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<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	12,139,837.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	11,344,406.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	795,431.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-139,423.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	76,265.
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-63,158.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	732,273.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,771,113.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-139,423.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	331,370.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	191,947.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,579,166.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-439,329.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-439,329.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	12,139,837.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,038,840.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	694,434.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	694,434.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,344,406.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,344,406.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX POSITIONS TAKEN. THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS. AT A MINIMUM, THE DECEMBER 31, 2008 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:  
GAIN ON INTEREST SWAP AGREEMENT 76,265.**



Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON FAIR VALUE OF INTEREST RATE SWAP	76,265.
COSTS OF GOODS SOLD	255,105.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	331,370.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-439,329.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	255,105.
RENTAL EXPENSES	439,329.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	694,434.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Employer identification number

**AMERICAN IMMIGRATION LAWYERS ASSOCIATION**

**23-7085097**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	PROGRAM SERVICES	MIDYEAR MEETING	35,125.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES	CHAPTER REIMBURSEMENTS	8,100.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER REIMBURSEMENTS	18,054.
<b>3 a</b> Sub-total .....	0	0			61,279.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			61,279.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of non-cash assistance, (h) Description of non-cash assistance, (i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2011

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization **AMERICAN IMMIGRATION LAWYERS ASSOCIATION** Employer identification number **23-7085097**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN IMMIGRATION COUNCIL (AIC) 1331 G. STREET, N.W., SUITE 200 WASHINGTON, DC 20005-3142	52-1549711	501(C)(3)	275,000.	0.			GENERAL OPERATIONS
NATIONAL FOUNDATION FOR AMERICAN POLICY - 2111 WILSON BLVD., SUITE 700 - ARLINGTON, VA 22201	20-0094633	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
NATIONAL IMMIGRATION FORUM 50 F STREET NW WASHINGTON, DC 20001	13-1776711	501(C)(3)	5,000.	0.			GENERAL OPERATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**AMERICAN IMMIGRATION LAWYERS ASSOCIATION**

Employer identification number

**23-7085097**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	
<b>b</b> Any related organization? .....	<b>5b</b>	
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	
<b>b</b> Any related organization? .....	<b>6b</b>	
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2011



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C)	(D)	(E)	(F)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
1 CRYSTAL WILLIAMS	(i)	235,732.	4,517.	18,385.	6,245.	11,913.	276,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SUSAN QUARLES	(i)	205,778.	4,115.	2,575.	5,783.	14,225.	232,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GEORGE TZAMARAS	(i)	150,558.	2,604.	666.	1,654.	26,453.	181,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT DEASY	(i)	165,772.	3,263.	2,575.	5,002.	17,991.	194,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 THERESA WATERS	(i)	137,665.	2,678.	628.	3,367.	13,637.	157,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GREGORY CHEN	(i)	134,442.	2,490.	260.	2,764.	10,303.	150,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 REID TRAUTZ	(i)	134,706.	2,269.	1,134.	3,832.	14,105.	156,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4B: CRYSTAL WILLIAMS AND SUSAN QUARLES PARTICIPATE IN A  
457B PLAN. NO FUNDS WERE CONTRIBUTED TO THE PLAN ON THEIR BEHALF FOR 2011.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2011**  
**Open to Public**  
**Inspection**

Name of the organization **AMERICAN IMMIGRATION LAWYERS ASSOCIATION** Employer identification number **23-7085097**

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA		NONE	12/15/07	15,000,000.	TO FINANCE THE ACQUISITION, CONS		X	X			X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
<b>6</b> Total of lines 4 and 5 .....								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X						
<b>2</b> Is the bond issue a variable rate issue? .....		X						
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintergrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X						

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE K, PART I, BOND ISSUES:**

**(A) ISSUER NAME: DISTRICT OF COLUMBIA**

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

**(F) DESCRIPTION OF PURPOSE:**

TO FINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION OF 1331 G ST. N.W.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

AMERICAN IMMIGRATION LAWYERS ASSOCIATION

Employer identification number

23-7085097

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

THE AMERICAN IMMIGRATION LAWYERS ASSOCIATION IS THE NATIONAL  
ASSOCIATION OF IMMIGRATION LAWYERS ESTABLISHED TO PROMOTE JUSTICE,  
ADVOCATE FOR FAIR AND REASONABLE IMMIGRATION LAW AND POLICY, ADVANCE  
THE QUALITY OF IMMIGRATION AND NATIONALITY LAW AND PRACTICE, AND  
ENHANCE THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS.

PART III, LINE 1 - MISSION STATEMENT

THE AMERICAN IMMIGRATION LAWYERS ASSOCIATION IS THE NATIONAL  
ASSOCIATION OF IMMIGRATION LAWYERS ESTABLISHED TO PROMOTE JUSTICE,  
ADVOCATE FOR FAIR AND REASONABLE IMMIGRATION LAW AND POLICY, ADVANCE  
THE QUALITY OF IMMIGRATION AND NATIONALITY LAW AND PRACTICE, AND  
ENHANCE THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MEMBER SERVICES:

THE AILA LIAISON DEPARTMENT ASSISTS MEMBERS WITH DIFFICULT CASE ISSUES.

INFONET, AILA'S PRIVATE WEBSITE, GIVES MEMBERS ACCESS VITAL INFORMATION  
AND DOCUMENTS, AND THE ABILITY TO QUICKLY COMMUNICATE WITH OTHER  
MEMBERS.

THROUGH THE PRACTICE & PROFESSIONALISM CENTER, AILA PROVIDES MEMBERS  
WITH RESOURCES AND ADVICE ON LAW PRACTICE MANAGEMENT, MARKETING, AND

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ETHICS. THE PPC ALSO ENCOURAGES PRO BONO SERVICE AMONG AILA MEMBERS.

THE PPC ALSO MANAGES A MENTOR PROGRAM WHEREBY AILA MEMBERS CAN SEEK  
ADVICE FROM OTHER, MORE EXPERIENCED MEMBERS.

AILA OFFERS A FREE SERVICE TO THE PUBLIC VIA WWW.AILALAWYER.COM WHEREBY  
POTENTIAL CLIENTS CAN SEARCH FOR AND CONTACT AILA MEMBER LAWYERS.

FORM 990, PART VI, SECTION A, LINE 2: BILL STOCK, A NATIONAL OFFICER, AND  
RON KLASKO, A PAST PRESIDENT AND VOTING MEMBER OF THE BOARD, ARE PARTNERS  
IN A LAW FIRM.

FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF AILA MEMBERS:

ATTORNEY MEMBERS - HAVE ALL BENEFITS OF MEMBERSHIP INCLUDING THE RIGHT TO  
VOTE IN NATIONAL AND CHAPTER ELECTIONS.

SENIOR MEMBERS - HAVE REACHED AT LEAST AGE 65 AND HAVE BEEN MEMBERS OF AILA  
FOR 25 YEARS. HAVE ALL BENEFITS OF MEMBERSHIP INCLUDING THE RIGHT TO VOTE  
IN NATIONAL AND CHAPTER ELECTIONS. PAY 1/2 THE DUES AMOUNT AS REGULAR  
ATTORNEY MEMBERS.

NONPROFIT MEMBERS - HAVE ALL BENEFITS OF MEMBERSHIP INCLUDING THE RIGHT TO  
VOTE IN NATIONAL AND CHAPTER ELECTIONS. MUST BE SOLELY EMPLOYED BY AN  
ORGANIZATION THAT PROVIDES FREE OR LOW-COST LEGAL SERVICES TO IMMIGRANTS  
AND EARNINGS MUST BE BELOW A SALARY CAP SET ANNUALLY. PAY \$125 IN NATIONAL  
DUES; CHAPTERS MAY CHOOSE TO WAIVE CHAPTER DUES.

HONORARY MEMBERS - HAVE ALL BENEFITS OF MEMBERSHIP INCLUDING THE RIGHT TO

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VOTE IN NATIONAL AND CHAPTER ELECTIONS. THEY ARE EXEMPT FROM PAYING NATIONAL AND CHAPTER DUES.

LAW STUDENT MEMBERS - HAVE LIMITED MEMBERSHIP BENEFITS AND DO NOT HAVE THE RIGHT TO VOTE IN NATIONAL AND CHAPTER ELECTIONS. THEY MAY NOT BELONG TO CHAPTERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE GENERAL MEMBERSHIP ELECTS THE NATIONAL OFFICERS AND THE ELECTED DIRECTORS OF THE BOARD. THE MEMBERS OF EACH CHAPTER ELECT THE OFFICERS OF THE CHAPTERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF GOVERNORS MUST APPROVE INCREASES IN DUES AND MEMBERSHIP APPROVES ANY CHANGES TO THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 8B: THE EXECUTIVE COMMITTEE MAY ACT FOR THE BOARD. THEY GENERALLY MEET EVERY TWO WEEKS VIA A CONFERENCE CALL.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE ASSOCIATE DIRECTOR OF FINANCE, THE DEPUTY EXECUTIVE DIRECTOR, AND THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION WITHIN 60 DAYS AS TO WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. IF A MEMBER OF THE EXECUTIVE COMMITTEE IS AN INTERESTED PERSON, SUCH MEMBER OF THE EXECUTIVE COMMITTEE SHALL RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSION BY AND DECISION OF THE EXECUTIVE COMMITTEE RELATED TO THE POTENTIAL



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CONFLICT AFTER PRESENTATION OF THE RELEVANT FACTS.

IF THE INTERESTED PERSON DISAGREES THAT A CONFLICT OF INTEREST EXISTS, HE/SHE MAY MAKE A PRESENTATION AT THE NEXT REGULARLY SCHEDULED BOARD OF GOVERNORS' MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE PRESIDENT OF THE ORGANIZATION SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OF GOVERNORS SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OF GOVERNORS SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTERESTS, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE NATIONAL OFFICERS CONDUCT A WRITTEN PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR ANNUALLY IN DECEMBER. THEY ARE PROVIDED WITH COMPARABILITY DATA FOR CEO'S AND A SALARY RANGE.

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THEY MAKE THE COMPENSATION DECISION.

THE EXECUTIVE DIRECTOR REVIEWS WRITTEN PERFORMANCE EVALUATIONS OF ALL KEY EMPLOYEES AND COMPARABILITY DATA FOR EACH POSITION IN DECEMBER. SALARY DECISIONS ARE BASED ON A STATED FORMULA THAT IS TIED TO THE WRITTEN EVALUATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES THESE DOCUMENTS - BYLAWS, BOARD MEETING MINUTES, ETC. - AVAILABLE TO ITS MEMBERS UPON REQUEST AND ALSO POSTS THEM ON THE MEMBERS ONLY WEBSITE. THEY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-139,423.
GAIN ON INTEREST SWAP AGREEMENT	76,265.
TOTAL TO FORM 990, PART XI, LINE 5	-63,158.

FORM 990, PART XII, LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1331 G STREET, LLC 1331 G STREET, N.W. WASHINGTON, DC 20005-3142	TITLE HOLDING COMPANY	DISTRICT OF COLUMBIA			AILA

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN IMMIGRATION COUNCIL (AIC) - 52-1549711, 1331 G STREET, NW SUITE 300, WASHINGTON, DC 20005-3142	OTHER LITIGATION AND PUBLIC EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	7			X

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>n</b> Sharing of paid employees with related organization(s) .....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>q</b> Other transfer of cash or property to related organization(s) .....		X
<b>r</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

