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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 of donor advised funds 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

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

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
23-708509 41-1720747
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.ailamndak.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.)

1	Contributions, gifts, grants, and similar amounts received	1	1,000
2	Program service revenue including government fees and contracts	2	58,829
3	Membership dues and assessments	3	13,741
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe)	8	1,957
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	75,527
10	Grants and similar amounts paid (attach schedule)	10	9,750
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	9,488
16	Other expenses (describe)	16	47,769
17	Total expenses. Add lines 10 through 16	17	67,007
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,520
19	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)	19	6,560
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,080

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

SCANNED APR 02 2010

Revenue

Expenses

Net Assets

NE
3

22 Cash, savings, and investments	6,560	22	15,080
23 Land and buildings		23	
24 Other assets (describe ► _____)		24	
25 Total assets	6,560	25	15,080
26 Total liabilities (describe ► _____)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	6,560	27	15,080

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

Cat. No. 10642I

Form **990-EZ** (2008)

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 ATTORNEYS 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 ATTORNEYS 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 <input type="checkbox"/>	28a 0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		No
34	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.		No
35	<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>		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		
38a	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?		No
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations</i> Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	<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 ▶ _____		
40b	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>		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
40e	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		No
41	List the states with which a copy of this return is filed. ▶ <u>MN</u>		
42a	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>		
42b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		No
	If "Yes," enter the name of the foreign country: ▶ _____		
43	<i>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here</i> ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	Yes	No
45	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>		No

Part VI Section 501(c)(3) organizations only. All 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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 each received more than \$100,000 of compensation from the organization. If there is 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 is 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 each receiving over \$100,000 . . . ▶		

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.

Please Sign Here

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 Identifying Number (See instructions): _____
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

(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
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

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TY 2008 Grants and Similar Amounts Paid Schedule**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION**EIN:** 23-7085097

AILE

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

MID MINNESOTA LEGAL ASSISTANCE

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

IMMIGRANT LAW CENTER

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

Date of Gift

SMRLS

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

MINNESOTA ADVOCATES FOR HUMAN RIGHTS

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

CENTRO LEGAL

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

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DLN: 93492033000010

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

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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.