PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 68309

Department of the Treasury

Internal Revenue Service

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)

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

OMB No. 1545-0047 Open to Public Inspection

A	For the 2	007 calendar year, or tax year beginning		and end	ling					
В	Check if applicable	Please C Name of organization				D Employer i	dentification number			
_		USE INSTEDERATION FOR AMERIC	AN							
	X Addres	print or LIMITIGRATION REFORM					136126			
Ļ	Name change	type. Number and street (or P.O. box if mail is not				E Telephone				
L	Initial return	Specific 25 MASSACHUSETTS AVE.	, NW		330) 328-7004			
Ļ	Termin- ation Amend	tions. City or town, state or country, and ZIP + 4				F Accounting me				
L	lreturn	WADIIINGION, DC 20001		to		Other (specify)	***************************************			
Ĺ.	Applica pending	must attach a completed Schedule A (Form 990	or 990-EZ).		•		ction 527 organizations.			
_			,		H(a) Is this a group r		/ _			
		►WWW.FAIRUS.ORG tion type (check only one) ► X 501(c) (3) ◄ (insert r	(a) 4947(a)(1) or		H(b) If "Yes," enter no H(c) Are all affiliates		N/A Yes No			
		re if the organization is not a 509(a)(3) supporti		-	` (If "No," attach a	list.)				
N.		are normally not more than \$25,000. A return is not requir	= = =	•	H(d) is this a separat ganization cove	e return filed b	oy an or- eruling? Yes X No			
		to file a return, be sure to file a complete return.	co, bot ii the organization		I Group Exemption		N/A			
_			***************************************				tion is not required to attach			
L	Gross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	7,669,98	1.	Sch. B (Form 99	-	· · · · · · · · · · · · · · · · · · ·			
		Revenue, Expenses, and Changes in N			nces		<u> </u>			
نتنا	1	Contributions, gifts, grants, and similar amounts received								
	a	Contributions to donor advised funds		1a						
	b	Direct public support (not included on line 1a)	i i	1h	5,091,9	85.				
	C	Indirect public support (not included on line 1a)	i	10	25,5	39.				
	d	Government contributions (grants) (not included on line		1d						
	е	Total (add lines 1a through 1d) (cash \$5, 11) 1e	5,117,524.			
	2	Program service revenue including government fees and	2	15,562.						
	3	Membership dues and assessments								
	4	Interest on savings and temporary cash investments		49,083.						
	5	Dividends and interest from securities		222,155.						
	6 a	Gross rents								
	b	Less: rental expenses		6b						
		Net rental income or (loss). Subtract line 6b from line 6a				60				
01.00	7	Other investment income (describe) 7				
2	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other					
ū		than inventory	2,236,596.	8a						
	b	Less: cost or other basis and sales expenses	1,796,707.	8b						
	C	Gain or (loss) (attach schedule)	439,889.	8c						
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	439,889.			
	9	Special events and activities (attach schedule). If any am	ount is from gaming , check	here 🕨	· []					
	a	Gross revenue (not including \$		9a						
	b	Less: direct expenses other than fundraising expenses		9b						
	c	Net income or (loss) from special events. Subtract line 9	b from line 9a	,		90	**************************************			
	10 a	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 sch				10c	20.061			
	11	Other revenue (from Part VII, line 103)					29,061.			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c					5,873,274.			
(ຸ 13	Program services (from line 44, column (B))					3,484,495.			
ç	14 15 16	Management and general (from line 44, column (C))				14	615,291.			
Š	15	Fundraising (from line 44, column (D))				1 1	618,964.			
LI.	_	Payments to affiliates (attach schedule)					A 710 750			
	17	Total expenses. Add lines 16 and 44, column (A)	4.0				4,718,750.			
	18 Si 10	Excess or (deficit) for the year. Subtract line 17 from line				18	1,154,524.			
Net	19 19	Net assets or fund balances at beginning of year (from li	ne 73, column (A))		ግርብ እ ጠርመ እስሙ እነር።	19	9,965,772.			
_		Other changes in net assets or fund balances (attach exp					521,602. 11,641,898.			
72	3001	Net assets or fund balances at end of year. Combine line				21	11,041,090.			

204,658.

8,314.

20,328.

15,191.

3,566.

4,521.

6,166.

71,464.

33,884.

162,373.

1,386.

7,864.

1,607.

2,655.

248.

section 4958(f)(1)) and persons described in

lines 25a, b, and c

28 Employee benefits not included on lines

26 Salaries and wages of employees not

included on lines 25a, b, and c 27 Pension plan contributions not included on

29 Payroli taxes

30 Professional fundraising fees

Occupancy

Printing and publications

Equipment rental and maintenance

Conferences, conventions, and meetings

Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize):

Accounting fees

35 Postage and shipping

32 Legal fees

34 Telephone

Interest

33 Supplies

31

36

37

38

39

25€

27

28

29 30

32

34

35

36

37

38

39

40

41

43a 43b 43c

section 4958(c)(3)(B)

FEDERATION FOR AMERICAN Form 990 (2007) IMMIGRATION REFORM 52-1136126 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II Statement of **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (C) Management Do not include amounts reported on line (B) Program (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$__ If this amount includes foreign grants, check here 22a STATEMENT 4 22b Other grants and allocations (attach schedule) (cash \$ 5,608 noncash \$ 5,608. 5,608. 22b If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 477,151. 392,064. 58,906. 26,181. employees, etc. listed in Part V-A 25a b Compensation of former officers, directors, key 0. 0. 0. employees, etc. listed in Part V-B 0. 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under

1,338,787.

59,673.

156,696.

116,850.

29,714.

38,191.

37,556.

49,001.

281,454.

282,364.

590,329.

126,509.

161,175.

22,128

11,552.

973,572.

36,932.

89,039.

87,637.

21,691.

27**,**383.

35,127.

206,040.

206<mark>,</mark>125.

421,180.

104,857.

103,058.

16,153.

8,434.

6,007.

160,557.

14,427.

47,329.

14,022.

4,457.

5,652.

7,708.

3,950.

1,732.

6,776.

13,788.

56,510.

3,320.

42,355.

31,936.

d	43d				
е	43e			*Additional Property of the Control	
	43f			-1-4-4	
g SEE STATEMENT 3	43g	934,012.	743,588	. 141,866.	48,558.
44 Total functional expenses. Add lines 22a through					}
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	4,718,750.	3,484,495	. 615,291.	618,964.
Joint Costs. Check X if you are following	SOF	98-2.			
Are any joint costs from a combined educational campaig	gn an	id fundraising solicitation re	ported in (B) Program se	rvices?	X Yes No
If "Yes," enter (i) the aggregate amount of these joint cos	ts \$	968,974.	(ii) the amount allocated	to Program services \$	661,021.;
(iii) the amount allocated to Management and general \$		60,881.;and	(iv) the amount allocated	to Fundraising \$ 24	7,072.
723011 12-27-07					Form 990 (2007)
			2		
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IMMIGRATION REFORM

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

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.

Corants and allocations \$ 580. If this amount includes foreign grants, check here Corants and allocations SEE STATEMENT SEE STATEMEN	۷h	What is the organization's primary exempt purpose? ► SEE STATEMENT 9	<u>.</u>	Program Service Expenses
Grants and allocations \$ 0 ·) If this amount includes foreign grants, check here	lie	clients served, publications issued, etc. Discuss achievements that are not measurable. (Sec	etion 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but
b SEE STATEMENT 6 (Grants and allocations \$ 580 ⋅) If this amount includes foreign grants, check here	а	a SEE STATEMENT 5		
b SEE STATEMENT 6 (Grants and allocations \$ 580 ⋅) If this amount includes foreign grants, check here				
(Grants and allocations \$ 580 ⋅) If this amount includes foreign grants, check here ► □ 673,410 ⋅ C SEE STATEMENT 7 (Grants and allocations \$) If this amount includes foreign grants, check here ► □ 613,807 ⋅ C SEE STATEMENT 8 (Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here ► □ 575,414 ⋅ C C C C C C C C C C C C C C C C C C	b		gn grants, check here 🕨 🔲	735,686.
Grants and allocations \$) If this amount includes foreign grants, check here ► □ 613,807. Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► □ 575,414. Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► □ 575,414. e Other program services (attach schedule) SEE STATEMENT 10 (Grants and allocations \$ 5,028.) If this amount includes foreign grants, check here ► □ 886,178. Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 3,484,495.				
d SEE STATEMENT 8 (Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here	С	<u> </u>	an grants, check here ▶ □	673,410.
(Grants and allocations \$ 0 •) If this amount includes foreign grants, check here ► 575,414 • e Other program services (attach schedule) SEE STATEMENT 10 (Grants and allocations \$ 5,028 •) If this amount includes foreign grants, check here ► 886,178 • 10 • 10 • 10 • 10 • 10 • 10 • 10 • 1	1	(4),-0,	gn grants, check here	613,807.
e Other program services (attach schedule) SEE STATEMENT 10 (Grants and allocations \$ 5,028.) If this amount includes foreign grants, check here 886,178. f Total of Program Service Expenses (should equal line 44, column (B), Program services) \$ 3,484,495.	u	U DEE STATEMENT O		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 3,484,495.	e	e Other program services (attach schedule) SEE STATEMENT 10	_	575,414.
		·	-	
	1	1 Total of Program Service Expenses (should equal line 44, column (b), Program Services	<u>s)</u>	Form 990 (2007)

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Part IV Balance Sheets (See the instructions.)

Page 4

Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year End of year should be for end-of-year amounts only. 715,298. 809,390. Cash - non-interest-bearing 45 45 1,071,517. 1,860,039. 46 Savings and temporary cash investments 46 47a 47 a Accounts receivable 32,690. 470 31,386. b Less: allowance for doubtful accounts 47b 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and kev employees 50a b Receivables from other disqualified persons (as defined under section 50b 4958(f)(1)) and persons described in section 4958(c)(3)(B) 51a 51 a Other notes and loans receivable 51b b Less: allowance for doubtful accounts 51c Inventories for sale or use _____ 52 52 $\overline{124},970.$ 5,745. 53 Prepaid expenses and deferred charges 54 a Investments - publicly-traded securities STMT7,771,426. 8,575,286. 12 54a STMT 11▶ Cost 396,000. 54b 396,000. b Investments - other securities 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55ε Investments - other 56 56 529,309. 57a 57 a Land, buildings, and equipment: basis 484,263. 47,203. 45,046. b Less: accumulated depreciation 57b 57€ 58 Other assets, including program-related investments 25,684. 78,507. (describe ➤ OTHER ASSETS 58 10,065,563. 11,920,624. 59 59 Total assets (must equal line 74). Add lines 45 through 58 99,791. 278,726. 60 60 Accounts payable and accrued expenses 61 61 Grants payable 62 62 Deferred revenue Liabilities Loans from officers, directors, trustees, and key employees 64a 64 a Tax-exempt bond liabilities 64b b Mortgages and other notes payable 65 65 Other liabilities (describe 99,791. 278,726. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 6,448,524. 7,717,958. 67 67 Unrestricted 985,924. 1,392,616. 68 68 Temporarily restricted 2,531,324. 2,531,324. 69 Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds 71 Paid in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 9,965,772. 73 11,641,898. (Column (A) must equal line 19 and column (B) must equal line 21) 10,065,563. 11,920,624. Total liabilities and net assets/fund balances. Add lines 66 and 73

Form 990 (2007)

Pε	rt IV-A Reconciliation of Revenue per Audited Final instructions.)	ncial Statements Wi	th Revenue p	er Ret	urn (Se	ee the
a	Total revenue, gains, and other support per audited financial stateme	nts			a 6,	394,876.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments	lb	521,6	02.		
2	Donated services and use of facilities	b				
3	Recoveries of prior year grants					
4	Other (specify):	1.	4			>
	Add lines b1 through b4				b	521,602.
C	Subtract line b from line a			F		873,274.
đ	Amounts included on Part I, line 12, but not on line a:				N.	
1	Investment expenses not included on Part I, line 6b	d	11			
2	Other (specify):	1	2			
	Add lines d1 and d2			,	d	0.
е	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina				e 5,	873,274.
Pŧ	ort IV-B Reconciliation of Expenses per Audited Fina	ıncial Statements W	ith Expenses/	per R	eturn	
а	Total expenses and losses per audited financial statements	**** ************************			a 4,	718,750.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities	<u>b</u>	1			
2	Prior year adjustments reported on Part I, line 20	<u>b</u>	2			
3	Losses reported on Part I, line 20	<u>b</u>	3			
4	Other (specify):	b	14			
	Add lines b1 through b4				b	0.
C	Subtract line b from line a				c 4,	718,750.
đ	Amounts included on Part I, line 17, but not on line a:	1	1	Literatu		
1	Investment expenses not included on Part I, line 6b	<u></u>	1			
2	Other (specify):		2			_
	Add lines d1 and d2				d	0.
0					1 /1	718 750
	Total expenses (Part I, line 17). Add lines c and d					718,750.
Pá	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ead	ch person who was	s an offi		<u> </u>
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ead	ch person who was	s an offi	cer, dire	ctor, trustee,
Pa	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ead	ch person who was	s an offi	cer, dire	ctor, trustee,
Pa	or key employee at any time during the year even if they we	y Employees (List ead	ch person who was	s an offi	cer, dire	ctor, trustee,
Pa	or key employee at any time during the year even if they we	y Employees (List ead	ch person who was	s an offi	cer, dire	ctor, trustee,
Pa	or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead	ch person who was	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
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Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 13	y Employees (List ead	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D) Cont employ plans 8 compens	cer, directions to the benefit of deferred action plans	(E) Expense account and other allowances

	990 (2007) IMMIGRATION REFORM			52-1136	<u> 126</u>	P	age (
<u> </u>	t V-A Current Officers, Directors, Trustees, and Ke				<u>Carrentanian</u>	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted meetings	-		12			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business related individuals and explains the relationship(s)	d other independent conti	ractors listed in Sc a statement that i	hedule A,	7 5b		X
С	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organization".	d other independent conti whether tax exempt or tax	ractors listed in Sc	hedule A, ted to the	75c	X	
	If "Yes," attach a statement that includes the information described				Miller		
	t V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	y Employees That Find properties of the properti	Received Com sation or other ber	pensation on the period of the	d belo	w) dur	
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans & deferred compensation plans	t a	E) Expe ccount er allow	and
		Commission of the Commission o					
-		Total and the second se			+		
		The state of the s					
Pa	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of co	onducting activities? If "Ye	s," attach a detaile	∌d			v
77	Were any changes made in the organizing or governing documents	but not reported to the IRS	S?		76 77		X
78 a	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000	00 or more during the year	covered by this re	turn?	78a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78h	A statement of the stat	
79	Was there a liquidation, dissolution, termination, or substantial conti			ľ	79		Х
ви а	Is the organization related (other than by association with a statewic membership, governing bodies, trustees, officers, etc., to any other			.on	80a	Х	N 1 - 1
b	If "Yes," enter the name of the organization ► SEE STATE	CMENT 14					
81 a	Enter direct and indirect political expenditures. (See line 81 instruction	_ and check whether it is ons.)	exempt or 81a	nonexempt O.			
81 a	Did the organization file Form 1120-POL for this year?	·	UIA		81h		Х
	, <u> </u>					990	(2007

Pa	t VI Other Information (continued)	-,	Yes	No
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?	82a	227277	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		844849	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b		83b	X	
84 a	•	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b	<u> </u>	-
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		10000
	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 85t N/A	-		
ď	Section 162(e) lobbying and political expenditures 85d N/A	-		
6	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	85g	 	_
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	25.		
	following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
	27/2	-		
. b	27/2	-		
87	001(0)(7-)	-		
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			
	against an action of the control of	4		
88 a	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?	88a		Х
	If "Yes," complete Part IX	004		- 43
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	88b		Х
00 -	Section 6 (Equipment). In 166, Complete Cartier	. 0011		Λ
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4955 ► 0 •			
U	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?	89b	5 5	X
	If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	030		1.
Ç				
,1	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization O •			
đ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
6	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
1	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	031		
g	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
00 a	List the states with which a copy of this return is filed SEE STATEMENT 16	USY	<u></u>	<u></u>
	200			23
D Of a	The books are in care of ► THE ORGANIZATION Telephone no. ► 202-3	28-7	004	
ם ופ	Located at ► 25 MASSACHUSETTS AVE., NW, #330, WASHINGTON, DC ZIP+4 ►			
			Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country \bigs \(\text{N/A} \)	310		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	and Financial Accounts.	Enro	000	/2007)

52-	1	1	3	6	1	2	6	

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Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the	-		f the U	nited States?	91c X
If "Yes," enter the name of the foreign count		N/A			
92 Section 4947(a)(1) nonexempt charitable true	=			.	
and enter the amount of tax-exempt interest			*********	▶ 92	N/A
Part VII Analysis of Income-Produc		ted business income	Evelue	ded by section 512, 513, or 514	T
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	(D)	(E)
	Business	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue: a ANNUAL DINNER MEETING	code		code		15,562.
					10,002.
b					
C	1				
Q					
Medicare/Medicaid payments					
g Fees and contracts from government agencies	1				
94 Membership dues and assessments					
95 Interest on savings and temporary cash investment			14	49,083.	
96 Dividends and interest from securities			14	-	
97 Net rental income or (loss) from real estate:	ASSESSED				
a debt-financed property			***************************************		
b not debt-financed property					
98 Net rental income or (loss) from personal proj	1				
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory		Oceanion of the Control of the Contr	18	439,889.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	i i i i i i i i i i i i i i i i i i i				
103 Other revenue:					
a MAIL LIST RENTAL	111111111111111111111111111111111111111	NO CONTRACTOR OF THE PROPERTY	15	14,404.	
b MISCELLANEOUS					14,657.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		725,531.	
105 Total (add line 104, columns (B), (D), and (E))					755,750.
Note: Line 105 plus line 1e, Part I, should equal th					
Part VIII Relationship of Activities to				• '	
Line No. Explain how each activity for which income			hoqmi t	tantly to the accomplishment	of the organization's
exempt purposes (other than by providing		•			
93A ANNUAL BOARD OF ADVI	***************************************	'ING INCLUDIN	IG R	EGISTRATION F	OR THE
CONFERENCE AND DINNE		ED THE DEET METO	. N.T. 1771	0 mun 00011177	7 m T 0 3 7 7 0
103B MISCELLANEOUS INCOME	GENERATE	D IN RELATIO	M T	O THE ORGANIZ	ATTON'S
EXEMPT PURPOSE.	abla Cubaidia	dan and Disconned	_ d	- *i*i	
Part IX Information Regarding Tax (A) (B)		ries and Disregard (C)	ea Er	(D)	ons.) (E)
Name address and EIN of corporation. Percent	age of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership	***				assets assets
N/A	%				
IN/ M	%				
	%				*
Part X Information Regarding Tran		ated with Personal	Rene	efit Contracts (See the	e instructions l
<u> </u>	*****				
(a) Did the organization, during the year, receive any(b) Did the organization, during the year, pay premiur					Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 47			milaul!		. Les A No
		·-y:			Form 990 (2007)

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IMMIGRATION REFORM

Forn	n 990 (2007) IMMIGRATION REFORM		52-113		age 9
Pa	rt XI Information Regarding Transfers To and From		S. Complete only if the organiz	ation is a	
	controlling organization as defined in section 512(b)(13).	N/A		,	Т
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity	as defined in section 5	12(b)(13) of the Code? If "Yes,"	R .	
	complete the schedule below for each controlled entity.				
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Identification	Description of	Amount	
	controlled entity	Number	transfer	transfe	r
а		_			
			and the control of th		
b					
С					
	Totals				
				Yes	No
107	Did the reporting organization receive any transfers from a controlled e	entity as defined in sect	ion 512(b)(13) of the Code? If "	Yes,"	
	complete the schedule below for each controlled entity.				
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Employer Identification	Description of	Amount	
	controlled entity	Number	transfer	transfei	r
		donum and the state of the stat			
а					

b		-			
c					
	Totals				
				Yes	No
108	Did the organization have a binding written contract in effect on August	t 17, 2006, covering the	interest, rents, royalties, and	ļ	
	annuities described in question 107 above?			4	
	Under penalties of perjury, I declare that I have examined this return, including accompar and complete. Declaration of preparer (other than officer) is based on all information of w	nying schedules and statement mich preparer has any knowledd	s, and to the best of my knowledge and base.	efief, it is true, cor	rect.
DI					
Plea	tald dichner		6/27/08	<u> </u>	
Sign	pugnakure or ornicer		Dat e		
Her	· JULIE KIRCHNER, ZXECO	UTIVE DIRE	CTO R		
	Type or print name and title				
De:-	Preparer's		Check if Preparer's SSN	or PTIN (See Gen	Inst X)
Paid	signature		employed >		
	Only yours if RAFFA, P.C.		EIN ▶		
use	self-employed) 1899 L STREET, NW, SUITE	900			
	ZIP+4 WASHINGTON, DC 20036		Phone no. ► (202) 822-5	000
				Form 990	