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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: **AMERICAN IMMIGRATION LAW FOUNDATION**
 Number and street (or P O box if mail is not delivered to street address): **918 F STREET NW**
 City or town state or country, and ZIP + 4: **WASHINGTON, DC 20004**

D Employer identification number: **52-1549711**

E Telephone number: **202-742-5600**

F Accounting method: Cash Accrual

G Web site: **WWW.AILF.ORG**

J Organization type: 501(c)(3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

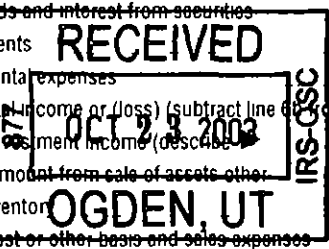
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,260,676.**

M Check if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: **0**
H(c) Are all affiliates included? **N/A** Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN: **0000**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received						
a	Direct public support	1a	751,935.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	Total (add lines 1a through 1c) (cash \$ 751,935. noncash \$)	1d	751,935.				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	337,448.				
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4	8,504.				
5	Dividends and interest from securities	5					
6a	Gross rents	6a					
b	Less rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe)	7					
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other			
b	Less cost or other basis and sales expenses	8a		8b			
c	Gain or (loss) (attach schedule)	8c					
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d					
9	Special events and activities (attach schedule)						
a	Gross revenue (not including \$ 265,046. of contributions reported on line 1a)	9a	152,027.				
b	Less direct expenses other than fundraising expenses	9b	152,856.				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<829.>				
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11	Other revenue (from Part VII, line 103)	11	10,762.				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,107,820.				
13	Program services (from line 44, column (B))	13	764,116.				
14	Management and general (from line 44, column (C))	14	87,842.				
15	Fundraising (from line 44, column (D))	15	104,085.				
16	Payments to affiliates (attach schedule)	16					
17	Total expenses (add lines 16 and 44, column (A))	17	956,043.				
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	151,777.				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	399,762.				
20	Other changes in net assets or fund balances (attach explanation)	20	43.				
21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	551,582.				



SCANNED OCT 28 '03

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 3,500. noncash \$	3,500.	3,500.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	90,957.	70,437.	7,113.	13,407.
26	Other salaries and wages	359,929.	278,731.	28,148.	53,050.
27	Pension plan contributions	21,377.	16,553.	1,673.	3,151.
28	Other employee benefits	39,768.	30,796.	3,110.	5,862.
29	Payroll taxes	33,833.	26,201.	2,645.	4,987.
30	Professional fundraising fees				
31	Accounting fees	23,301.	5,509.	17,792.	
32	Legal fees				
33	Supplies	13,774.	10,669.	1,050.	2,055.
34	Telephone	5,381.	4,319.	686.	376.
35	Postage and shipping	26,254.	22,484.	2,499.	1,271.
36	Occupancy	73,201.	56,697.	5,582.	10,922.
37	Equipment rental and maintenance	420.	325.	33.	62.
38	Printing and publications	19,758.	17,387.	263.	2,108.
39	Travel	26,082.	18,757.	7,325.	
40	Conferences, conventions, and meetings	9,989.	2,810.	6,822.	357.
41	Interest				
42	Depreciation depletion, etc (attach schedule)	1,315.	1,019.	100.	196.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 3	207,204.	197,922.	3,001.	6,285.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	956,043.	764,116.	87,842.	104,085.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	SEE STATEMENT 5 (Grants and allocations \$ _____)	417,397.
b	SEE STATEMENT 6 (Grants and allocations \$ _____)	223,357.
c	EXCHANGE VISITOR PROGRAM SERVES AS AN UMBRELLA ORGANIZATION THROUGH WHICH EMPLOYEES CAN CONDUCT INTERNATIONAL EXCHANGE PROGRAMS FOR TRAINEES. (Grants and allocations \$ _____)	105,610.
d	AWARDS AND SCHOLARSHIPS ARE AWARDED TO DESERVING PROFESSIONAL TO HELP THEM FURTHER THEIR EDUCATION THROUGH ATTENDANCE AT THE AILA ANNUAL CONFERENCE ON IMMIGRATION AND OTHER MEANS (Grants and allocations \$ _____)	17,752.
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	764,116.

Part IV Balance Sheets

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash - non-interest-bearing	19,208.	45	6,080.	
	46	Savings and temporary cash investments	443,729.	46	635,120.	
	47 a	Accounts receivable	19,965.			
		b Less allowance for doubtful accounts		20,365.	47c	19,965.
	48 a	Pledges receivable				
		b Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers directors trustees and key employees			50	
	51 a	Other notes and loans receivable				
		b Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	2,404.	53	3,33.	
	54	Investments - securities			54	
		▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55 a	Investments - land buildings, and equipment basis				
		b Less accumulated depreciation			55c	
	56	Investments - other			56	
	57 a	Land, buildings, and equipment basis	24,721.			
	b Less accumulated depreciation STMT 8	1,420.	2,400.	57c	23,301.	
58	Other assets (describe ▶ DUE FROM AILA)			58	80,834.	
59	Total assets (add lines 45 through 58) (must equal line 74)	488,106.	59	768,631.		
Liabilities	60	Accounts payable and accrued expenses	88,344.	60	217,049.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
		b Mortgages and other notes payable		64b		
	65	Other liabilities (describe ▶)		65	0.	
66	Total liabilities (add lines 60 through 65)	88,344.	66	217,049.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	371,240.	67	431,840.	
	68	Temporarily restricted	28,522.	68	119,742.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus or land, building, and equipment fund		71		
	72	Retained earnings endowment accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	399,762.	73	551,582.		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	488,106.	74	768,631.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization: AMERICAN IMMIGRATION LAWYERS ASSOCIATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members. 85c N/A		
d	Section 162(e) lobbying and political expenditures. 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12. 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities. 86b N/A		
87	501(c)(12) organizations		
a	Gross income from members or shareholders. 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0., section 4912: 0., section 4955: 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0.		
90 a	List the states with which a copy of this return is filed: DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2002. 90b 11		
91	The books are in care of: ANDREW J. PAZUCH Telephone no: SEE PAGE 1		
	Located at: SEE PAGE ONE ADDRESS ZIP + 4: SEE PAGE 1		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year: 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a ROYALTIES					51,940.
b VISITOR EXCHANGE					285,505.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,504.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<829.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	10,762.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		19,266.	336,619.
105 Total (add line 104, columns (B), (D), and (E))					355,885.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 10/21/03 Type or print name and title: ANDREW S. PRAZMCH, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 10/16/03 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed) address, and ZIP + 4: CBIZ ACCOUNTING, TAX & ADVISORY SERVICES, 7475 WISCONSIN AVENUE SUITE 700, BETHESDA, MARYLAND 20814-3417

EIN: _____ Phone no: (301) 951-3636

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization: **AMERICAN IMMIGRATION LAW FOUNDATION**
Employer identification number: **52 1549711**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TRACI HONG ----- 918 F STREET, NW, WASHINGTON, D.C.	STAFF ATTY 40	80,650.	2,343.	
NADINE K. WETTSTEIN ----- 918 F STREET, NW, WASHINGTON, D.C.	LAC DIR. 40	88,008.	1,155.	

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	X	
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. SEE STATEMENT 13		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	179,218.	1,195,527.	453,887.	400,838.	2,229,470.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	17,773.	92,769.	33,340.	31,177.	175,059.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,522.	2,232.	765.	1,156.	5,675.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	198,513.	1,290,528.	487,992.	433,171.	2,410,204.
24 Line 23 minus line 17	180,740.	1,197,759.	454,652.	401,994.	2,235,145.
25 Enter 1% of line 23	1,985.	12,905.	4,880.	4,332.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 44,703.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.				26b 210,592.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 2,235,145.
	18 5,675.	19	26b 210,592.		26d 216,267.
	22				26e 2,018,878.
	e Public support (line 26c minus line 26d total)				26f 90.3243%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) N/A (2000) (1999) (1998)				
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) (2000) (1999) (1998)				
	15	16			27c N/A
	17	20	21		27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				
	NONE				

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (If you need more space attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND FIXTURE * TOTAL 990 PAGE 2 DEPR	010102SL		5.00	16	24,721.			24,721.	101.		1,319.
						24,721.		0.	24,721.	101.	0.	1,319.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL BENEFIT-DINNER	270,418.	221,218.	49,200.	102,429.	<53,229.>
DC FUNDRAISER	78,455.	6,789.	71,666.	22,289.	49,377.
NY FUNDRAISER	35,475.	4,314.	31,161.	16,613.	14,548.
CA FUNDRAISER	32,725.	32,725.		11,525.	<11,525.>
TOTAL TO FM 990, PART I, LINE 9	417,073.	265,046.	152,027.	152,856.	<829.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
ADJUSTMENT DUE TO SHORT-YEAR CONVERSION	43.
TOTAL TO FORM 990, PART I, LINE 20	43.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
LITIGATION CAMPAIGN EXPENSE	630.	630.		
INSURANCE	8,269.	7,119.	386.	764.
LIBRARY RESSOURCES	5,756.	5,611.	49.	96.
EQUIPMENT COST	17,971.	13,920.	1,370.	2,681.
OUTSIDE SERVICES	19,728.	16,076.	1,099.	2,553.
POST 911 CENTER	42,746.	42,746.		
EXHIBIT HALL	31,677.	31,677.		
LOCAL EVENTS	2,921.	2,921.		
CURRICULUM PROJECTS	21,995.	21,995.		
POLICY ANALYSIS	18,370.	18,370.		
REPORT DISTRIBUTION	2,040.	2,040.		
WEB DESIGN	3,975.	3,975.		
BANK FEES	983.	794.	64.	125.
MARKETING AND PROMOTION	17,929.	17,929.		
OTHER EXPENSE	525.	525.		
AWARD EXPENSE	11,269.	11,269.		
RECRUITMENT	420.	325.	33.	62.
TOTAL TO FM 990, LN 43	207,204.	197,922.	3,001.	6,281.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

THE PUBLIC EDUCATION PROGRAM PROVIDES THE PUBLIC WITH ACCURATE, FAIR INFORMATION ABOUT IMMIGRANTS AND IMMIGRATION; HIGHLIGHTS THE CONTRIBUTIONS OF IMMIGRANTS TO AMERICA; AND HELPS CREATE A POSITIVE PUBLIC PERCEPTION ABOUT IMMIGRANTS AND IMMIGRATION ISSUES THROUGH MULTIMEDIA EDUCATIONAL MATERIALS AND DIALOG WITH NEWS MEDIA AND COMMUNITY LEADERS. AMONG THE INITIATIVES OF THE PROGRAM IS THE DEVELOPMENT OF K-12 CLASSROOMS OF CURRICULUM MATERIALS ON IMMIGRATION HISTORY AND THE IMPACT OF IMMIGRANTS ON U.S. SOCIETY.

WITHIN THE PUBLIC EDUCATION PROGRAM, THE GLOBAL COMPETITIVENESS PROJECT FOCUSES ON WAYS IN WHICH U.S. IMMIGRATION POLICY AFFECTS THE ABILITY OF AMERICAN BUSINESS TO COMPETE IN THE GLOBAL MARKETPLACE. THE PROJECT EXAMINES WAYS IN WHICH IMMIGRATION LAW AND POLICY CAN BE IMPROVED TO BENEFIT THE U.S. ECONOMY. ACTIVITIES OF THE PROJECT INCLUDE SPONSORING PUBLIC FORUMS, PRODUCING ANALYSES AND REPORTS, AND MAINTAINING AN INTERNET CLEARINGHOUSE ON BUSINESS IMMIGRATION ISSUES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		223,357.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
BERGER MEMORIAL SCHOLARSHIP	INNA LIVSHITS	271 SIXTH AVENUE, APT.12, SAN FRANCISCO,	NONE	2,500.
BERGER MEMORIAL SCHOLARSHIP	ELIZABETH BRUNDIGE	106 LIVINGSTON STREET, APT.C8, NEW HAVEN,	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				3,500.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FUNITURE AND FIXTURE	24,721.	1,420.	23,301.
TOTAL TO FORM 990, PART IV, LN 57	24,721.	1,420.	23,301.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
DIRECT EXPENSES FOR SPECIAL EVENTS REPORTED ON LINE 9B REVENUES EARNED DURING 2 MONTH PERIOD NOVEMBER--DECEMBER 2001	152,856. 198,608.
DEFERRED REVENUE NOT RECORDED AS REVENUE ON AUDIT FOR 14 MONTHS ENDING 12/02	<51,454.>
TOTAL TO FORM 990, PART IV-A	300,010.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
DIRECT EXPENSES FOR SPECIAL EVENTS REPORTED ON LINE 9B EXPENSES INCURRED DURING 2 MONTH PERIOD NOVEMBER--DECEMBER 2001	152,856. 169,336.
ADJUSTMENT DUE TO CONVERSION TO CALENDER FISCAL YEAR	52.
TOTAL TO FORM 990, PART IV-B	322,244.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMERICAN IMMIGRATION LAW FOUNDATION

FORM 990 PAGE 2

52-1549711

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	1,319.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10-year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,319.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21 page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

American Immigration Law Foundation

2002-2003 Board of Directors

Margaret H McCormick, President
Minsky, McCormick & Hallagan
Suite 1800
122 S Michigan Ave.
Chicago, IL 60603

Robert E Juceam, Secretary/Treasurer
Fried, Frank, Harris et al (NY)
One New York Plaza
New York, NY 10004

Roxana C Bacon, General Counsel
Bacon & Dear, PLC
3003 N Central Ave , Suite 700
Phoenix, AZ 85012

Jeanne A Butterfield
American Immigration Lawyers
Association
918 F Street, NW
Washington, DC 20004

Steven M Ladik
Jenkins & Gilchrist, P C
1445 Ross Avenue
Suite 3200
Dallas, TX 75202

Warren R Leiden
Berry, Appleman & Leiden LLP
353 Sacramento St., Suite 1300
San Francisco, CA 94111

John L Pinnix
Allen and Pinnix, PA
P O Drawer 1270
Raleigh, NC 27602

Andrew J Prazuch
American Immigration Law Foundation
918 F Street, NW, 6th Floor
Washington, DC 20004

Richard R Rulon
Dechert Price & Rhoads
4000 Bell Atlantic Tower
1717 Arch Street
Philadelphia, PA 19103-2793

Palma R Gianni
Palma R Gianni, Attorney at Law
2612 P Street, N W
Washington, DC 20007



A M E R I C A N I M M I G R A T I O N L A W F O U N D A T I O N

E. MICHAEL BERGER SCHOLARSHIP COMMITTEE

The E. Michael Berger Scholarship Committee will operate under the following rules for the review and prioritization of applications.

1. Priority should be given to AILA member attorneys working for non-profit accredited organizations for minimal compensation or to accredited representatives serving in a senior capacity at accredited voluntary agencies
2. The income level of the applicant is a significant factor, but no maximum income level should be set.
3. Individuals invited to speak who provide unique input at the annual conference (i.e., others cannot provide the information or insight available from those individuals) who would not be able to attend because of the lack of funds to pay the annual conference registration fee should be given high priority.
4. Attendance at another immigration seminar, particularly a high-priced business oriented immigration seminar during the twelve (12) months before the AILA annual conference or an indication of plans to attend such a seminar after the AILA annual conference should be disqualifying. Attendance at other immigration seminars during the periods mentioned above should be a serious negative factor.
5. If others employed by the same agency or firm are attending the AILA annual conference on a paid basis, that should be disqualifying
6. Only one individual from any particular agency should receive a Berger Scholarship for any particular conference and priority should be given to individuals who have not had a Berger Scholarship or whose organizations have not had a Berger Scholarship in the past several years.
7. Other than the factors indicated, the committee will rank each application taking in to account the factors indicated and the purpose of the Berger Scholarship and then award as many Berger Scholarships as funds permit, always reserving at least sufficient funds for one scholarship the following year

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: AMERICAN IMMIGRATION LAW FOUNDATION
Employer identification number: 52-1549711
Number, street, and room or suite no: 918 F STREET NW
City, town or post office, state, and ZIP code: WASHINGTON, DC 20004

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

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

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

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

I request an additional 3-month extension of time until NOVEMBER 17, 2003
For calendar year 2002, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: THE PERTINENT FINANCIAL INFORMATION IS NOT AVAILABLE IN ORDER TO FILE AN ACCURATE AND COMPLETE RETURN

8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

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

Signature: [Handwritten Signature] Title: CPA Date: 8/11/03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

EXTENSION APPROVED

SEP 02 2003

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: CBIZ ACCOUNTING, TAX & ADVISORY SERVICES
Number and street (include suite, room, or apt no) Or a P O box number: 7475 WISCONSIN AVENUE SUITE 700
City or town, province or state, and country (including postal or ZIP code): BETHESDA, MARYLAND 20814-3417

RECEIVED
AUG 21 2003
OGDEN, UT
1308 IRS-OSC

ENVELOPE
POSTAGE/NET DATES
AUG 15 2003

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization AMERICAN IMMIGRATION LAW FOUNDATION	Employer identification number 52-1549711
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 918 F STREET NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20004	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2002** or
▶ tax year beginning _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

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

Signature ▶ Title ▶ **CPA** Date ▶ **5/15/03**

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2)00