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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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)
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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, 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: [X] Cash [] Accrual Other (specify)

I Website: www.alamndak.org

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

J Tax-Exempt status (check only one): [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 69,796

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue includes contributions (2,875), program service (53,453), membership (12,518), investment income, and total revenue (69,796). Expenses include grants (5,200), salaries, and other expenses (53,458), with total expenses (59,258). Net Assets show an excess of 10,538, starting at 15,080 and ending at 25,618.

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 15,080. Total liabilities: 0. Net assets or fund balances: 15,080.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 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, and 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 2009, THE ORGANIZATION CO-HOSTED THE 2009 UPPER MIDWEST IMMIGRATION CONFERENCE, A TWO-DAY CONFERENCE THAT HAD OVER 140 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)	<input type="checkbox"/>	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

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

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 **33** No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes **34** No

35 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 why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? **35a** No

b If "Yes," has it filed a tax return on **Form 990-T** for this year? **35b**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N **36** No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

b Did the organization file **Form 1120-POL** for this year? **37b**

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 outstanding at the end of the period covered by this return? **38a** No

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 **40a**, section 4912 **40a**, section 4955 **40a**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 **40b**

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40d**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

41 List the states with which a copy of this return is filed **41** MN

42a The organization's books are in care of **42a** MARC PROKOSCH Telephone no **42a** (952) 851-3548
2950 METRO DRIVE SUITE 201
Located at **42a** BLOOMINGTON, MN ZIP + 4 **42a** 55425

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)? **42b** Yes No

If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** No

If "Yes," enter the name of the foreign country **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 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? If "Yes", Form 990 must be completed instead of Form 990-EZ. **44** Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ. **45** No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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 a section 527 organization?		

50 Complete this table for the organization's 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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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

51(d) Total number of other independent contractors each 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: 2010-03-23

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

TY 2009 Grants and Similar Amounts Paid Schedule

Name: AMERICAN IMMIGRATION LAWYERS ASSOCIATION

EIN: 23-7085097

Item No.	1
Class of Activity	EDUCATION AND RESEARCH
Donee's Name	AILF
Donee's Address	1331 G ST NW SUITE 1240 WASHINGTON, DC 20005
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	GENERAL OPERATIONS
Donee's Name	MID MINNESOTA LEGAL ASSISTANCE
Donee's Address	430 1ST AVENUE N SUITE 300 MINNEAPOLIS, MN 55401
Amount (FMV)	550
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	GENERAL OPERATIONS
Donee's Name	IMMIGRANT LAW CENTER
Donee's Address	450 NORTH SYNDICATE STREET SUITE 175 ST PAUL, MN 55104
Amount (FMV)	550
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	GENERAL OPERATIONS
Donee's Name	SMRLS
Donee's Address	1000 ALLIANCE BANK CENTER 55 E 5TH STREET ST PAUL, MN 55101
Amount (FMV)	550
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	GENERAL OPERATIONS
Donee's Name	MINNESOTA ADVOCATES FOR HUMAN RIGHTS
Donee's Address	650 3RD AVENUE SOUTH SUITE 1240 MINNEAPOLIS, MN 55402
Amount (FMV)	550
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION**EIN:** 23-7085097

Description	Amount
CONFERENCE	42,452
WEBSITE	3,121
TRAVEL	2,636
CONTINUING LEGAL EDUCATION	2,580
CITIZENSHIP DAY	1,401
NATIONAL DAY OF ACTION	1,051
MISCELLANEOUS	217

TY 2009 Other Revenues Schedule

Name: AMERICAN IMMIGRATION LAWYERS ASSOCIATION

EIN: 23-7085097

Description	Amount
MISCELLANEOUS	950

**TY 2009 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.