

**Return of Organization Exempt From Income Tax**

**2008**

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)

Open to Public Inspection

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

**A** For the 2008 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>FEDERATION FOR AMERICAN IMMIGRATION REFORM</b>		<b>D</b> Employer identification number  52-1136126
		Doing Business As		<b>E</b> Telephone number  (202) 328-7004
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
		25 MASSACHUSETTS AVE., NW		330
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F</b> Name and address of principal officer: DANIEL A. STEIN SAME AS C ABOVE		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: WWW.FAIRUS.ORG				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1978		<b>M</b> State of legal domicile: DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATE PUBLIC ABOUT ECONOMIC, SOCIOLOGICAL & OTHER EFFECTS OF MASS IMMIGRATION TO THE U.S.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,117,524.	6,609,308.
	9 Program service revenue (Part VIII, line 2g)	15,562.	16,770.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	711,127.	158,001.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,061.	17,133.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,873,274.	6,801,212.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,608.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,149,157.	2,353,183.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 599,163.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,563,985.	4,580,174.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,718,750.	7,133,357.	
19 Revenue less expenses. Subtract line 18 from line 12	1,154,524.	-332,145.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 11,920,624.	End of Year 9,852,449.
	21 Total liabilities (Part X, line 26)	278,726.	941,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,641,898.	8,910,571.

**Part II Signature Block**

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.

Sign Here: *Julie Kirchner* Signature of officer Date: 10/23/09

JULIE KIRCHNER, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *RH* Date: 10/16/09 Check if self-employed:  Preparer's identifying number (see instructions): EIN ▶ Phone no. ▶ (202) 822-5000

Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, P.C. 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No