			
3	Subtract line 2e from line 1			3	8,238,585.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	22,838.					
b	Other (Describe in Part XIII.)	4b	-49,857.					
с	Add lines 4a and 4b			4c	-27,019. 8,211,566.			
		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,211,566.			
5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	I Expenses per F		8,211,566. n			
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	I Expenses per F		n			
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	I Expenses per F		8,211,566. n 7,314,906.			
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	I Expenses per F	Retur	n			
1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	I Expenses per F	Retur	n			
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	I Expenses per F	Retur	n			
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	106,163.	Retur	n			
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	I Expenses per F	Retur	n 7,314,906.			
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents With	106,163. 49,857.	Retur	n 7,314,906. 156,020.			
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	106,163. 49,857.	1	n 7,314,906.			
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	106,163. 49,857.	1 2e	n 7,314,906. 156,020.			
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With	106,163. 49,857.	1 2e	n 7,314,906. 156,020.			
1 2 6 6 6 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	106,163. 49,857.	1 2e	n 7,314,906. 156,020. 7,158,886.			
1 2 3 4 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents With 2a 2b 2c 2d 4a 4b	106,163. 49,857. 22,838.	1 2e	n 7,314,906. 156,020. 7,158,886. 22,838.			
1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	106,163. 49,857. 22,838.	1 2e 3	n 7,314,906. 156,020. 7,158,886.			

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

PART X, LINE 2:

IIBA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SEC. 501(C)(3) AND
STATE INCOME TAX UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND
TAXATION CODE. IIBA IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE (IRS) AS
AN OTHER-THAN-PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR
STATE INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.
IIBA'S FEDERAL AND STATE INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
THE FEDERAL OR STATE AGENCIES, GENERALLY FOR THREE TO FOUR YEARS AFTER
THEY ARE FILED.

31

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

-49,857.

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Part XIII Supplemental Info	IMMIGRATION INSTITUTE OF THE BAY AREA	94-1156554 Page 5
Part XIII Supplemental Info	rmation (continued)	
PART XII, LINE 2D -	OTHER ADJUSTMENTS:	
<u></u>		
FUNDRAISING EXPENSE		49,857.
		Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on l organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury	, i i i i i i i i i i i i i i i i i i i		Open to Public					
Internal Revenue Service	Go t		Inspection					
Name of the organization								entification number
Dort L Eundroid		TION INSTITUTE OF 1					94-115	
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.								
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 f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be								
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 2

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 F7 lines 1 and 6b. List events with gro opinto graatar than \$5 000

		of fundraising event contributions and g	ross income on Form 990	EZ, lines I and 60. List ev	ents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2 COMMUNITY	(c) Other events NONE	(d) Total events (add col. (a) through
			COMEDY NIGHT			col. (c))
ē			(event type)	(event type)	(total number)	
Revenue		1 Gross receipts	223,153.	107,745.		330,898.
	:	2 Less: Contributions	193,530.	27,500.		221,030
	;	3 Gross income (line 1 minus line 2)	29,623.	80,245.		109,868
		4 Cash prizes				
		5 Noncash prizes				
Denses		6 Rent/facility costs	5,548.			5,548
Direct Expenses	.	7 Food and beverages	14,832.	10,000.		24,832
		8 Entertainment				
		9 Other direct expenses	4 4 4 5 5			19,477
	1	10 Direct expense summary. Add lines 4 throug	gh 9 in column (d)			49,857
		11 Net income summary. Subtract line 10 from art III Gaming. Complete if the organization				60,011
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
щ		1 Gross revenue				
ses	:	2 Cash prizes				
Expen	;	3 Noncash prizes				
Direct Expenses		4 Rent/facility costs				
	4	5 Other direct expenses				
			Yes %	└── Yes %	Yes %	
		6 Volunteer labor	Νο	Νο	No	
		6 Volunteer labor7 Direct expense summary. Add lines 2 through		No		
			gh 5 in column (d)			
	1	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 	gh 5 in column (d)			
	E	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conc 	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:			
а	E	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	states?		
a b	E Is If	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conduct gaming a lis the organization licensed to conduct gaming a lif "No," explain: 	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	states?		Yes No
a b)a	E I Is If 	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conduct of the organization licensed to conduct gaming a 	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	states? rminated during the tax ye		Yes No
a b)a	E I Is If 	 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization concord is the organization licensed to conduct gaming a lf "No," explain: Were any of the organization's gaming licenses 	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	states? rminated during the tax ye		Yes N

Sch	edule G (Form 990) 2023	IMMIGRATION	INSTITUTE	OF THE BAY	YAREA 94-	1156554	Page 3
11	Does the organization conduct ga	aming activities with nonn	nembers?			Yes	No
12	Is the organization a grantor, bene	eficiary or trustee of a true	st, or a member of a	partnership or othe	r entity formed		
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gaming						
а	The organization's facility					13a	%
	An outside facility						%
14	Enter the name and address of the	e person who prepares the	ne organization's ga	ming/special events	books and records:		
	Name						
	Address						
1 5a	Does the organization have a con-	tract with a third party fro	om whom the organ	zation receives gam	ing revenue?	Yes	No No
h	If "Vac " antar the amount of gam	ing revenue received by	ho organization	¢	and the amount		
U	If "Yes," enter the amount of gam			\$	and the amount		
	of gaming revenue retained by the						
C	If "Yes," enter name and address	or the third party.					
	Name						
	Address						
	Add(035						
16	Gaming manager information:						
	carming manager mermation.						
	Name						
11 12 13 b 14 15a b c 16							
	Gaming manager compensation	\$					
b c 16			_				
	Description of services provided						
	Director/officer	Employee	Independe	ent contractor			
17	Mandatory distributions:						
а	Is the organization required under	state law to make charit	able distributions fro	om the gaming proc	eeds to		
	retain the state gaming license?					Yes	No No
b	Enter the amount of distributions	required under state law	to be distributed to	other exempt organ	izations or spent in the		
	organization's own exempt activit		\$				
Ра						Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	any additional infor	mation. See instruct	ions.		
33208	33 09-13-23				Sche	dule G (Form	990) 2023
_ = = = = = =			35		Conc		, _0_0

Schedule G	(Form 990)	IMMIGRATION	INSTITUTE	OF THE	BAY	AREA	94-1156554	Page 4
Part IV	Supplemental I	IMMIGRATION nformation (continued)						U
							Schedule G (F	orm 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	ົງງ)
		Compensated Employees		20	Ľ٦)
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization			identificatio		mber
		IMMIGRATION INSTITUTE OF THE BAY AREA	94-:	115655	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or		4		
0		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		····· <u> </u>		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant III Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	ommittee			
		5				
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r			_		v
а	The organization?			<u>5a</u>		X X
b		ation?		<u>5b</u>		
~		or 5b, describe in Part III.	~			
6	For persons listed of contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a compensation of the section of the sectio	11			
~	•			60		x
		ation?				X
U		ation?				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
'	-	the solution provide any horizontal provide any horizontal payments in a solution provide any horizontal payments in east 111		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		····· *		<u> </u>
5				8		x
9		id the organization also follow the rebuttable presumption procedure described in		····· •		
-		1 53.4958-6(c)?				
For		on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2023
				•		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

90) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELLEN DUMESNIL	(i)	218,387.	0.	0.	10,707.	0.	229,094.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDU	LE	Μ
(Form 99	0)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

3

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

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

Name of the organization

IMMIGRATION INSTITUTE OF THE BAY AREA

Employer identification number 94 - 1156554

2

Par	t 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 determ noncash contribution	0	s
1	Art - Works of art			<u> </u>			
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	105	30,345.	FMV AT TIME O	F TRA	ANS
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 \dots						
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 (DONATED ITEMS F)	X	5	13,268.	COST		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organized					0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		0	
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of	_	,	•			v
	exempt purposes for the entire holding period?	?				3	X
	If "Yes," describe the arrangement in Part II.			f	·		v
31	Does the organization have a gift acceptance p				ions? <u>31</u>		X
32a	Does the organization hire or use third parties		-				x
L.	contributions? If "Yes," describe in Part II.					1	
		olumn (a) fa	rotupo of propert	(for which column (a) is the	akad		
33	If the organization didn't report an amount in c	olumni (C) foi	a type of property	nor which column (a) is cheo	skeu,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 2

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):

NUMBER OF SHARES DONATED AND NUMBER OF DONORS WHO DONATED ITEMS FOR THE

FUNDRAISERS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

IMMIGRATION INSTITUTE OF THE BAY AREA



94-1156554

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

CONTRIBUTE TO THE COMMUNITY.

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

CRIME FILE FOR LEGAL PROTECTION. WE HAVE A 98% CLIENT SATISFACTION

RATING FROM OUR CLIENTS AND A 98% APPROVAL RATE FOR APPLICATIONS

SUBMITTED TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

(USCIS).

78% OF OUR STAFF ARE BILINGUAL IN ENGLISH AND SPANISH, AND 9 STAFF

OFFER ADDITIONAL LANGUAGE DIVERSITY INCLUDING MANDARIN, CANTONESE,

VIETNAMESE, BURMESE, PASHTO, URDU, HINDI, PUNJABI, GERMAN, FRENCH,

PORTUGUESE, AND ITALIAN. WE INCREASED OUR PRO BONO PARTNERSHIPS BY

HOLDING 25 VIRTUAL PRO BONO CLINICS IN WHICH WE SERVED 702 CLIENTS. 577

PRO BONO LAWYERS PARTICIPATED IN THE CLINICS.

IIBA SERVES AS A PROGRAM ADMINISTRATOR FOR THE CALIFORNIA DEPARTMENT OF

SOCIAL SERVICES (CDSS). OUR ROLE IS TO ADMINISTER FUNDING FOR CLIENT

FILING FEES FOR 12 OTHER NONPROFIT ORGANIZATIONS IN ADDITION TO IIBA'S

CLIENTS. IIBA WROTE CHECKS ON BEHALF OF 987 DACA APPLICANTS FOR A TOTAL

SAVINGS TO CLIENTS OF \$488,565.

MAJOR ACCOMPLISHMENTS:

HUMAN TRAFFICKING SURVIVOR SUPPORT

IIBA WAS FORTUNATE TO HOST AN EQUAL JUSTICE WORKS (EJW) FELLOW WHO

JOINED IIBA IN 2024. JOCELYN VOLUNTEERED WITH IIBA AS A LEGAL INTERN IN

THE SUMMER OF 2022 AND RETURNED TO IIBA AS AN EJW FELLOW TO HELP IIBA

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization IMMIGRATION INSTITUTE OF THE BAY AREA	Employer identification number 94-1156554
BUILD A PROGRAM TO BETTER SUPPORT VICTIMS OF HUMAN TRAFFIC	CKING. SINCE
THE INCEPTION OF THE PROJECT, IIBA HAS SUPPORTED APPROXIM	ATELY THIRTY
HUMAN TRAFFICKING SURVIVORS. THROUGH THIS PROJECT, IIBA H	IAS
STRENGTHENED OR CREATED NEW PARTNERSHIPS WITH THREE LOCAL	ORGANIZATIONS
WHO CONSISTENTLY REFER CLIENTS TO IIBA.	

VOLUNTEER PROGRAM IMPACT (TRACKED HOURS)

IIBA CREATED A NEW POSITION, VOLUNTEER MANAGER WITH AN INITIAL FOCUS OF RECRUITING VOLUNTEER INTERPRETERS TO BUILD IIBA'S CAPACITY TO SERVE A BROADER COHORT OF CLIENTS SINCE IIBA'S STAFF PRIMARILY ARE BILINGUAL IN ENGLISH AND SPANISH. TO DATE, WE HAVE EXPANDED IIBA'S LANGUAGE CAPACITY TO INCLUDE AN ADDITIONAL34 LANGUAGES AND VOLUNTEERS HAVE CONTRIBUTED 1500 HOURS, AN APPROXIMATE \$52,500 IN IN-KIND SERVICES.

2024 LEGAL SERVICES HIGHLIGHTS

IIBA REACHED OVER 10,000 IMMIGRANTS IN 2024 THROUGH DIRECT SERVICES.

KEY FIGURES INCLUDE: IBBA PROVIDED IMMIGRATION LEGAL CONSULTATIONS ON

FIVE COMMUNITY COLLEGES AND FILED 442 CASES ON BEHALF OF STUDENTS. IIBA

HELD 24 PRO BONO CLINICS AND ASSISTED OVER 400 CLIENTS EITHER WITH

THEIR CITIZENSHIP OR DACA RENEWALS DURING THESE CLINICS. THE APPROVAL

RATE FOR NATURALIZATION AND DACA RENEWALS SUBMITTED TO USCIS WAS 99%.

PRO BONO ATTORNEYS WHO SUPPORTED THIS EFFORT NUMBERED 430.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD DURING THE BOARD MEETING.

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

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization IMMIGRATION INSTITUTE OF THE BAY AREA	Employer identification number 94-1156554
EACH YEAR WE ASK BOARD MEMBERS TO REVIEW, AND SIGN IIBA'S	CONFLICT OF
INTEREST FORM.	
FORM 990, PART VI, SECTION B, LINE 15:	

THE EXECUTIVE COMMITTEE OF THE BOARD REQUESTS COMPARABLE SALARY DATA FROM THE HR DIRECTOR. THE HR DIRECTOR SUBSCRIBES TO THE NONPROFIT COMPENSATION ASSOCIATION WHO CONDUCT AND PUBLISH AN ANNUAL REPORT ON COMPENSATION, WHICH IS USED AS A BENCHMARK FOR SIMILARLY SITUATED ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND DETERMINES ANY SALARY INCREASE BASED ON THAT REVIEW AND CURRENT COMPARABLE SALARY INFORMATION.

THE HR DIRECTOR ANNUALLY ANALYZES SALARIES USING THE ANNUAL REPORT ISSUED BY THE NONPROFIT COMPENSATION ASSOCIATION AND OTHER RESOURCES TO DETERMINE SALARY RANGES. THE EXECUTIVE DIRECTOR USES THAT INFORMATION AT THE TIME OF IIBA'S MERIT EVALUATION TO DETERMINE SALARIES FOR KEY EMPLOYEES.

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY SHALL BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

IMMIGRATION INSTITUTE OF THE BAY AREA 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105

> FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500

IMMIGRATION INSTITUTE OF THE BAY AREA 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105

> REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAXABL	.e year	California Exempt Organization				32894 FOI	41 12-26-23 RM
20	23	Annual Information Return				19	99
Calendar Ye	ear 2023 or fis	al year beginning (mm/dd/yyyy) $07/01/2023$, and ending (mm/dd	d/yyyy)		06	/30/2024	
Corporation/C	Organization name		California	corpor	ation n	umber	
TMMTG	RATTON	INSTITUTE OF THE BAY AREA	02	069	11		
	ormation. See ins		FEIN				
			94	-11	56	554	
	s (suite or room)		PMI	B no.			
	D STREI	T, 3RD FLOOR					
City		State					
Foreign count	RANCISC	CO CA Foreign province/state/county		105 eign pos		10	
r oreign count	i y name	r oregin province state county	1010	sign pot	5101 000		
C IRC Se D Final in Enter da E Check J F Federal (4) X G Is this If "Yes,	led return ction 4947(a)(formation retu Dissolved te: (mm/dd/yyyy) accounting me I return filed? (Other 990 so a group filing? organization ir " what is the p	Surrendered (Withdrawn) Merged/Reorganized ●	nstruction 23701d, See instru- ler R&TC s from no bility com 100 or Fo by the IR	has th uctions Sectio onmer npany? rm 109 S or h	e orga s nber s 9 to as the	• Yes anization • Yes 01g? • Yes ources • Yes • Yes • Yes • Yes • Yes • Yes • Yes	X No X No X No X No X No X No X No X No
Part I		rt I unless not required to file this form. See General Information B and C.		_		1 106	402
		s sales or receipts from other sources. From Side 2, Part II, line 8		- E	1	1,106,	485 00
		contributions, gifts, grants, and similar amounts received STN		•	3	7,186,	
Dessists	4 Total	gross receipts for filing requirement test. Add line 1 through line 3.	4T 2				
Receipts and	This	ine must be completed. If the result is less than \$50,000, see General Information B		•	4	8,292,	757 <u>oo</u>
Revenues	2	of goods sold • 5	224	00			
			,334		-	31	334 00
		costs. Add line 5 and line 6			7 8	8,261,	
		expenses and disbursements. From Side 2, Part II, line 18		•	9	7,231,	
Expenses		is of receipts over expenses and disbursements. Subtract line 9 from line 8			10	1,029,	
		payments		•	11		00
	12 Use t	ax. See General Information K		•	12		00
		ents balance. If line 11 is more than line 12, subtract line 12 from line 11			13		00
Payments		ax balance. If line 12 is more than line 11, subtract line 11 from line 12		•	14		00
		ties and interest. See General Information J			15		00
	Under penalt	Ice due. Add line 12 and line 15. Then subtract line 11 from the result es of perjury. I declare that I have examined this return, including accompanying schedules and statements, and ect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	to the bes	t of my	knowle	dge and belief,	00
Sign	It is true, corr		s any know Date	leage.		 Telephone 	
Here	Signature of officer	EXECUTIVE DIRE	Jaie				
		Date	Check if			PTIN	
	Preparer's signature	TARA EASTWOOD 04/30/25 s	elf-employe	ed 🕨 [P00539129	
Paid	Firm's name					Firm's FEIN	~
Preparer's	11 3011-	BOWMAN & COMPANY, LLP				94-148198 ● Telephone	В
Use Only	employed) and address	10100 TRINITY PARKWAY,STE 310 STOCKTON, CA 95219				(209)473-1	1010
	May the ET	B discuss this return with the preparer shown above? See instructions		X			1040
	l way uie Fl	ט טופטעפט נווט דפנעדד אינעד עד פורפאמיפו אויעאדי אוויאטעלי פער אוואנדענוטווא			res	No	

022

328951 12-26-23

	1	Gross sales or receipts from all I	business activities. See instruc	ctions	•	1	109,868 00
	2	Interest			•	2	126,866 00
	3	Dividends				3	00
Receipts	4	Gross rents				4	00
from	5	Gross royalties				5	00
Other	6	Gross amount received from sale	e of assets (See instructions)	STA	ATEMENT 3 •	6	33,353 00
Sources	7	Other income		SEE STA	TEMENT 4 •	7	836,396 00
	8	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7 Enter here and c	on Side 1 Part I line 1	8	1,106,483 00
	9	Contributions, gifts, grants, and		-		9	00
	10	Disbursements to or for membe				10	00
	11	Compensation of officers, direct	ors and trustees	SEE STA	TEMENT 5 •	11	390,563 00
	12	Other salaries and wages			•	12	4,612,401 00
Expenses		Interest				13	00
and	14					14	357,226 00
Disburse		Rents				15	554,125 00
ments	16	Depreciation and depletion (See	instructions)		•	16	12,378 00
mento	17	Other expenses and disburseme	nte	SEE STA	TEMENT 6	17	1,304,888 00
		Total expenses and disburseme	nts Add line 9 through line 17	Enter here and on Side 1 Pa	art I line Q	18	7,231,581 00
Sched			Beginning of			of taxab	
Assets			(a)	(b)	(c)		(d)
			(4)	1,091,062		•	4 546 500
		s receivable		175,298			4.4
				115,250			<u> </u>
		ceivable					,
		state government obligations					,
		in other bonds					,
		in stock					,
	gage loa						,
		ans ments STMT 7		4,351,407			4,898,788
9 Uniei 10 9 De	nreciah	le assets	35,363	4,551,407	35,3	-	4,000,700
ιυ α Do	ee accu	mulated depreciation	9,240	26,123			21,083
11 Land			5,210		11,20	•	
	r 2000tc	STMT 8		3,555,339			
				9,199,229		-	10,216,841
Liabilities				571557225			10/210/011
		yable		890,687		•	521,329
		s, gifts, or grants payable					
		otes payable					
		ayable					
18 Other	r liahiliti	ies STMT 9		2,013,279			1,733,877
19 Capit	al stock	c or principal fund				•)
		tal surplus. Attach reconciliation				•)
		nings or income fund		6,295,263		•	7,961,635
		ies and net worth		9,199,229			10,216,841
Sched			per books with income per re				
			dule if the amount on Schedule		s than \$50.000.		
1 Neti	ncome	per books					
2 Feder					nis return. Attach schedule	, * [• 400,714
		pital losses over capital gains		8 Deductions in thi		´ ⊨	
		recorded on books this year.		against book inco	•		
		dule	•			. F.	•
		corded on books this year not	·····	9 Total. Add line 7			400,714
-		this return. Attach schedule	•	10 Net income per r		····· -	
		ne 1 through line 5	4 4 2 2		om line 6	E F	1,029,842
	11			STATEMENT			_,,.
	Side	2 Form 199 2023	022 3	652234			
	onuc		022 J	052257			

94-1156554

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	744 P STREET MS 9-6-33 SACRAMENTO, CA 95814	2,797,765.
GIVE FORWARD FOUNDATION	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	200,000.
THE GROVE FOUNDATION	P.O. BOX 1667 LOS ALTOS, CA 94023	105,000.
ZELLERBACH FAMILY FOUNDATION	455 MARKET STREET, SUITE 2200 SAN FRANCISCO, CA 94105	180,000.
LEGAL AID SOCIETY OF SAN MATEO COLLAB	330 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	161,216.
NAPA VALLEY COMMUNITY FOUNDATON	3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	114,300.
CRANKSTART	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	250,000.
OFFICE ON AGING	1650 MISSION ST # 5 SAN FRANCISCO, CA 94103	218,358.
HOMELAND SECURITY	2707 MARTIN LUTHER KING JR AVE WASHINGTON, DC 20528	150,000.
OFFICE OF CIVIC ENGAGEMENT-OCEIA	1145 MARKET ST SUITE #100 SAN FRANCISCO, CA 94103	140,000.
CALIFORNIA ACCESS TO JUSTICE	PO BOX 645 CARMICHAEL, CA 95609	129,000.
THREE GRACES FOUNDATION	8171 MAPLE LAWN BLVD, SUITE 375 FULTON, MD 20759	125,000.
SUNLIGHT GIVING CHAN ZUCKERBERG INITIATIVE	855 EL CAMINO REAL, BLDG 4 SUITE 2 PALO ALTO, CA 94301 1180 MAIN STREET REDWOOD CITY, CA 94063	105,000. 100,000.
280430 758669 31065	3 2023.05070 IMMIGRATIO	STATEMENT(S) N INSTITUTE OF 31065_

94-1156554

SOBRATO FOUNDATION	444 CASTRO ST 140 MOUNTAIN	
	VIEW, CA 94041	100,000.
THE DAVID B. COSTA	1100 WEST TOWN & COUNTRY ROAD	
PRIVATE FOUNDATION	SUITE 1250 ORANGE, CA 92868	70,000.
THEJA SURESH SATYE N	10057 STERN AVENUE CUPERTINO,	
POPAT	CA 95014	45,000.
EVA K GROVE	171 MAIN STREET #278 LOS	
	ALTOS, CA 94022	40,000.
FAIN FAMILY FOUNDATION	700 ARVIDA PARKWAY MIAMI, FL	
	33156	35,000.
ERIK S. CASSEL FOUNDATION	147 13TH AVENUE SAN MATEO, CA	~~ ~~~
	94402	30,000.
R LEONARD OORTHUYS &		05 000
REBECCA L OORTHUYS	•	25,000.
	1112 GREENWOOD AVENUE PALO	1 7 000
FUND	ALTO, CA 94301	17,000.
JENNIFER L. BECKETT	2076 VALLEJO STREET SAN	C 000
	FRANCISCO, CA 94123	6,000.
TOTAL INCLUDED ON LINE 3		5,143,639.

CA 199

NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME	ADDRESS		
LIBBY SHAFER FOUNDATION	42 OPHIR DRIVE	DURANGO, CO 81	301
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
105 OF MCDONALD'S SHARES X \$289	02/29/24	30,345.	30,345.
TOTAL INCLUDED ON LINE 3		30,345.	30,345.

CA 199	GROSS AM	OUNT FR	OM SALI	E OF 2	ASSETS		S	TATEMEN	г З
DESCRIPTION			DA: ACQUI		DAT SOL			THOD UIRED	
VARIOUS SECURITIES			07/01	L/23	06/30	/24	PURC	CHASED	
		COST OTHER		DEPI	REC.		ENSE SALE	GROS SALES H	
		31	,334.		0.		0.	33	,353.
TOTAL TO FORM 199,	PAGE 2, LN 6	31	,334.		0.		0.	33	,353.
CA 199		OTHER	INCOM	E			S	TATEMEN'	г 4
DESCRIPTION								AMOUN	2
FEES FOR SERVICES									,029. ,367.
CONTRACT MGMT FEES									
TOTAL TO FORM 199,	PART II, LINE	7						836	,396.
	PART II, LINE	7						836	,396.
TOTAL TO FORM 199,	PART II, LINE		DIRECTO	ORS AN	ND TRUS	TEES		836 TATEMEN	
TOTAL TO FORM 199,		ICERS,							Γ 5
TOTAL TO FORM 199, CA 199 COMPEN	NSATION OF OFF	ICERS,	AVERAGI	TITLE E HRS	AND WORKED	/WK		TATEMEN'	Г 5
TOTAL TO FORM 199, CA 199 COMPEN NAME AND ADDRESS ELLEN DUMESNIL 58 2ND STREET, 3RD	NSATION OF OFF FLOOR 94105 FLOOR	ICERS,	AVERAGI EXECUTI	TITLE E HRS IVE DJ 37.5(AND WORKED IRECTOR)/WK	(TATEMEN COMPENSA 235	r 5 Ation
TOTAL TO FORM 199, CA 199 COMPEN NAME AND ADDRESS ELLEN DUMESNIL 58 2ND STREET, 3RD SAN FRANCISCO, CA DEKRI VONAN 58 2ND STREET, 3RD	NSATION OF OFF FLOOR 94105 FLOOR 94105 FLOOR	ICERS,	AVERAGI EXECUTI	FITLE E HRS IVE DJ 37.5(E & AI 37.5(AND WORKED IRECTOR) OMIN DI)/WK	(TATEMEN COMPENSA 235	г 5 АТІОХ 778.

14280430 758669 31065

IMMIGRATION INSTITUTE OF THE BAY AREA		94-1156554
JOEY YANG 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	SECRETARY 2.00	0.
ANTOINE ORARD 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	TREASURER 2.00	0.
JENNIFER BECKETT 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
STEVE HERMAN 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
SEAN MCCORMICK 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
ORNA RESNEKOV 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
GREGORY PARKS 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
BALA SURESH 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.
AGNIESZKA PURVES 58 2ND STREET, 3RD FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

390,563.

94-1156554

CA	1	9	9

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	AMOUNT
OTHER FUNDRAISING	14,170.
BANK FEES	12,106.
DUES AND SUBSCRIPTIONS	10,140.
GOVT. FORM FILING FEES	8,159.
DIRECT EXPENSES OF FUNDRAISING EVENTS	49,857.
PENSION PLAN CONTRIBUTIONS	126,078.
OTHER EMPLOYEE BENEFITS	515,382.
ACCOUNTING FEES	31,224.
INVESTMENT MANAGEMENT FEES	22,838.
OTHER PROFESSIONAL FEES	125,766.
ADVERTISING AND PROMOTION	14,680.
OFFICE EXPENSES	227,231.
INFORMATION TECHNOLOGY	52,126.
TRAVEL	29,155.
CONFERENCES AND CONVENTIONS	29,073.
INSURANCE	36,903.
TOTAL TO FORM 199, PART II, LINE 17	1,304,888.

CA 199	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES		4,351,407.	4,898,788.
TOTAL TO FORM 199, SCHEDULE L, L	INE 9	4,351,407.	4,898,788.

CA 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSITS RIGHT OF USE ASSETS	1,338,152. 182,485. 78,562. 1,956,140.	1,864,874. 175,406. 75,043. 1,623,723.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,555,339.	3,739,046.

CA 199 OTHER LIABILI	TIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
RIGHT OF USE ASSETS OBLIGATION DEFERRED REVENUE	1,994,477. 18,802.	1,690,064. 43,813.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,013,279.	1,733,877.

CA 199	STATEMENT 10		
DESCRIPTION		AMOUNT	
UNREALIZED GAIN		400,714.	
TOTAL TO FORM 199, SO	CHEDULE M-1, LINE 7	400,714.	

TAXABLE YEARCo2023an	rporati d Amor	on Depr tization	reciatio	n						CALIFORN	
Attach to Form 100 or Form	100W.			FORM	199			FE	IN	94-11	56554
Corporation name									Califo	rnia corporatio	on number
IMMIGRATION I	NSTITU	TE OF TH	HE BAY	AREA						020691	1
Part I Election To Expense	Certain Prope	rty Under IRC S	ection 179								
1 Maximum deduction und	er IRC Section	179 for Californ	ia						1		\$25,000
2 Total cost of IRC Section	179 property p	placed in service							2		
3 Threshold cost of IRC Se	ction 179 prop	erty before redu	ction in limitati	on					3		\$200,000
4 Reduction in limitation. S											
5 Dollar limitation for taxab			e 1. If zero or I						5		
	Description of	property		(b) Cost (b	usiness use o	nly)	(c) Elected	cost	_		
6									-		
7 Listed property (elected I	RC Section 17	9 cost)									
8 Total elected cost of IRC									8		
9 Tentative deduction. Ente	r the smaller (of line 5 or line 8							9		
10 Carryover of disallowed of	leduction from	prior taxable yea	ars						10		
11 Business income limitation									11		
12 IRC Section 179 expense						·····			12		
13 Carryover of disallowed of											
Part II Depreciation and El						ion 24356					
(a) Description of property	(b) Date acquii (mm/dd/yy	red Co	(c) ost or r basis	(d Depreciation allowable in e	allowed or	(e) Depreciatior method	n (f) Life rate		(g) Depreciation for this year		(h) Additional first year depreciation
14 1 LEASEHO	DLD IMP	RV									
	09/01/		35,363		9,240	SL	7.00)		5,052	
15 Add the amounts in colu			al of column (h) may not exce	ed \$2,000.						
See instructions for line	14, column (h)							15		5,052	
Part III Summary 16 Total: If the corporation is	a alaating:										
16 Total. If the corporation is IRC Section 179 expense Additional first year depr Depreciation (if no election	, add the amou eciation under	R&TC Section 24	4356. add the a	mounts on line	e 15, columns	(=) ()		•	16		5,052
17 Total depreciation claime				,					17		5,052
18 Depreciation adjustment.	-										
If line 17 is less than line						•					0
amounts are used to dete	ermine net inco	me before state	adjustments or	1 Form 100 or I	-orm 100W, n	o adjustmen	t is necessa	y.) 🔘	18		0
Part IV Amortization		(b)		•)			(e)		•	(->
(a) Description of prop	erty	(b) Date acquired (mm/dd/yyyy)	Cos	c) st or basis	Amortizatio allowable in		(e) R&TC Sectior (see instruction	Perio	f) od or entage	(g Amorti for thi	zation
19											
									_		
20 Total. Add the amounts in	(0)								20		
21 Total amortization claime	•			,					21		
22 Amortization adjustment. Side 1, line 6. If line 21 is	-							•	22		

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TAXABLE YEAR 2023California e-file Return Authorization for Exempt Organizations							FORM 8453-EC		
Exempt Or	ganization name							Ide	ntifying number
тммт	GRATION	I INSTITUTE OF	THE BAY AREA					9	4-1156554
Part I		Return Information (whole							1130334
1 Tot	al gross recei	ipts or unrelated business t	axable income (Form 199, li	ne 4 or Forr	n 109, line	5)			1 8,292,757
2 Tot	al gross inco	me or total tax (Form 199. I	ine 8 or Form 109. line 14)						2 8,261,423
3 Tot	al expenses a	and disbursements (Form 1	99, line 9)						3 /,231,581
4 Tax	k due (Form 1	09, line 23)							4
5 Ov Part II	Settle You	r Account Electronically f	or Taxable Year 2023						5
6	7	osit of refund (Form 109 on							
7	Electronic f	unds withdrawal 7a /	Amount				ate (mm/do		
Part III	Schedule of	Estimated Tax Payments for 1	axable Year 2024 (These are	NOT installm	ent payment	ts for the	current amo	ount th	e exempt organization owes.)
		First Payment	Second Paym	nent	Tł	nird Pay	ment		Fourth Payment
8 Amo									
Part IV	ndrawal Date Banking In	formation (Have you verified	ed the exempt organization'	s banking ir	formation	?)			
	ting number			<u> </u>		• /			
	ount number			12 Ty	pe of acco	ount:	Check	ng	Savings
Part V		n of Officer							
direct de and any e Under pe transmitt California a balance organizat statemen delayed, Sign Here	bosit refund agr estimated paym nalties of perjui er, or intermedi e dectronic retu e due return, I u ion will remain ts be transmitte I authorize the Signature	ees with the authorization stat ent amounts listed on Part III, ry, I declare that I am an office iate service provider and the ar rrn. To the best of my knowled, nderstand that if the Franchise liable for the tax liability and al ed to the FTB by the ERO, trans FTB to disclose to the ERO of of officer	line 8 from the bank account sp r of the above exempt organizat nounts in Part I above agree wi ge and belief, the exempt organ Tax Board (FTB) does not rece I applicable interest and penalti mitter, or intermediate service r intermediate service provide	II, box 7, I at becified in Pari ion and that it th the amoun ization's retur ive full and tii es. I authoriz provider. If the reason(: EXE: Title	Ithorize an e t IV. he informat ts on the co n is true, cc nely payme the exemp he processin s) for the de	electronic ion I prov rrespond prrect, an nt of the t organiz ng of the elay or th	funds without vided to my ing lines of d complete. exempt organ ation return exempt organ	Irawal electro the exe If the e nizatio and ac anizat i i the r o	for the amount listed on line 7a nic return originator (ERO), empt organization's 2023 exempt organization is filing on's tax liability, the exempt ccompanying schedules and ion's return or refund is
Part VI	Declaration	n of Electronic Return Ori	ginator (ERO) and Paid Pro	eparer.					
am only a accuratel provided 1345, 20 the exem I declare	an intermediate y reflects the da the organizatio 23 Handbook f pt organization that I have exar	service provider, I understand ata on the return.) I have obtain n officer with a copy of all forn or Authorized e-file Providers. return is filed, whichever is lat nined the above exempt organ	that I am not responsible for re ned the organization officer's si- ns and information that I will fill I will keep form FTB 8453-EO c er, and I will make a copy availa	eviewing the e gnature on fo e with the FTE n file for four able to the FT ing schedules	exempt orga rm FTB 8455 8, and I have years from 3 upon requ and statem	nization's 3-EO befo followed the due lest. If I a	s return. I de pre transmit I all other re date of the r m also the p	clare, ting thi quirem eturn c vaid pre	ents described in FTB Pub.
	ERO's			Date		heck if so paid	Che		ERO'S PTIN
ERO	signature	TARA EASTWOOD				eparer		loyed	<u>□</u> ₽00539129
Must	Firm's name (or y if self-employed)	Dominin a	1	amm 21	0			Fi	rm's FEIN 94-1481988
Sign	and address	STOCKTON	INITY PARKWAY, , CA	STE 31	.0			ZI	P code 95219
			ed the above organization's retu this declaration based on all in					nts, an	d to the best of my knowledge
Paid	Paid				Date		Check		Paid preparer's PTIN
Prepa	preparer's						if self- employed		
Must	Firm's nar	me (or yours						Fi	rm's FEIN
Sign	if self-emp and addre								
								ZI	P code
329021 12	-27-23								FTB 8453-EO 2023

STATE OF CALIFORNIA	1				DEPARTMENT		
RRF-1 (Rev. 01/2024) MAIL TO:		NUAL REGISTRATION RENEW			(For Registry Use Only)	PAG	GE 1 of 5
Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470		TO ATTORNEY GENERAL OF Sections 12586 and 12587, California					
STREET ADDRESS: 1300 Street	Failure to si	11 Cal. Code Regs. sections 301- ubmit this report annually no later than four months a					
Sacramento, CA 95814	organizatio	on's accounting period may result in the loss of tax ex of \$800, plus interest, and/or fines or filing penalties	kemption and t	he assessment of a			
WEBSITE ADDRESS: www.oag.ca.gov/charities		23703; Government Code section 12586.1. IRS exter					
			Check if:				
IMMIGRATION INS	ኮፐጥሀጥድ (OF THE BAY AREA		nange of address nended report			
Name of Organization				ganization requests e	mail notifications		
List all DBAs and names the organization	uses or has used						
58 2ND STREET,	3RD FLOC	DR	State Ch	arity Registration Nur	mber 000675		
Address (Number and Street) SAN FRANCISCO, 0	CA 941(0.5	Corporat	tion or Organization N	0206911		
City or Town, State, and ZIP Code	<u> </u>						
415-538-8100 Telephone Number	E-mail Addres	35	Federal E	Employer ID No. 94	-1156554		
ANNUALI	REGISTRATIC	ON RENEWAL FEE SCHEDULE (11 Ca)7, and 310)		
Total Revenue	Fee	Make Check Payable to Departn Total Revenue	nent of Jus Fee	stice Total Revenue		Fe	
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,	001 and \$100 million	\$8	00
Between \$50,000 and \$100,0 Between \$100,001 and \$250,		Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio		Between \$100,000 Greater than \$500	0,001 and \$500 millior) million		,000 ,200
PART A - ACTIVITIES							
For your most recent fu	Ill accounting	period (beginning 07/01/20)	23 en	ding <u>06/30/2</u>	024) list:		
Total Revenue (including noncash contributions) \$	8,211,	566 Noncash Contributions \$	43	3 , 6 5 9 Total Asse penses \$7	ets \$ <u>10,21</u>	6,8	41
Program Expen	ses \$	5,376,975	Total Exp	enses \$7	,181,724		
PART B - STATEMENTS REG		GANIZATION DURING THE PERIOD C	of this re	EPORT			
		f you answer "yes" to any of the ques ils for each "yes" response. Please re				Yes	No
1. During this reporting period	od, were there	any contracts, loans, leases or other fi	nancial trar	nsactions between th	e organization	100	
and any officer, director of any financial interest?	r trustee there	eof, either directly or with an entity in wh	hich any su	uch officer, director or	trustee had		x
e 1 e 1	od, was there a	any theft, embezzlement, diversion or n	nisuse of th	ne organization's char	itable property		
or funds?						<u> </u>	X
3. During this reporting perio	od, were any o	organization funds used to pay any pena	alty, fine or	judgment?			x
4. During this reporting period commercial coventurer us	,	ervices of a commercial fundraiser, fund	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period	od did the ora	anization receive any governmental fun	ndina?				
			lang.	SEE S	PATEMENT 11	X	
6. During this reporting perio	od, did the org	anization hold a raffle for charitable pur	rposes?				x
7. Does the organization co	nduct a vehicle	e donation program?		SEE S	FATEMENT 12	x	
0		ndent audit and prepare audited financ	ial stateme				
		es for this reporting period?				X	
· · · · ·		the organization hold restricted net asse					X
		ve examined this report, including ac complete, and I am authorized to sig		ng documents, and	to the best of my know	wledg	e
	TTT	I EN DIMECNII	-				
Signature of Authorized Agent		LEN DUMESNIL		EXECUTIVE D	Date		

CA RRF-1

94-1156554

INFORMATION REGAR	DING	GOVERNMENTAL	FUNDING	STATEMENT 11
PAR	ΓВ,	LINE 5		

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES 744 P STREET, MS 9-6-33 SACRAMENTO, CA 95814

US DEPARTMENT OF HOMELAND SECURITY 2707 MARTIN LUTHER KING JR AVE WASHINGTON, DC 20528

OFFICE ON AGING 16650 MISSION ST #5 SAN FRANCISCO, CA 94103

OFFICE OF CIVIC ENGAGEMENT 1145 MARKET ST. SUITE 100 SAN FRANCISCO, CA 94103

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS PART B, LINE 7 STATEMENT 12

THE VEHICLE DONATION PROGRAM IS MANAGED BY AN OUTSIDE ENTITY:

CHARITABLE ADULT RIDES & SERVICES (CARS) 4669 MURPHY CANYON RD, STE 200 SAN DIEGO, CA 92123

(Rev. January 2024)

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

	Forme 7004 to me un moonine tax retain other than to		• • • • •	0, HEIMOU		
	Form 7004 to request an extension of time to file incom	ie tax returi	ns.			
	lentification	· .		-		
Type or	Name of exempt organization, employer, or other file	Taxpayer	Taxpayer identification number (TIN)			
Print	IMMIGRATION INSTITUTE OF TH		94-115	5554		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 58 2ND STREET, 3RD FLOOR	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for SAN FRANCISCO, CA 94105	oreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			
Application	on Is For	Return Code	Application Is For			Return
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
 After yo 	ou enter your Return Code, complete either Part II or Par	t III. Part III	, including signature, is applicable c	only for an	extension of	
time to file	e Form 5330.					
 If this a 	pplication is for an extension of time to file Form 5330, y	/ou must ei	nter the following information.			
Plai	n Name		C C			
	n Number					
Plai	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
	ooks are in the care of DEKRI VONAN					
	58 2ND STREET, 3H	RD FLC	OR - SAN FRANCISCO), CA	94105	
Teleph	one No. 415-538-8100		Fax No			
-	organization does not have an office or place of business	s in the Uni				
	s for a Group Return, enter the organization's four-digit					
box[If it is for part of the group, check this box	_				
1 Irea	quest an automatic 6-month extension of time until 🛛 💆	AY 15	, 20 25 , to file	e the exem	pt organization	return for
	organization named above. The extension is for the organization					
	calendar year 20 or					
Х		, 20	2.3, and ending	JUN 3	0.	, 20 2 4
			/ 3			
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reasc	on: Initial return	Final retur	n	
	Change in accounting period					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		^	0
	nonrefundable credits. See instructions.		· · · · · · · ·	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069				•	0
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•			•	0
	ng EFTPS (Electronic Federal Tax Payment System). See		ns.	3c	\$	0.
For Priva	cy Act and Paperwork Reduction Act Notice, see ins	tructions.			⊦orm 886	68 (Rev. 1-2024)

LHA 323841 12-22-23

			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047
For	_ Q	QN			2022
Form 990		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may		2023
Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection
				JUN 30, 2024	
	heck if	C Name of	organization	D Employer identificat	ion number
a	pplicab				
	Addr	ge LMML	GRATION INSTITUTE OF THE BAY AREA		
	Name Chan	ge Doing b	usiness as	94-1156554	
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address)		
	Final returi termi		ND STREET, 3RD FLOOR	415-538-81	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,292,757.
	returr Appli	n SAN	FRANCISCO, CA 94105	H(a) Is this a group retur	
	_tion pend		nd address of principal officer: ELLEN DUMESNIL AS C ABOVE	for subordinates?	
	-	kempt status:		H(b) Are all subordinates includ	
	Vebs		∑ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or : IIBAYAREA.ORG	527 If "No," attach a list H(c) Group exemption n	
		of organization:		ear of formation: 1918 M S	
	art I	Summary			
	1	Briefly describ	e the organization's mission or most significant activities: THE IMMIC	GRATION INSTITU	TE OF THE
JCe			A HELPS IMMIGRANTS, REFUGEES, AND THEI		
Activities & Governance	2	Check this bo	k if the organization discontinued its operations or disposed of m	ore than 25% of its net assets	5.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		11
ษั	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		11
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)		73
iviti	6		of volunteers (estimate if necessary)		721
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year
		Contributions	and grants (Dart) (III line 1b)	5,318,257.	7,186,274.
an	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	733,509.	836,396.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	-108,649.	128,885.
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,473.	60,011.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,960,590.	8,211,566.
	13		nilar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,390,361.	6,001,650.
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 5-10)	0.	0.
be	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 448 , 531		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	962,694.	1,180,074.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,353,055.	7,181,724.
	19	Revenue less	expenses. Subtract line 18 from line 12	-392,465.	1,029,842.
Assets or d Balances		Tabala 1 /		Beginning of Current Year	End of Year
Asse: Rala	20	Total assets (F		<u>9,199,229</u> . 2,903,966.	10,216,841. 2,255,206.
Net A	21 22		(Part X, line 26) iund balances. Subtract line 21 from line 20	6,295,263.	7,961,635.
_	art II			0,473,403•	///////////////////////////////////////
		-	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of mv kn	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	ELLEN DUMESNIL, EXECUTIVE	DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTI	-				
Paid	TARA EASTWOOD	TARA EASTWOOD	04/30/25 self-employed P00!	539129				
Preparer	Firm's name BOWMAN & COMPANY,	LLP	Firm's EIN 94-148 1	L988				
Use Only	Firm's address 10100 TRINITY PAR	KWAY,STE 310						
	STOCKTON, CA 9521	9	Phone no. (209)473	3-1040				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions IX Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	
4b	PROCEEDINGS AND HELPED 202 SURVIVORS OF DOMESTIC VIOLENCE AND VIOLENT (Code:) (Expenses \$
	THEIR DACA APPLICATIONS. WE CONTINUE TO WORK WITH CLIENTS IN REMOVAL
	636 INDIVIDUALS PETITION FOR U.S. CITIZENSHIP AND 747 INDIVIDUALS RENEW
	THIS PAST YEAR, IIBA FILED 3469 AFFIRMATIVE CASES, PROVIDED 5000 LEGAL CONSULTATIONS, AND OUTREACHED TO NEARLY 11,912 INDIVIDUALS. WE HELPED
	WITH 7 OFFICES IN 6 COUNTIES AND A STAFF OF 72.
	LEGAL SERVICES IS LIMITED OR NON-EXISTENT. IIBA IS THE LARGEST NONPROFIT PROVIDER OF IMMIGRATION LEGAL SERVICES IN NORTHERN CALIFORNIA
	EXPANDING OUR SERVICES IN MORE RURAL AREAS WHERE ACCESS TO IMMIGRATION
	CAPACITY TO PROVIDE IMMIGRATION LEGAL SERVICES WITH A FOCUS ON
4a	(Code:) (Expenses \$ 5,376,975. including grants of \$) (Revenue \$ 836,396.) IMMIGRATION INSTITUTE OF THE BAY AREA (IIBA) CONTINUED TO BUILD OUR
	revenue, if any, for each program service reported.
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
	If "Yes," describe these changes on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	AND THEIR FAMILIES JOIN AND CONTRIBUTE TO THE COMMUNITY.
	THE IMMIGRATION INSTITUTE OF THE BAY AREA HELPS IMMIGRANTS, REFUGEES,
	Briefly describe the organization's mission:

Form 990 (IMMIGRATION
Part IV	Che	cklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X 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? If "Yes," complete Schedule C, Part II	4		X 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? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </u>
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?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 22
10		10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V			- 11
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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X 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? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
32003	12-21-23	⊦orm	320	(2023)

Form	990	(2023)
	330	

			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-1	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	50	22	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		100	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
332004	¥ 12-21-23			(2023)

Form	990 (2023) IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156	554	Р	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 73				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X	
f					
g					
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
•	sponsoring organization have excess business holdings at any time during the year?	8			
9					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-			
		1			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	1			
U	amounts due or received from them.)				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		x	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Form **990** (2023)

Form 990	(2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a res	sponse or note to any line in this Part V	
		• • • • • • • • • • • • • • • • • • • •

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, and	d finano	cial	
	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 boo	ks and	d records			
	DEKRI VONAN - 415-538-8100					
	58 2ND STREET, 3RD FLOOR, SAN FRANCISCO, CA 94105				0000	
332006	12-21-23			Form	990	(2023)

Form 990 (2023)	IMMIGRATION	INSTITUTE	OF THE	BAY	AREA	94-1156554	Page 7	
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.

Name and title Average hours per bedefine metabolisme bases bedefine metabolisme bases bedrefine metabolisme bases bedrefine metabolisme bases bedrefine bases bedrefi	(A)	(B)	(C)		(D)	(E)	(F)				
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	DIRECTOR		Х						0.	0.	

Form 99		ION INST	TI'	'UTI	Ε	OF	Т	HE	BAY AREA	94-11	.565	554	Page 8
Part V	II Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employe	es (continued)			
	(A)	(B)			(C				(D)	(E)		(F	;)
	Name and title	Average Position							Reportable	Reportable	Estimated		
		hours per	(do not check more than one box, unless person is both an						compensation	compensation	n	amou	
		week		cer and					from	from related	·	oth	
		(list any	tor						the	organizations	,	compe	
			Individual trustee or director				σ		organization	(W-2/1099-MIS		from	
		related	e or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		organi	
		organizations	truste	Institutional trustee		ee (mpei		1099-NEC)			and re	
		below	dual t	rtion	_	oldu	st co oyee	ы				organiz	
		line)	ndivi	nstitu	Officer	ey er	Highe	Former				5	
			_			<u>×</u>	1 0	<u> </u>					
					_	_							
				\vdash	_								
			-	\vdash	_								
											-		
				$ \rightarrow$									
1b Su	ıbtotal								758,596.		0.	64,	183.
	tal from continuation sheets to Part V								0.		0.		0.
	tal (add lines 1b and 1c)								758,596.		0.	64.	183.
	tal number of individuals (including but i									000 of reportable			
	mpensation from the organization		030	notee	1 00	000)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010					6
00	inpensation from the organization											Ye	
											Г	10	5 110
	d the organization list any former office			•	•	•		Ŭ					
	e 1a? If "Yes," complete Schedule J for a											3	X
4 Fo	r any individual listed on line 1a, is the s	um of reportabl	e co	mpei	nsat	tion	and	oth	er compensation from	the organization	_		
	d related organizations greater than \$15											4 X	2
5 Die	d any person listed on line 1a receive or	accrue comper	nsati	on fro	om a	anvi	unre	late	ed organization or indivi	dual for services	···· F		
											- 1	5	x
			э. <i>і т</i>	or su	cn p	perso	on .					5	23
	ndered to the organization? If "Yes." cor	npiete Schedule											
Sectior	B. Independent Contractors				-								
Section 1 Co	B. Independent Contractors omplete this table for your five highest co	ompensated inc	lepe	nden	t co	ontra	actor		nat received more than	•	ensati	on from	
Section 1 Co	B. Independent Contractors	ompensated inc	lepe	nden	t co	ontra	actor		nat received more than	•	ensati		
Section 1 Co	B. Independent Contractors bomplete this table for your five highest constrained as a second structure or ganization. Report compensation for (A)	ompensated inc the calendar ye	lepe ear e	nden Inding	t co g wi	ontra	actor		nat received more than the organization's tax (B)	/ear.		(C)	
Section 1 Co	B. Independent Contractors omplete this table for your five highest co e organization. Report compensation for	ompensated inc the calendar ye	lepe ear e	nden	t co g wi	ontra	actor		nat received more than the organization's tax	/ear.			tion
Section 1 Co	B. Independent Contractors bomplete this table for your five highest constrained as a second structure or ganization. Report compensation for (A)	ompensated inc the calendar ye	lepe ear e	nden Inding	t co g wi	ontra	actor		nat received more than the organization's tax (B)	/ear.		(C)	tion
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Section 1 Cc the	n B. Independent Contractors complete this table for your five highest co e organization. Report compensation for (A) Name and business	ompensated inc the calendar yes s address	NC	nden nding	t co g wi	ith o	actor pr wit	hin	nat received more than the organization's tax y (B) Description of the organization of	vear.		(C)	tion
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		2023) IMMIGRATION I	NSTITUTE	OF THE BAY	AREA	94-1156	554 Page 9
Par	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
¶o Bo	с	Fundraising events 1c	221,030.]			
ar <i>F</i>	d	Related organizations 1d					
s, 0 imil	е	Government grants (contributions) 1e 3,	998,633.				
rtion S	f	All other contributions, gifts, grants, and					
jå t			966,611.				
ut o	-	Noncash contributions included in lines 1a-1f	43,659.	7 100 074			
0 đ	h	Total. Add lines 1a-1f		7,186,274.			
	• •	FEES FOR SERVICES	Business Code 541900	592,029.	592,029.		
/ice	2 a b		541610	244,367.	244,367.		
Ser	c c		541010	211,507.	211,507.		
m Ver	d						
Program Service Revenue	e						
Pre	f	All other program service revenue					
	g	Total. Add lines 2a-2f		836,396.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		126,866.			126,866.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	u 0	Less: rental expenses 6b Rental income or (loss) 6c					
	J h	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 33,353.					
	b	Less: cost or other basis					
en		and sales expenses					
venue	с	Gain or (loss)					
0		Net gain or (loss)		2,019.			2,019.
Other R	8 a	Gross income from fundraising events (not					
Ò		including \$ 221,030. of					
		contributions reported on line 1c). See	109,868.				
	h		49,857.	-			
		Net income or (loss) from fundraising events	1970371	60,011.			60,011.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
-+	С	Net income or (loss) from sales of inventory	Business Code				
sn	44 -		Busiliess Code				
neo	11 а b						
ellai	с С						
Miscellaneous <u>Revenue</u>	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		<u> </u>			
	12	Total revenue. See instructions		8,211,566.	836,396.	0.	
332009	12-21	-23					Form 990 (2023

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	390,563.	154,785.	117,889.	117,889
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 61 0 4 0 1			
7	Other salaries and wages	4,612,401.	3,567,663.	816,361.	228,377
8	Pension plan accruals and contributions (include	100 000	100.000		
	section 401(k) and 403(b) employer contributions)	126,078.	103,096.	22,724.	258
9	Other employee benefits	515,382.	392,378.	102,516.	20,488
10	Payroll taxes	357,226.	271,269.	62,678.	23,279
11	Fees for services (nonemployees):				
	Management				
	Legal	21 224		21 004	
	Accounting	31,224.		31,224.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	22.020		00.000	
f	Investment management fees	22,838.		22,838.	
g			05 242	00.000	
	column (A), amount, list line 11g expenses on Sch 0.)	125,766.	95,343.	23,898.	6,525
12	Advertising and promotion	14,680.	162 024	E0 447	14,680
13	Office expenses	227,231.	163,934.	58,447.	4,850
14	Information technology	52,126.	29,001.	21,203.	1,922
15	Royalties	EE4 10E	E 01 4 E 0	20 700	11 067
16		554,125. 29,155.	521,459.	20,799.	<u>11,867</u> 1,881
17		29,100.	12,873.	14,401.	1,001
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	29,073.	11,983.	17,090.	
19	Conferences, conventions, and meetings	49,073.	11,903.	17,090.	
20					
21	Payments to affiliates	12,378.	10 725	1,053.	600
22	Depreciation, depletion, and amortization	36,903.	10,725. 30,156.	5,070.	1,677
23	Insurance	50,903.	30,130.	5,070.	1,0//
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 0.)				
а	OTHER FUNDRAISING	14,170.			14,170
b	BANK FEES	12,106.	607.	11,432.	67
с	DUES AND SUBSCRIPTIONS	10,140.	3,544.	6,595.	1
d	GOVT. FORM FILING FEES	8,159.	8,159.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,181,724.	5,376,975.	1,356,218.	448,531
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 if following SOP 98-2 (ASC 958-720)				

Part IX Statement of Functional Expenses

Form 990 (2023)

Form 990 (2023)

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IMMIGRATION INSTITUTE OF THE BAY AREA

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Total liabilities and net assets/fund balances

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		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			361,252.	1	510,727.
	2	Savings and temporary cash investments	729,810.	2	1,035,995.		
	3	Pledges and grants receivable, net	1,338,152.	3	1,864,874.		
	4	Accounts receivable, net			175,298.	4	11,202.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	rsons (as defined				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			182,485.	9	175,406.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	14,280.	26,123.	10c	21,083.
	11	Investments - publicly traded securities			4,351,407.	11	4,898,788.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	0 0 0 4 8 0 0	14			
	15	Other assets. See Part IV, line 11			2,034,702.	15	1,698,766.
	16	Total assets. Add lines 1 through 15 (must equa			9,199,229.	16	10,216,841.
	17	Accounts payable and accrued expenses		890,687.	17	521,329.	
	18	Grants payable		18,802.	18	43,813.	
	19	Deferred revenue		10,002.	19	4J,01J.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24		
	25	Other liabilities (including federal income tax, pay				~ 1	
		parties, and other liabilities not included on lines	·				
		of Schedule D	,		1,994,477.	25	1,690,064.
	26				2,903,966.	26	2,255,206.
		Organizations that follow FASB ASC 958, che					
sec		and complete lines 27, 28, 32, and 33.					
lanc	27	Net assets without donor restrictions			5,430,263.	27	6,374,293. 1,587,342.
Ba	28	Net assets with donor restrictions		865,000.	28	1,587,342.	
pu		Organizations that do not follow FASB ASC 95	58, che	eck here			
ц Ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inc		······ F	<u> </u>	31	
Ne	32			·····	6,295,263.	32	7,961,635.
	22	Total liabilities and not assets/fund balances			9 199 229.	22	10 216 841

Part X Balance Sheet

Form 990 (2023)

10,216,841. Form **990** (2023)

9,199,229. 33

Form	1990 (2023) IMMIGRATION INSTITUTE OF THE BAY AREA	94-1	1156554	Pag	_{ge} 12
Pa	rt 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	8,211		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,181		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,029),84	<u>42.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,295		
5	Net unrealized gains (losses) on investments	5	400),71	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	235	5,81	16.
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	7,961	.,63	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHE	DULE A	Public Charity Status and Public Support							OMB No. 1545-0047		
(Form 990)			2022								
Cor			omplete if the orgar 49	LULJ							
Department of the Treasury Attach to For				ttach to Form 990 or Fo	rm 990-E		Open to Public				
			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection		
Name of	the organizati		ODARTON TH			7 3007			identification number		
Part I	Baaaan			STITUTE OF TI					4-1156554		
				(All organizations must c			ee instructior	IS.			
		-		For lines 1 through 12, c		-	() <i>(</i> A)/;)				
1			-	on of churches described)(מ)סייו הס	I)(A)(I).				
2 🛄				(Attach Schedule E (Forn anization described in s e		V6V1VAV;;	::)				
4	•	•		njunction with a hospital			•	Viiii) Enter	the hospital's name		
- L	city, and stat	-			accombed				and noopital o name,		
5		-	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in		
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)	°	·	, ,					
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
	university:										
10				than 33 1/3% of its supp							
				t to certain exceptions; a					-		
				(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	inter June 30, 1975.		
11			mplete Part III.)	ively to test for public sa	fotu Soo u	section 5(1Q(a)(4)				
12	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or		
	-	-	-	ed in section 509(a)(1) o	-			•			
			-	f supporting organization							
a	_	•	• •	supervised, or controlled		-		-	giving		
			-	gularly appoint or elect a	•	-					
	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring		
	control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,		
_		•). You must complete I			-				
d		-	• •	porting organization oper				Ũ			
		-		zation generally must sat	•		-	l an attentiv	veness		
		-	-	nplete Part IV, Sections							
e 🗌				written determination fro nally integrated supporti			турет, туре	п, туре п			
f Ent	er the number										
			n about the supporte	ed organization(s).							
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	organizatior	۱ 		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
_											

Total

Schedule A (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 2 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.)

260	ction A. Public Support								
Cale	ndar 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.")	5778226.	6354066.	5520402.	5318257.	7186274.	30157225.		
2	Tax revenues levied for the organ-								
	ization'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								
	Total. Add lines 1 through 3	5778226.	6354066.	5520402.	5318257.	7186274.	30157225.		
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)								
	Public support. Subtract line 5 from line 4.						30157225.		
		(-) 0010	(1-) 0000	(-) 0001	(.1) 0000	(-) 0000	(0) Tabal		
	ndar year (or fiscal year beginning in)	(a) 2019 5778226.	(b) 2020 6354066.	(c) 2021 5520402.	(d) 2022 5318257.	(e) 2023	(f) Total 30157225.		
	Amounts from line 4	5776220.	0004000.	JJZ040Z.	JJ102J7.	/1002/4.	50157225.		
ð	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	60,022.	65,950.	70,663.	97,749.	126,866.	421,250.		
•	and income from similar sources Net income from unrelated business	00,022.	05,950.	70,005.	57,745.	120,000.	421,230.		
9	activities, whether or not the								
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	1,542.	879.	1,826.	10,651.		14,898.		
11	Total support. Add lines 7 through 10	1,512.	075.	1,020.	10,0310		30593373.		
12		etc. (see instructio	ans)			12			
	First 5 years. If the Form 990 is for th	,	,						
	organization, check this box and stor	-							
Sec	ction C. Computation of Publi								
	Public support percentage for 2023 (I			olumn (f))		14	98.57 %		
	Public support percentage from 2022		-			15	98.28 %		
	33 1/3% support test - 2023. If the o								
	stop here. The organization qualifies						V		
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s		
	Schedule A (Form 990) 2023								

332022 12-21-23

	(Form 990)		IMMIGRATION					AREA	94-1156554	Page 3
Part III	Support	Schedule for	r Organizations De	escribed in Sect	tion (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

Sec	alon A. Fublic Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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						
	• • • • • • • • • • • • • • • • • • • •						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6		(6) 2020	(0) 2021			
	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						
с	Add lines 10a and 10b						
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 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 r	not check the box (on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ιtion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	3 12-21-23					Sched	dule A (Form 990) 2023

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Yes No

1

94-1156554 Page 5 IMMIGRATION INSTITUTE OF THE BAY AREA Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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</i> Part VI <i>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</i>					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L		
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? 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

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? 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)

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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		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? 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.
- 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? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2023

2

1

Yes No

Sche	dule A (Form 990) 2023 IMMIGRATION INSTITUTE OF			94-1156554 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (<i>explai</i>	in in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E	
Sect	ion 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		
Sect	ion 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):			
<u>a</u>	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		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

IMMIGRATION	INSTITUTE	OF	THE	BAY	AREA	94-1156554	Page 7	

Schedule A (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne 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			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023		
			F16-2023				
_1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able 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:						
а	Excess from 2019						
	Excess from 2020						
с	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

Schedule A Part VI	Part IV, Section A, line 1; Part IV, Sect	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the e: 4b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 11a, 1 ction E, lines 1c, 2	d by Part II, line [.] b, and 11c; Part a, 2b, 3a, and 3b	10; Part II, line 17a c IV, Section B, lines	94–1156554 or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa onal information.	с,
SCHEDU	JLE A, PART	II, LINE	10, EX	PLANATION	FOR OTH	ER INCOME:		
MISC R	RECEIPTS							
<u>2019 A</u>	MOUNT: \$	1,542.						
<u>2020 A</u>	MOUNT: \$	879.						
<u>2021 A</u>	MOUNT: \$	1,826.						
REFUND)S & REBATE	S						
2022 A	MOUNT: \$	10,651.						
332028 12-21-	23						Schedule A (Form 9	990) 2023

(Form 990) Department of the Treasury

Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

TI

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

MMIGRATION	INSTITUTE	OF	THE	BAY	AREA
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94-1156554

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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)

IMMIG	RATION INSTITUTE OF THE BAY AREA	9.	4-1156554
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>2,797,765.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization

2

Employer identification number

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

200,000.

\$_

X

156554

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>180,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>161,216.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$218,358.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

IMMIGRATION INSTITUTE OF THE BAY AREA

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>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,345.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

14280430 758669 31065

Page 2

Employer identification number

94-1156554

art II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
8	105 OF MCDONALD'S SHARES X \$289		
(a)		\$ <u>30,345.</u>	02/29/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization

Schedule B (Form 990) (2023)

Employer identification number

Page 3

Schedule	B (Form 990) (2023)				Page 4			
Name of c	organization			Employer iden	ntification number			
IMMIG	RATION INSTITUTE OF THE	BAY AREA		94-115	6554			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ions to organizations described) through (e) and the following lin charitable, etc., contributions of \$1,00	ne entry. For orga)(7), (8), or (10) that total more than	n \$1,000 for the year			
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	gift is held			
		(e) Transfer	of gift					
	Transferee's name, address, a	Ind ZIP + 4	Rela	tionship of transferor to trans	feree			
(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, a	Rela	tionship of transferor to trans	feree				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how a	gift is held			
		(e) Transfer of gift						
	Transferee's name, address, a	und ZIP + 4	Rela	tionship of transferor to trans	feree			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	gift is held			
		(e) Transfer	of gift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990) (2023)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 11-6-**^** 1

		UTE OF THE BAY AREA		94-1156554
Par			or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of a	-	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conserva	tion easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а			2a	
b		ucture included on line 2a		
C	Number of conservation easements on a certified historic structure		<u>2c</u>	
a	Number of conservation easements included on line 2c acqu	•	0.1	
~	on a historic structure listed in the National Register			el unio en tipo des s
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ease	ments during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing conservation	on easemen	is during the year
-				
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that desc	ribes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Oth	or Simila	r Accoto
Par			ier Simila	A35615.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furt	therance of p	public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of pul	olic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financial g	gain, provide)
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

Sche		TION INSTI						94-11			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	[·] Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	ım					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further tl	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							. Part IV. li			
	reported an amount on Form 990, Pa			5				, ,			
1a	Is the organization an agent, trustee, custod	ian. or other intermed	diarv for o	contributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									-	
	, T		5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						··· / ·	·····			Ī
Par							0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	years back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	. column (a)) held as:						
a	Board designated or quasi-endowment	•	%	,, e e i ai i i i i i i i	,,,						
b	Permanent endowment	%	_/*								
c		%									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administer	ed for th	e				
	organization by:								[Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								_00		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
	· - · · · · · · · · · · · · · · · · · ·	basis (investr		.,	(other)	• •	preciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements			3	5,363.		14,2	80.	2	1,0	83.
	Equipment			-						-	
	Other										0.
	. Add lines 1a through 1e. (Column (d) must e		X line 10)c column	(B))				2	1,0	
		gaari onn oov, i all	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		<i>,,</i>				D (F		0000

Schedule D (Form 990) 2023

Schedule	D (Form 990) 2023	IMMIGRATION	INSTITUTE	OF	THE	BAY	AREA	94-1156554 Page 3
Part V	I Investments -	Other Securities						
	Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line [.]	11b. Se	e Form 9	90, Part X, lir	ne 12.
(a) Desc	ription of security or categ	JOTY (including name of security)	(b) Book value		(c)	Method	of valuation:	Cost or end-of-year market value
(1) Finan	cial derivatives							
(2) Close	ly 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 V		Program Related.						
		anization answered "Yes"		, line [·]				
	(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)								
	. (b) must equal Form 990), Part X, line 13, col. (B))						
Part IX								
	Complete if the org	anization answered "Yes"		, line [·]	11d. Se	e Form 9	90, Part X, lir	
			Description					(b) Book value
-	ECURITY DEP							75,043.
	IGHT OF USE	ASSETS						1,623,723.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								1 600 766
	olumn (b) must equal Fo Other Liabilitie	orm 990, Part X, line 15, co.	l. (B))					1,698,766.
Part X				line :		16 0		vt V, line OF
		anization answered "Yes"	on Form 990, Part IV	, line	Tieori	IT. See I	-orm 990, Pa	
<u>1.</u>	()	escription of liability						(b) Book value
	ederal income taxes							1 600 064
	IGHT OF USE	ASSETS OBLIG	ATION					1,690,064.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		orm 990, Part X, line 25, co						
	•	sitions. In Part XIII, provide			-			
organ	ization's liability for und	certain tax positions under	FASB ASC 740. Che	ck he	ere if the	text of t	he footnote h	has been provided in Part XIII $\dots X$

Schedule D (Form 990) 2023

	edule D (Form 990) 2023 IMMIGRATION INSTITUTE OF T				1156554 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	8,745,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	400,714.		
b	Donated services and use of facilities	. 2b	106,163.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	506,877.
3	Subtract line 2e from line 1			3	8,238,585.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	22,838.		
b	Other (Describe in Part XIII.)	. 4b	-49,857.		
С	Add lines 4a and 4b			4c	-27,019. 8,211,566.
				5	0 011 566
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				0,211,500.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		n
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		n
5 Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		n 7,314,906.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per F	Retur	n
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per F	Retur	n 7,314,906.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per F 106,163. 49,857.	Retur	n 7,314,906. 156,020.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per F 106,163. 49,857.	1	n 7,314,906.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	Expenses per F	1 2e	n 7,314,906. 156,020.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With	Expenses per F 106,163. 49,857.	1 2e	n 7,314,906. 156,020.
1 2 6 6 6 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per F	1 2e	n 7,314,906. 156,020. 7,158,886.
1 2 3 4 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents With 2a 2b 2c 2c 2d 4a 4b	Expenses per F 106,163. 49,857. 22,838.	1 2e	n 7,314,906. 156,020. 7,158,886. 22,838.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2c 2d 4a 4b	Expenses per F 106,163. 49,857. 22,838.	1 2e 3	n 7,314,906. 156,020. 7,158,886.

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

PART X, LINE 2:

IIBA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SEC. 501(C)(3) AND
STATE INCOME TAX UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND
TAXATION CODE. IIBA IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE (IRS) AS
AN OTHER-THAN-PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR
STATE INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.
IIBA'S FEDERAL AND STATE INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
THE FEDERAL OR STATE AGENCIES, GENERALLY FOR THREE TO FOUR YEARS AFTER
THEY ARE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

-49,857.

Schedule D (Form 990) 2023	IMMIGRATION INSTITUTE OF THE BAY ARE	EA 94-1156554 Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	prmation (continued)	
PART XII, LINE 2D -	- OTHER ADJUSTMENTS:	
	_	
FUNDRAISING EXPENSI	<u>۲</u>	49,857.
		Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information	Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	n 990) 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.								2023
Department of the Treasury Internal Revenue Service			to Form 990 o						Open to Public Inspection
Name of the organization		o www.irs.gov/Form	990 for instruc	ctions	and th	ne latest information	n.	Employer	dentification number
Hame of the organization		TION INSTIT	UTE OF	THE	BAY	AREA		94-115	
	complete this part	Complete if the orga	nization answe	ered "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
c Phone solici d In-person so 2 a Did the organization key employees list	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	e f g or oral agreement with art VII) or entity in cor viduals or entities (fun	Solicita Solicita Special any individual unection with p	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	ו 🗌 ו	'es No be
(i) Name and addres or entity (fund		(ii) Activ	ity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
				Yes	No				
Total									
3 List all states in white or licensing.	ich the organizatio	n is registered or lice	nsed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

IMMIGRATION INSTITUTE OF THE BAY AREA

94-1156554 Page 2

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	
			COMMUNITY	NONE	(d) Total events
		COMEDY NIGHT		NONE	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	223,153.	107,745.		330,898
2	Less: Contributions	193,530.	27,500.		221,030
3	Gross income (line 1 minus line 2)	29,623.	80,245.		109,868
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	5,548.			5,548
7	Food and beverages	14,832.	10,000.		24,832
0	Entortoinment				
		19 477			19,477
					49,857
					60,011
1	Gross revenue				
-					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	□ Yes % □ No	□ ¥es % □ No	Yes %	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
Ma	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes N
vve	,				
	Yes," explain:				
	2 3 4 5 6 7 8 9 10 1 1 1 2 3 4 5 6 7 8 9 10 1 1 1 2 3 4 5 6 7 8 8 10 1 1 1 2 1 2 3 4 5 6 7 8 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from li 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming and 	I Gross receipts 223,153. 2 Less: Contributions 193,530. 3 Gross income (line 1 minus line 2) 29,623. 4 Cash prizes 29,623. 5 Noncash prizes 5,548. 6 Rent/facility costs 5,548. 7 Food and beverages 14,832. 8 Entertainment 19,477. 9 Other direct expenses 19,477. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 11 Net income summary. Subtract line 10 from line 3, column (d) 11 12 Garning. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue (a) Bingo 1 Gross revenue (a) Bingo 2 Cash prizes 9 3 Noncash prizes 9 4 Rent/facility costs 9 5 Other direct expenses 9 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 3 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 10 9 Net gaming income summary. Subtract line 7 from line 1, column (d) 10 9 Net gaming income summary. Subtract line 7 from line 1, column (d)<	1 Gross receipts 223,153. 107,745. 2 Less: Contributions 193,530. 27,500. 3 Gross income (line 1 minus line 2) 29,623. 80,245. 4 Cash prizes 29,623. 80,245. 4 Cash prizes 5 5 Noncash prizes 5 Noncash prizes 14,832. 10,000. 8 Entertainment 9 9,477. 10 9 Other direct expenses 19,477. 10 10 Direct expense summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Met income summary. Subtract line 10 from line 3, column (d) 10 10 11 Met income summary. Subtract line 10 from line 3, column (d) 10 11 11 Met income summary. Subtract line 10 from line 3, column (d) 10 10 12 Cash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/instant 2 Cash prizes (b) No No 3 Noncash priz	(event type) (event type) (total number) 1 Gross receipts 223,153. 107,745. 2 Less: Contributions 193,530. 27,500. 3 Gross income (line 1 minus line 2) 29,623. 80,245. 4 Cash prizes

Schedule G (Form 990) 2023	IMMIGRATION INSTITUTE OF THE BAY AREA 94-1	156554 Page 3
11 Does the organization conduct	gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, b	eneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming	g?	Yes No
13 Indicate the percentage of gam		
a The organization's facility		13a %
b An outside facility		13b %
14 Enter the name and address of	f the person who prepares the organization's gaming/special events books and records:	
Name		
Address		
15a Does the organization have a c	contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of g	aming revenue received by the organization \$ and the amount	
of gaming revenue retained by		
c If "Yes," enter name and addre		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensatio	on \$	
Description of services provide	and a set of the set o	
Description of services provide	u	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	der state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license	?? ns required under state law to be distributed to other exempt organizations or spent in the	└── Yes └── No
organization's own exempt act		
	ormation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9b, 10b,
	, as applicable. Also provide any additional information. See instructions.	
		ulo G (Eorm 990) 2022
220002 00 12 02	Cohod	ULA (2 (Earm 000) 2022

332083 09-13-23

Schedule G (Form 990) IMMIGRATION INSTITUTE OF THE DAY AREA 94-1156554 Page 4 Part N Supplemental Information (continued)	Schedule G	i (Form 990)	IMMIGRATION	INSTITUTE	OF T	HE BAY	AREA	94-1156554	Page 4
	Part IV	Supplemental Infor	mation (continued)						
Schedule G // Form 9900									
Schedule G (Form 990)									
Schedule G (Form 990)									
Schedule G (Form 990)									
Schedule G (Form 990)									
Schedule G (Form 990)									
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Schedule G (Form 990)									
Schedule G (Form 990)									
Schedule G (Form 990)									
								Schedule G (F	orm 990)

332084 04-01-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ)		
Dena	tment of the Treasury		Open to	Publ	ic			
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organization			identificatio		nber		
		IMMIGRATION INSTITUTE OF THE BAY AREA	94-3	1156554	1			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments pending account Health or social club dues or initiation fee Personal services (such as maid, chauffeu						
		spending account Personal services (such as maid, chauffer	ir, chei)					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
b		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and onloc							
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	5					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati						
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee							
	Independent compensation consultant IX Compensation survey or study							
	Form 990 of o	her organizations X Approval by the board or compensation of	ommittee					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	ated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	-	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
	contingent on the r			F -		v		
a	The organization?			<u>5a</u>		X X		
a		ation?		<u>5b</u>				
6		r 5b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
0	contingent on the n		""					
9	•			6a		x		
		ation?				X		
~		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
		es 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		x		
9		d the organization also follow the rebuttable presumption procedure described in						
_		53.4958-6(c)?	<u></u>	9				
For		on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2023		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

90) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELLEN DUMESNIL	(i)	218,387.	0.	0.	10,707.	0.	229,094.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

3

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

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

Name of the organization

IMMIGRATION INSTITUTE OF THE BAY AREA

Employer identification number 94 - 1156554

2

	THETGRATION	TNOTTI	OIE OF IN	5 DAI AREA	94-1100	774
Par	t 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 determin noncash contribution ar	•
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	105	30.345.	FMV AT TIME OF	TRANS
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 (DONATED ITEMS F)	X	5	13,268.	COST	
26	Other ()					
27	Other ()					
28	Other ()					
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions		
	for which the organization completed Form 82	-				0
	G 1	, ,	0	······		Yes No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throud	h 28, that it	
	must hold for at least 3 years from the date of	-	• • • • •			
	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 re	quires the review o	of any nonstandard contribut	tions? 31	X
	Does the organization hire or use third parties	-	-	•		
	contributions?		0	, 1 ,	32a	x
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is cheo	cked,	
	describe in Part II.	. /				

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 Page 2

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):

NUMBER OF SHARES DONATED AND NUMBER OF DONORS WHO DONATED ITEMS FOR THE

FUNDRAISERS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

IMMIGRATION INSTITUTE OF THE BAY AREA



94-1156554

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

CONTRIBUTE TO THE COMMUNITY.

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

CRIME FILE FOR LEGAL PROTECTION. WE HAVE A 98% CLIENT SATISFACTION

RATING FROM OUR CLIENTS AND A 98% APPROVAL RATE FOR APPLICATIONS

SUBMITTED TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

(USCIS).

78% OF OUR STAFF ARE BILINGUAL IN ENGLISH AND SPANISH, AND 9 STAFF

OFFER ADDITIONAL LANGUAGE DIVERSITY INCLUDING MANDARIN, CANTONESE,

VIETNAMESE, BURMESE, PASHTO, URDU, HINDI, PUNJABI, GERMAN, FRENCH,

PORTUGUESE, AND ITALIAN. WE INCREASED OUR PRO BONO PARTNERSHIPS BY

HOLDING 25 VIRTUAL PRO BONO CLINICS IN WHICH WE SERVED 702 CLIENTS. 577

PRO BONO LAWYERS PARTICIPATED IN THE CLINICS.

IIBA SERVES AS A PROGRAM ADMINISTRATOR FOR THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS). OUR ROLE IS TO ADMINISTER FUNDING FOR CLIENT FILING FEES FOR 12 OTHER NONPROFIT ORGANIZATIONS IN ADDITION TO IIBA'S CLIENTS. IIBA WROTE CHECKS ON BEHALF OF 987 DACA APPLICANTS FOR A TOTAL

SAVINGS TO CLIENTS OF \$488,565.

MAJOR ACCOMPLISHMENTS:

HUMAN TRAFFICKING SURVIVOR SUPPORT

IIBA WAS FORTUNATE TO HOST AN EQUAL JUSTICE WORKS (EJW) FELLOW WHO

JOINED IIBA IN 2024. JOCELYN VOLUNTEERED WITH IIBA AS A LEGAL INTERN IN

 THE
 SUMMER
 OF
 2022
 AND
 RETURNED
 TO
 IIBA
 AS
 AN
 EJW
 FELLOW
 TO
 HELP
 IIBA

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Name of the organization IMMIGRATION INSTITUTE OF THE BAY AREA	Employer identification number 94-1156554				
BUILD A PROGRAM TO BETTER SUPPORT VICTIMS OF HUMAN TRAFFIC	KING. SINCE				
THE INCEPTION OF THE PROJECT, IIBA HAS SUPPORTED APPROXIMA	TELY THIRTY				
HUMAN TRAFFICKING SURVIVORS. THROUGH THIS PROJECT, IIBA HAS					
STRENGTHENED OR CREATED NEW PARTNERSHIPS WITH THREE LOCAL ORGANIZATIONS					
WHO CONSISTENTLY REFER CLIENTS TO IIBA.					

VOLUNTEER PROGRAM IMPACT (TRACKED HOURS)

IIBA CREATED A NEW POSITION, VOLUNTEER MANAGER WITH AN INITIAL FOCUS OF RECRUITING VOLUNTEER INTERPRETERS TO BUILD IIBA'S CAPACITY TO SERVE A BROADER COHORT OF CLIENTS SINCE IIBA'S STAFF PRIMARILY ARE BILINGUAL IN ENGLISH AND SPANISH. TO DATE, WE HAVE EXPANDED IIBA'S LANGUAGE CAPACITY TO INCLUDE AN ADDITIONAL34 LANGUAGES AND VOLUNTEERS HAVE CONTRIBUTED 1500 HOURS, AN APPROXIMATE \$52,500 IN IN-KIND SERVICES.

2024 LEGAL SERVICES HIGHLIGHTS

IIBA REACHED OVER 10,000 IMMIGRANTS IN 2024 THROUGH DIRECT SERVICES.

KEY FIGURES INCLUDE: IBBA PROVIDED IMMIGRATION LEGAL CONSULTATIONS ON

FIVE COMMUNITY COLLEGES AND FILED 442 CASES ON BEHALF OF STUDENTS. IIBA

HELD 24 PRO BONO CLINICS AND ASSISTED OVER 400 CLIENTS EITHER WITH

THEIR CITIZENSHIP OR DACA RENEWALS DURING THESE CLINICS. THE APPROVAL

RATE FOR NATURALIZATION AND DACA RENEWALS SUBMITTED TO USCIS WAS 99%.

PRO BONO ATTORNEYS WHO SUPPORTED THIS EFFORT NUMBERED 430.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD DURING THE BOARD MEETING.

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

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Name of the organization Employer identification number IMMIGRATION INSTITUTE OF THE BAY AREA 94-1156554 EACH YEAR WE ASK BOARD MEMBERS TO REVIEW, AND SIGN IIBA'S CONFLICT OF INTEREST FORM.	Schedule O (Form 990) 2023	Page 2				
INTEREST FORM.	EACH YEAR WE ASK BOARD MEMBERS TO REVIEW, AND SIGN IIBA'S	CONFLICT OF				
	INTEREST FORM.					
FORM 990, PART VI, SECTION B, LINE 15:						

THE EXECUTIVE COMMITTEE OF THE BOARD REQUESTS COMPARABLE SALARY DATA FROM THE HR DIRECTOR. THE HR DIRECTOR SUBSCRIBES TO THE NONPROFIT COMPENSATION ASSOCIATION WHO CONDUCT AND PUBLISH AN ANNUAL REPORT ON COMPENSATION, WHICH IS USED AS A BENCHMARK FOR SIMILARLY SITUATED ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND DETERMINES ANY SALARY INCREASE BASED ON THAT REVIEW AND CURRENT COMPARABLE SALARY INFORMATION.

THE HR DIRECTOR ANNUALLY ANALYZES SALARIES USING THE ANNUAL REPORT ISSUED BY THE NONPROFIT COMPENSATION ASSOCIATION AND OTHER RESOURCES TO DETERMINE SALARY RANGES. THE EXECUTIVE DIRECTOR USES THAT INFORMATION AT THE TIME OF IIBA'S MERIT EVALUATION TO DETERMINE SALARIES FOR KEY EMPLOYEES.

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY SHALL BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

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(Rev. January 2024)

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

-				DS, REIVIIUS	s, and trusts		
	Form 7004 to request an extension of time to file income	e tax retur	ns.				
	lentification			1_			
Type or	or Name of exempt organization, employer, or other filer, see instructions. Taxpar					n number (TIN)	
Print	IMMIGRATION INSTITUTE OF THE BAY AREA				94-1156554		
File by the due date for	by the						
filing your return. See	58 2ND STREET, 3RD FLOOR						
instructions.							
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applicati		Return				Return	
Applicati		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990		00	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08				17	
	ou enter your Return Code, complete either Part II or Part		Lincluding signature, is applicable	only for an	oxtonsion of	:	
	e Form 5330.	cm. r arcn	i, moleanig signature, is applicable (only for an			
			a han dha a' fa llan sha a ta fa ma a bian				
	pplication is for an extension of time to file Form 5330, y						
	n Name						
	n Number						
	n Year Ending (MM/DD/YYYY)	,					
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)				
The bo	boks are in the care of DEKRI VONAN		OD CAN EDANGICO		04105		
		(D FLC	OOR - SAN FRANCISCO	-			
	none No. <u>415-538-8100</u>		Fax No.				
	organization does not have an office or place of business						
. E	s for a Group Return, enter the organization's four-digit (
box	If it is for part of the group, check this box						
	quest an automatic 6-month extension of time until			e the exem	ipt organizat	tion return for	
the	organization named above. The extension is for the orga	anization's	return for:				
	calendar year 20 or				•	~ .	
X	tax year beginning JUL 1	, 20	2.3 , and ending	JUN 3	0.	,20 <u>24</u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n		
	Change in accounting period						
3a lfth	nis 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 th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
<u>esti</u>	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	

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