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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2008**  
**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 AMERICAN IMMIGRATION LAWYERS ASSOCIATION  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 2950 METRO DRIVE No 201  
 City or town, state or country, and ZIP + 4  
 BLOOMINGTON, MN 55425

**D** Employer identification number  
 23-7085097  
**E** Telephone number  
 (952) 851-3548  
**F** Group Exemption Number

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
 Other (specify):

**I Website:** www.alamndak.org  
**J Organization type** (check only one):  501(c)(6) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 75,527

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>11</b>	Benefits paid to or for members	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>3</b>	Membership dues and assessments	<b>12</b>	Salaries, other compensation, and employee benefits	<b>20</b>	Other changes in net assets or fund balances (attach explanation)
<b>4</b>	Investment income	<b>13</b>	Professional fees and other payments to independent contractors	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20)
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>14</b>	Occupancy, rent, utilities, and maintenance		
<b>5b</b>	Less cost or other basis and sales expenses	<b>15</b>	Printing, publications, postage, and shipping		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>16</b>	Other expenses (describe)		
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)		
<b>6a</b>	Gross revenue (not including \$ of contributions reported on line 1)				
<b>6b</b>	Less direct expenses other than fundraising expenses				
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
<b>7a</b>	Gross sales of inventory, less returns and allowances				
<b>7b</b>	Less cost of goods sold				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b>	Other revenue (describe)				
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	6,560	15,080
<b>23</b>	Land and buildings		
<b>24</b>	Other assets (describe)		
<b>25</b>	<b>Total assets</b>	6,560	15,080
<b>26</b>	<b>Total liabilities</b> (describe)	0	0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,560	15,080

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III )

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
AMERICAN IMMIGRATION LAWYERS ASSOCIATION IS A TRADE ASSOCIATION FOR ATTONREYS PRACTICING IMMIGRATION LAW WE ORGANIZE CONTINUING LEGAL EDUCATION SEMINARS AND FACILITATE THE DISSEMINATION OF NEW INFORMATION REGARDING DEVELOPMENTS IN THE FIELD OF IMMIGRATION LAW

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**28** AMERICAN IMMIGRATION LAWYERS ASSOCIATION IS A TRADE ASSOCIATION FOR ATTONREYS PRACTICING IMMIGRATION LAW WE ORGANIZE CONTINUING LEGAL EDUCATION SEMINARS AND FACILITATE THE DISSEMINATION OF NEW INFORMATION REGARDING DEVELOPMENTS IN THE FIELD OF IMMIGRATION LAW IN MAY OF 2008, THE ORGANIZATION CO-HOSTED THE 2008 UPPER MIDWEST IMMIGRATION CONFERENCE, A TWO-DAY CONFERENCE THAT HAD OVER 120 ATENDEES IN ADDITION, THE ORGANIZATION PROVIDED 9 OTHER LEGAL EDUCATION SEMINARS THROUGHOUT THE YEAR

(Grants \$ 0) If this amount includes foreign grants, check here  **28a** 0

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (attach schedule) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . .  **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b> <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b> 0</span>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> <i>501(c)(7) organizations.</i> Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <span style="float:right; border: 1px solid black; padding: 2px;">0</span>			
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <span style="float:right; border: 1px solid black; padding: 2px;">0</span>			
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed ▶ <u>MN</u>			
<b>42a</b> The books are in care of ▶ <u>MARC PROKOSCH</u> Telephone no ▶ <u>(952) 851-3548</u> 2950 METRO DRIVE SUITE 201 Located at ▶ <u>BLOOMINGTON, MN</u> ZIP + 4 ▶ <u>55425</u>			
<b>b</b> 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>Yes</b>	<b>No</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	<b>42c</b>		No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>43</b></span>			
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(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
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

**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: \*\*\*\*\* Date: 2010-01-27

MARC PROKOSCH TREASURER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Ryan J Terry Ltd  
550 Main Street - Suite 220  
St Paul, MN 55112

Preparer's PTIN (See Gen Inst X): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no: (651) 636-3806

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7085097

**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
SARAH K PETERSON STENSRUD 1221 NICOLLET MALL 506 MINNEAPOLIS, MN 55403	CHAIR / BOARD MEMBER 5 00	0	0	0
DEANNE M HILGERS 4200 IDS CENTER 80 SOUTH EIGHTH STR MINNEAPOLIS, MN 55402	VICE CHAIR / BOARD MEMBER 3 00	0	0	0
MARC PROKOSCH 2950 METRO DRIVE SUITE 201 BLOOMINGTON, MN 55425	TREASURER / BOARD MEMBER 5 00	0	0	0
DICK A ZONNEVELD 821 RAYMOND AVENUE SUITE 240 ST PAUL, MN 55114	SECRETARY / BOARD MEMBER 3 00	0	0	0
PASCHAL NWOKOCHA 105 5TH AVENUE SOUTH SUITE 550 MINNEAPOLIS, MN 55401	BOARD MEMBER / PAST CHAIR 3 00	0	0	0

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION

**EIN:** 23-7085097

<b>Item No.</b>	1
<b>Class of Activity</b>	EDUCATION AND RESEARCH
<b>Donee's Name</b>	AILF
<b>Donee's Address</b>	1331 G ST NW SUITE 1240 WASHINGTON, DC 20005
<b>Amount (FMV)</b>	5,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	GENERAL OPERATIONS
<b>Donee's Name</b>	MID MINNESOTA LEGAL ASSISTANCE
<b>Donee's Address</b>	430 1ST AVENUE N SUITE 300 MINNEAPOLIS, MN 55401
<b>Amount (FMV)</b>	950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



<b>Item No.</b>	3
<b>Class of Activity</b>	GENERAL OPERATIONS
<b>Donee's Name</b>	IMMIGRANT LAW CENTER
<b>Donee's Address</b>	450 NORTH SYNDICATE STREET SUITE 1 ST PAUL, MN 55104
<b>Amount (FMV)</b>	950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	GENERAL OPERATIONS
<b>Donee's Name</b>	SMRLS
<b>Donee's Address</b>	1000 ALLIANCE BANK CENTER 55 E 5TH ST PAUL, MN 55101
<b>Amount (FMV)</b>	950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	GENERAL OPERATIONS
<b>Donee's Name</b>	MINNESOTA ADVOCATES FOR HUMAN RIGHTS
<b>Donee's Address</b>	650 3RD AVENUE SOUTH SUITE 1240 MINNEAPOLIS, MN 55402
<b>Amount (FMV)</b>	950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	6
<b>Class of Activity</b>	GENERAL OPERATIONS
<b>Donee's Name</b>	CENTRO LEGAL
<b>Donee's Address</b>	2610 UNIVERSITY AVE W ST PAUL, MN 55114
<b>Amount (FMV)</b>	950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2008 Other Expenses Schedule

**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION

**EIN:** 23-7085097

Description	Amount
CONFERENCE	35,917
WEBSITE	3,030
TRAVEL	4,138
CONTINUING LEGAL EDUCATION	1,532
CITIZENSHIP DAY	2,069
MISCELLANEOUS	1,083

**TY 2008 Other Revenues Schedule**

**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION

**EIN:** 23-7085097

Description	Amount
MISCELLANEOUS	1,957

**TY 2008 Transfers Personal Benefits  
Contracts Declaration**

**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION

**EIN:** 23-7085097

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.