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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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For	the 2	010 calendar year, or tax year beginning $\mathrm{JUL}1$, 2010	ıg J	UN 30, 20	011
В	Chec	ck if cable	C Name of organization		D Employer ide	entification number
[^^	ddress hange	NATIONAL IMMIGRATION LAW CENTER			
	N	ame nange	Doing Business As		95	5-4539765
[— ["	iitial etum emin-	Number and street (or P 0. box if mail is not delivered to street address) Room, 3435 WILSHIRE BLVD.		E Telephone nu	umber 213)639-3900
Ī	∧	ted .mended etum	City or town, state or country, and ZIP + 4	Ť	G Gross receipts \$	3,359,927.
Ī	^^	pplica- on	LOS ANGELES, CA 90010		H(a) Is this a gro	
	Þ	ending	F Name and address of principal officer:MARIELENA HINCAPIE		for affiliates	
_			SAME AS C ABOVE		H(b) Are all affiliate	es included? Yes No
<u> </u>			pt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527	If "No," atta	ach a list. (see instructions)
			▶ WWW.NILC.ORG			mption number
				. Year c	of formation 199	95 M State of legal domicile CA
L	Part		Summary	ND	C ADVANCE	MUE DICUMC c
1 2 2012	ב סווכ סווכ		nefly describe the organization's mission or most significant activities: TO DEFE			
1	<u> </u>		eck this box 🕨 🔲 if the organization discontinued its operations or disposed of	more	than 25% of its n	
i	3 3		imber of voting members of the governing body (Part VI, line 1a)			3 9
~°	g (imber of independent voting members of the governing body (Part VI, line 1b)			4 9
5	֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		tal number of individuals employed in calendar year 2010 (Part V, line 2a)			5 35
2	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		tal number of volunteers (estimate if necessary)			
7	₹ '		tal unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34		•	7a 0.
	\top	D INC	t difference business taxable income from Form 990-1, life 54		Prior Year	Current Year
MAR	٤ د	3 Co	ontributions and grants (Part VIII, line 1h)		4,945,06	
	<u>.</u>		ogram service revenue (Part VIII, line 2g)		862,42	
3	1		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,35	
ް	ב ו		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0. 0.
8	1		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,817,84	3,330,250.
SCANNED	1		ants and similar amounts paid (Part IX, column (A), lines 1·3)		7,13	
<i>હ</i>	1	4 Be	enefits paid to or for members (Part IX, column (A), line 4)			0. 0.
9	្ឋ 1	5 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,163,91	2,635,830.
,	2 1		ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	······	0. 0.
,	4		tal fundraising expenses (Part IX, column (D), line 25)			
_	ין	7 Ot	her expenses (Part IX, column (A), lines 1 a 110, 111-241)		1,915,95	
		8 To	tal expenses. Add lines 13-17 (must equal Par IX column (A), line 25)	-	4,087,01	
Ξ	<u>ا ا</u>	9 Re	evenue less expenses. Subtract line 18 from line 12	+	1,730,83	
ats c	ance S	О То	tal assets (Part X, line 16)	Rec	inning of Current Y	
ASS	E 2		tal assets (Part X, line 16) tal liabilities (Part X, line 26)	-	5,062,95 337,01	
Net	⊂ I		et assets or fund balances. Subtract line 20 Inc. 20 I	-	4,725,93	
T F	art		Signature Block		4/125/55	50. 572207337.
			s of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best	of my knowledge and belief it is
			ind complete Declaration of preparer (other than officer) is based on all information of which pre			
			& munder Henry - 19		x 2	-14-2012
Si	gn		Signature of officer		Date	
Н	ere		MARIELENA HINCAPIE, EXECUTIVE DIR. Type or print name and title			
		Pi	rint/Type preparer's name Preparer's suppature	, D	ate Chec	ck PTIN
Pa	id		PATRIZIA C. COPPING	一担	3 1 3 2012 sette	employed
Pr	epare	er Fı	rm's name GREEN HASSON & JANKS LLD		Firm's EIN	
Us	e On	ly Fi	rm's address 10990 WILSHIRE BLVD., 16TH FLOOR			•
			LOS ANGELES, CA 90024-3929		Phone no	(310) 873-1600
M	ay th	e IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
03	2001	02-22-1	1 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2010)

032002 12-21-10 Form 990 (2010)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		!	
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١
_	Schedule D, Part III	8	<u> </u>	Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١,,
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	١		l .
44	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	•••		•	1
٥	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIIa		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			۱
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l "
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l .
1Ω	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.0	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	^	
13	complete Schodule C. Port III	40		y
20=	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a		<u> </u>
~	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
			000	

	990 (2010) NATIONAL IMMIGRATION LAW CENTER 95-4539	<u> / 65</u>	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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			١,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			١,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			١,,
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		'	v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l .
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	24		Х
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	<u> </u>
37	· · · · · · · · · · · · · · · · · · ·	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	I	l	Ī

Form 990 (2010)

Note. All Form 990 filers are required to complete Schedule O

Pai	Check if Schedule O contains a response to any question in this Part V					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gamıng			,
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? .		2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructio	ns)				
За				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ıtv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		=	4a		Х
ь	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	•	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		• • • •	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he oros	nization solicit			
	any contributions that were not tax deductible?	ino orge	anzation solicit	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	r aifte	- 00		 -
_	were not tax deductible?	11,0113 0	giito	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	•		<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	envices n	rower and to the havor?	7a	į 1	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	arvices b	Tovided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	uae roai	ulrod	7.5		
·	to file Form 8282?	vas requ	ulled	70		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	•	7c		_ A
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			70	i 1	Х
f			ar	7e	 -	X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f		<u>^`</u>
h	If the organization received a contribution of qualified intellectual property, did the organization file If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7g		
8				7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I				1	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any um	e during the year?	8		
	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	•		9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	ł '		
11	Section 501(c)(12) organizations. Enter:	11		'		
a	Gross income from members or shareholders	11a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
40	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	•	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ		
а	Is the organization licensed to issue qualified health plans in more than one state?		••	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			ļ.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	135		1		
C	Enter the amount of reserves on hand	13c		ļ!		سييس
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2010)

rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	a NO I	espor	150
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	<u>·</u>		ليششيا
	worre do to ming body one worregoment		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	- 1		
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	ł		
	to conflicts?	12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	ļ
13	Does the organization have a written whistleblower policy?	13	X	ļ
14	Does the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ļ	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b	<u> </u>	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request	• -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation:	_	
	JIM KOMAGATA - (213) 639-3900 3435 WILSHIRE BOULEVARD, #2850, LOS ANGELES, CA 90010			
	0400 HIDDITKE DOUBLAND, #2000, DOS MIGEDES, CA 90010	F =	000	(0040)
03200		rorm	33U	(2010)

15540213 758461 4282

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of *key employee.*
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MiSC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(c	heck	Pos all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу епріоуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD BOSWELL								_	_	
MEMBER OF THE BOARD OF DIRECTORS	0.50	Х	_	l		<u> </u>		0.	0.	0.
ALLEN ERENBAUM		l							_	
MEMBER OF THE BOARD OF DIRECTORS	0.80	X		_	_			0.	0.	0.
LILIA GARCIA-BROWER									_	
MEMBER OF THE BOARD OF DIRECTORS	0.50	X						0.	0.	0.
IRIS GOMEZ		l						_	_	_
MEMBER OF THE BOARD OF DIRECTORS	2.00	X		L_				0.	0.	0.
EMMA LEHENY										
MEMBER OF THE BOARD OF DIRECTORS	2.00	Х						0.	0.	0.
DELLA BARNETT										
CHAIR	2.00	X		Х	_	<u> </u>		0.	0.	0.
MUZAFFAR CHISHTI	1							_	_	_
VICE CHAIR	2.00	X		X	<u> </u>	L.		0.	0.	0.
LUCAS GUTTENTAG		ŀ								
TREASURER	2.00	X		Х		ļ		0.	0.	0.
CYNTHIA LANGE								_	_	_
SECRETARY	2.00	X		X	ļ			0.	0.	0.
MARIELENA HINCAPIE		j								
EXECUTIVE DIRECTOR	40.00	_		Х		L		113,702.	0.	14,060.
JAMES KOMAGATA										
DIRECTOR OF FINANCE	40.00			X		<u> </u>		89,246.	0.	16,006.
LINTON JOAQUIN		ļ								
GENERAL COUNSEL	40.00	<u>.</u>	<u> </u>			Х		111,909.	0.	13,444.
JOAN FRIEDLAND										
MANAGING ATTORNEY/TEAM LEADER	40.00		_			X		101,917.	0.	22,773.
		1								
		<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>			
			<u> </u>							
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	Omecia, Directora, Inc	istees, rey Ei	<u> </u>	7,00			1191	631	Compensated Employ	ees (continued)	т —		
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average			Pos				Reportable	Reportable	E:	stimate	ed
		hours per	(cl	heck	(all 1	that	app	y)	compensation	compensation	ar	nount	of
		week	ğ						from	from related		other	
		(describe hours for	director				,		the	organizations	1	pensa	
		related	8	B			캺	l	organization	(W-2/1099-MISC)		rom th	
		organizations	trustae			異	E E		(W-2/1099-MISC)		1 -	anızat	
		in Schedule	Eg	텵		흍	2 25	5			1	d relat anızatı	
		0)	Individual	Institutional 1	Officer	Кеу етріоуве	Highest compensated employee	Former			loig	ailleath	Olis
				_			┢╌	-			<u> </u>		
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										•			
1b	Sub-total						\blacktriangleright		416,774.	0.	6	6,2	83.
С	Total from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.	0.			0.
<u>d</u>	Total (add lines 1b and 1c)								416,774.	0.	6	6,2	83.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wh	no re	eceived more than \$100	,000 in reportable			
	compensation from the organization						•			•			3
												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	ploy	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s					•				. ,	3		X
4	For any individual listed on line 1a, is the su		le co	amo	ensa	ation	and	d otl	her compensation from	the organization			
	and related organizations greater than \$150									o organization	4	1	Х
5	Did any person listed on line 1a receive or a			•						dual for services	····		
	rendered to the organization? If "Yes," com								or organization of morn	334, 101 30, 11333	5	i 1	X
Sec	tion B. Independent Contractors	<i>p.</i> 10.10 00/1000/1	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>0, 0,</u>	,	00,0	.071		 		, ,		
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt c	ontr	acto	re t	hat received more than	\$100,000 of company	nation (- Irom	
•	the organization. NONE	inpondated int	.cpc	,,,,,,,		01111	عاداد	,,,,,,	mat received more than	wrod, odd or compen	sation	i Oili	
	(A)								(B)		((-	
	Name and business	address							Description of s	ervices	ر Compe		n
								-	•				
	·							_		-			
										1			
								\dashv					
								\dashv					
												_	
	T-A-l			- -					 				
2	Total number of independent contractors (in		ot lır	nite	d to	_	_	sted	above) who received m	ore than			
	\$100,000 in compensation from the organiz	ration >				(,				<u> </u>		
											Form	990 0	2010

	· VII	Statement of Reven	g g		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	s, and ve 1f 2,	76,518. 65,864. 905,336.	3,047,718.		•	
		TOTAL		Business Code				
e l	2 a	MANAGEMENT FEE		900099	127,686.	127,686.	1	
ا ق	b	REIMBURSEABLE I	NC	900099	123,989.	123,989.		 -
Se	c	ATTORNEY SERVIC	ES	541100	23,000.	23,000.		
e a	d	PUBLICATIONS		900099	1,036.	1,036.		
Program Service Revenue	е	TRAINING & CONF	ERENCES	900099	838.	838.		
۱ ټه	f	All other program service reve	nue .	L				
_	9	Total. Add lines 2a-2f		<u> </u>	276,549.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		>	5,983.			5,983.
			(i) Real	(ii) Personal				· ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6 a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		<u> </u>				··-··
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)		<u></u>				
Other Revenue	8 a	Gross income from fundraising including \$ 76,5 contributions reported on line Part IV, line 18	18. of					
됩		Less: direct expenses	b	29,677.	_			
-		Net income or (loss) from fund	=	▶	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses	ь	·				
		Net income or (loss) from gam		<u> </u>		V1 - 11 - 1 - 1		
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold	b					
-	<u>C</u>	Net income or (loss) from sale	•	<u> </u>				
}	44 -	Miscellaneous Revenu	e	Business Code	·		,	•
	11 a	· · · · · · · · · · · · · · · · · · ·						<u> </u>
	b	· · · · · · · · · · · · · · · · · · ·						
	c C							
	d	-						
	12	Total revenue. See instructions			3,330,250.	276.549	0.	5,983.
032009 12-21-		. Startevande. Odd ilistractions			<u> -, -, -, -, -, -, -, -, -, -, -, -, -, -</u>			Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,667.	6,667.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	-			
4 5	Benefits paid to or for members Compensation of current officers, directors,	208,908.	173,056.	29,741.	6,111.
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	200,300.	173,030.	23,741.	0,111.
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,925,044.	1,594,670.	274,060.	56,314.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	28,459.	23,572.	4,054.	833.
9	Other employee benefits	300,173.	248,629.	42,758.	833. 8,786. 5,071.
10	Payroll taxes	173,246.	143,497.	24,678.	5,071.
11	Fees for services (non-employees):				
а	Management				·
b	Legal				
С	Accounting	60,107.		60,107.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	28,513.	23,847.	3,871.	795.
12	Advertising and promotion		110 010	0.1.1.1	
13	Office expenses	138,229.	113,312.	21,451.	3,466.
14	Information technology	44,981.	38,732.	5,184.	1,065.
15	Royalties	215 205	176 600	22 200	
16	Occupancy	215,395.	176,622.	32,309.	6,464.
17	Travel	207,704.	190,585.	14,826.	2,293.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51 054	17 255	2 015	701
19	Conferences, conventions, and meetings	51,954.	47,355.	3,815.	784.
20	Interest Payments to affiliates				· ·
21 22	Depreciation, depletion, and amortization	29,125.	23,999.	4,252.	874.
23	,	11,337.	9,342.	1,655.	340.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)	11,007.	3,312.	1,033.	340
_	amount, list line 24f expenses on Schedule 0) OUTSIDE AGENCIES	786,051.	786,051.		
a b	CONTRACT STAFF	281,045.	253,416.	24,762.	2,867.
C	UWDN EVENTS	128,415.	128,415.	24,702.	2,007.
d	TRAINING	45,413.	35,985.	6,206.	3,222.
e	LIBRARY	41,534.	41,534.	- 0,2001	5,222
f	All other expenses	113,813.	80,825.	21,546.	11,442.
25	Total functional expenses. Add lines 1 through 24f	4,826,113.	4,140,111.	575,275.	110,727.
26	Joint costs. Check here ► If following SOP	_,,		,	
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet (B) (A) Beginning of year End of year 566,628. 2,287,932. 1 Cash - non-interest-bearing 2,314,421. 979,826. 2 2 Savings and temporary cash investments 470,589. 2,045,194. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net 1,008. 1,131 Inventories for sale or use 8 70,015. 41,965. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 134,844. basis. Complete Part VI of Schedule D 10a 68,347. 71,604. 66,497. 10b 10c b Less: accumulated depreciation 11 Investments · publicly traded securities 11 12 Investments · other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 22,009. 83. 15 Other assets. See Part IV, line 11 15 5,062,952. 3,875,950. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 337,014. 649,591. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 337,014. 649,591. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,244,373. 27 <u>1,895</u>,741. Unrestricted net assets 2,481,565. 1,330,618. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,725,938. 3,226,359. 33 Total net assets or fund balances 33 5,062,952. 3,875,950.

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34

Total liabilities and net assets/fund balances

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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3b

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X Separate basis

Act and OMB Circular A-133?

Consolidated basis

. .

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number

		NATIONA	L IMMIGRATIO	N LAW	CENT	ER			95	5-4539	76 <u>5</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) See inst	tructions.				
The organ	zation is not a	private foundation l	because it is: (For lines	1 through	11, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2			0(b)(1)(A)(ii). (Attach So									
3 🗔			tal service organization		in section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction				,	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e.
. —	city, and state							(-)(-)(-)(-	,			-,
5	•		benefit of a college or u	niversity ov	wned or or	erated by	a governi	nental uni	t describe	ed in		
• —	_	(b)(1)(A)(iv). (Comple				,	_ g					
6 🔲			ent or governmental uni	t describer	d in sactio	n 170/h\/:	11/61/64					
7 X		-	eives a substantial part					r from the	ooneral r	aublic desc	nhod i	_
, (1)	•	b)(1)(A)(vi). (Comple	•	or its supp	ort nom a	governin	sintai uriit C	i iioiii tiie	generar	Jubiic desc	noed i	•
8 🔲	•		•	(Complete	Dort II \							
	-		ection 170(b)(1)(A)(vi).	•	=		محمدا المحاد		_			·
9	=		eives: (1) more than 33						-	_	•	
			nctions - subject to certa	-						_		
		1	exable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	aner June 3	iu, 197	5.
40		509(a)(2). (Complete	· ·				500/ W					
10	-		perated exclusively to te	-	-			-			,	
11		-	perated exclusively for the									or
			tions described in secti		•		2). See se c	etion 509(a)(3). Che	eck the box	tnat	
			organization and compl							1		
. \Box	a Type i		_ ,,	• • •	e III - Func	•	•		a	Type III • (
e 📖		•	t the organization is not		•	-	•					n
_		-	han one or more publich		-				9(a)(1) or s	section 509	i(a)(2).	
f			ten determination from	the IRS tha	atitis a Ty	pe I, Type	il, or Type	e III				
		rganization, check th				_			_			L
9			rganization accepted ar								<u></u>	
	•	•	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and (iii) below,		Yes	No
	_		upported organization?							11g(i)		
			n described in (i) above?							11g(ii)		
			person described in (i)	• • •						11g(iii)	L	
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
	··· · · ·		41111 7						Т			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is	the	(vii) An	nount o	f
orga	inization		(described on lines 1-9		sted in your document?		r support?	organizátii (i) organiz	ed in the	sup	port	
			above or IRC section					US				
			(see Instructions))	Yes	No	Yes	No	Yes	No			
]				[
				+								
				 								
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				1			 					
				<u> </u>								
T-4-1												
Total			<u> </u>	<u> 1,</u>	L	<u> </u>	<u> </u>	1				

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2073851.	3555649.	3192218.	4945065.	3047718.	16814501.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2073851.	3555649.	3192218.	4945065.	3047718.	16814501.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		:				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		·				8839158.
	Public support. Subtract line 5 from line 4						7975343.
Sec	ction B. Total Support						г
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2073851.	3555649.	3192218.	4945065.	3047718.	16814501.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	66		06 10-	40.000		
	and income from similar sources	66,570.	62,366.	26,195.	10,358.	5,983.	171,472.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				!		
	or loss from the sale of capital		5 501				
	assets (Explain in Part IV.)		7,501.				7,501. 16993474.
	Total support. Add lines 7 through 10	L			•••••		
	Gross receipts from related activities,			•			,630,907.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	,
<u></u>	organization, check this box and stor		· · · · · ·				<u> </u>
	ction C. Computation of Publ						16 02
	Public support percentage for 2010 (• •	•	olumn (t))		14	46.93 % 45.27 %
	Public support percentage from 2009	· · ·	•		4 00 4 (00)	15	
16a	33 1/3% support test - 2010.If the o				4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				►X
	33 1/3% support test - 2009.If the o	-			IINE 15 IS 33 1/3%	or more, check th	is box
47-	and stop here. The organization qual	• •	· · · · · · · · · · · · · · · · · · ·		10 10 10		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact		· ·	•	•	t iv now the organ	ilzation
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
0		_				•	
	more, and if the organization meets the				•		,
10	organization meets the 'facts-and-circ						···· [H
10	Private foundation. If the organization	on did not check a	DOX OF UNB 13, 16	a, 100, 1/a, or 1/c			
					Sche	Jee M (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, places complete Part II.)

Section A. Public Support	cion, pioaso com	pioto i uit iiij				•
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")			ļ			
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				ļ		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					ļ <u>.</u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					}	
3 received from disqualified persons					1	1
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<u> </u>
c Add lines 7a and 7b				ļ	ļ	ļ
8 Public support (Subtract line 7¢ from line 6)	<u> </u>		1	<u> </u>		<u> </u>
Section B. Total Support	1	T	<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b						4
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	<u>.</u>		1.,	<u> </u>		<u> 1</u>
14 First five years. If the Form 990 is fo	r the organization'	's tirst, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organı	zation,
Section C. Computation of Publ	io Support D-	roomtooo	· · · · · · · · · · · · · · · · · · ·	••	 : •	<u> </u>
Section C. Computation of Publ			advers (A)		45	
15 Public support percentage for 2010 (•	column (f))		15	9/
Section D. Computation of Inve					16	9
					17	
17 Investment income percentage for 20	•	,,	ne 13, column (i))	•	17	<u>9</u>
18 Investment income percentage from:					23 1/3% and kee	9 17 in not
19a 33 1/3% support tests - 2010. If the						I / IS NOT
more than 33 1/3%, check this box a				-		₽ L
b 33 1/3% support tests - 2009. If the						_
line 18 is not more than 33 1/3%, che					-	` ~
20 Private foundation. If the organization	ni did not check a	DOX ON IINE 14, 19	a, or 190, check			P
032023 12-21-10				Sc	hedule A (Form 99	JU OF 990-EZ) 201

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Nan	ne of organization			Emp	loyer identification number
	NATIONA	L IMMIGRATION LA	W CENTER		95-4539765
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c	or is a section 527 o	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV. ▶ \$	·
Pa	ert I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	. • • •	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶ \$	
4a	If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.				Yes No
Pa	ert I-C Complete if the org	janization is exempt und	er section 501(c	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	ızatıon's funds contributed to ot	her organizations for s	section 527	
	exempt function activities .	•		▶\$	S
3	Total exempt function expenditures	a. Add lines 1 and 2. Enter here a	ind on Form 1120-POI	L,	
4	line 17b . Did the filing organization file Form	4400 POL (N			Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organ a separate political org	ization's funds. Also enter t ganization, such as a separa	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

032041 02-02-11

LHA

21

15540213 758461 4282 20

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

2010.05050 NATIONAL IMMIGRATION LAW CE 4282___1

Schedule C (Form 990 or 990-EZ) 2010

7,723.

Schedule C (Form 990 or 990-EZ) 2010

29,887.

13,733.

4,323.

f Grassroots lobbying expenditures

4,108.

Schedule C (Form 990 or 990-EZ) 2010 NATIONAL IMMIGRATION LAW CENTER 95-453976 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Amour	No	Yes	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	
			local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	_
			or referendum, through the use of:	1
			a Volunteers?	
				а
			b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	b
			c Media advertisements?	С
			d Mailings to members, legislators, or the public?	d
			e Publications, or published or broadcast statements?	e
			f Grants to other organizations for lobbying purposes?	f
				9
			h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_
			i Other activities? If "Yes," describe in Part IV	:
			j Total. Add lines 1c through 1	:
			· · · · · · · · · · · · · · · · · · ·	3.2
	- 1	<u> </u>		
	}		b If "Yes," enter the amount of any tax incurred under section 4912	
 		ļ	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
	/C\	: 504/s\/5	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
ction	o, or se	10n 501(c)(5	Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	Par
Yes				
	1		Were substantially all (90% or more) dues received nondeductible by members?	1
	2		Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2
	3		Did the organization agree to carryover lobbying and political expenditures from the prior year?	3
nswered	1e 3 is ar	art III-A, IIne	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members	1
		tical		2
			expenses for which the section 527(f) tax was paid).	_
1	2a			а
-	2b	•	b Carryover from last year	ь ь
 	2c		-	c
—	3		· · · · · · · · · · · · · · · · · · ·	3
				<u>ح</u>
			If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	•
İ		political	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	
	4		expenditure next year?	_
<u> </u>	5		······································	5
			art IV Supplemental Information	
	ine 1i. Also	and Part II-B, Iir	mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	
o, complete th			any additional information.	or ar
o, complete th				
o, complete th				
o, complete th				
o, complete th				
o, complete th				
o, complete th				
o, complete th				_
o, complete th				
o, complete th				
_ 				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	NATIONAL IMMIGRATI	ON LAW CENTER	95-4539765
Pa	<u></u>		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	nferring
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Trobbivation of a scrtimes	s materie structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	
	Number of conservation easements on a certified historic str		2b
c		•	. 2c
d	(-,,,	after 8/17/06, and not on a historic structure	
_	listed in the National Register	to a section of the s	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└─ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
<u></u>	conservation easements.		
Pai	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1	_	••
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$
			· •
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	<u></u> .			
(A)				
(B)				
(C)				
(D)				
(E)				····
(F) (G)		-		
(H)	··· - · · · · · · · · · · · · · · · · ·	-		
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)		-		
(2)				
(3)				
(4)				
(5)				
(6)	,			
(7)				
(8)				
(9)				
(10)	<u> </u>		······································	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				(1)
(2)		-		
(3)			-	
(4)				
(5)				
(6)				
(7)				<u></u> -
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line		<u> </u>	>	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(h) Amoust	<u> </u>	
		(b) Amount	-	
(1) Federal income taxes			{	
(2)				
		<u> </u>	1	
			1	
(6)			 `	
			1	
(8)	-	·	1	
(9)			1	
(10)		<u>_</u>	1	
(11)	<u> </u>	······································	1	•
	25.)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	the organization's financial sta	tements that reports the organ	ization's liability for uncertain	tax positions under

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 NATIONAL IMMIGRATION LAW CENTER			4539765 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fire	nancial State	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		3,330,250.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,826,113.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-1,495,863.
4	Net unrealized gains (losses) on investments	4		-3,716.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		-3,716.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-1,499,579.
	t XII Reconciliation of Revenue per Audited Financial Statements With Re	evenue per F	teturn	
1	Total revenue, gains, and other support per audited financial statements		1	3,326,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a		4	
Ь	Donated services and use of facilities 2b		4 1	
С	Recoveries of prior year grants	_	4 1	
d	Other (Describe in Part XIV.)		1 1	_
е	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1		3	3,326,534.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	3,716.] [
С	Add lines 4a and 4b		4c	3,716.
_ 5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,330,250.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per	Retu	
1	Total expenses and losses per audited financial statements		1	4,826,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b		1	
С	Other losses 2c		1 1	
d	Other (Describe in Part XIV.)		1	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,826,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XiV.)		1	
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,826,113.
Par	t XIV Supplemental Information		 .	
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to			
PAF UNF	RT XII, LINE 4B - OTHER ADJUSTMENTS: REALIZED LOSS FROM INVESTMENT \$3,716			
032054 12-20-	10		Sched	ule D (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Name of the organization							ntification number
	L IMMIGRATION LAW					95-4539	
Part I Fundraising Activities required to complete this par	 Complete if the organization answers t. 	ered "\	es" to	o Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p rividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants rnment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					-		
Total			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it ıs	exempt from re	egistration
			-				
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-E7			Schedule G /Forn	1 990 or 990-F7\ 2010

Schedule G (Form 990 or 990 EZ) 2010 NATIONAL IMMIGRATION LAW CENTER 95-4539765 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL AWARDSPRING NONE (add col. (a) through RECEPTION DINNER col. (c)) (event type) (event type) (total number) 86,970. 19,225. 106,195. 1 Gross receipts 61,356 15,162 76,518. 2 Less: Charitable contributions 4,063 29,677. 25,614 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses 2,132. 2,132. Rent/facility costs Direct 12,887. 3,563. 16,450. Food and beverages 500. 355. 855. 8 Entertainment 10,240. 10,240. Other direct expenses 29,677 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 NATIONAL IMMIGRATION LAW CENTER 95-4	1539765	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	<u> %</u>
b	An outside facility	13b	<u> %</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
þ	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Director/officer Employee independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	Pahadula C /Farr	- 000 - 004	

SCHEDULEI								OMB No 1545-0047	
(Form 990)			Grants and Governments	Other Assistance , and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	s, tes		2010	_
Department of the Treasury Internal Revenue Service		Сомрі	Complete if the organization	n answered "Yes" to Fo. ➤ Attach to Form 990.	' to Form 990, Paı m 990.	rganization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection	عاز د
Name of the organization	tion NATIONAL IMMIGRATION	MMIGRATI	ON LAW CENTER	ER		-	ш	Employer identification number 95–4539765	umber 765
Part i General Ir	General Information on Grants and Assistance	d Assistance							
1 Does the organi	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		; [
criteria used to a	criteria used to award the grants or assistance?	ance? aduito for mont		south of a special	0000	,		Yes [Y	ž
Part II Grants an	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	overnments and	Organizations in the	United States. C	omplete if the organia	anization answered "Y	es" to Form 990, Part IV	/, line 21, for any	
recipient t	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	,000. Check this	box if no one recipient	t received more th	an \$5,000. Part II	can be duplicated if a	dditional space is need	▲	
1 (a) Name and ac or go	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	d government or	anizations					•	
3 Enter total numb	Enter total number of other organizations					:		•	
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)	(2010)

Schedule I (Form 990) (2010) NATIONAL	NATIONAL IMMIGRATION LAW CENTER	ON LAW	CENTER			95-45397
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.	duals in the United Sta ace is needed.	ates. Comp	ylete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	,
(a) Type of grant or assistance	N(q)	umber of	(c) Amount of	(d) Amount of non-	(b) Number of (c) Amount of (d) Amount of non- (e) Method of valuation	(f) Description

י שני זון כשוי על טקוויסמיכל זו מסטוויסו שו סקמיכי וס וופטיכים					
(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
SCHOLARSHIPS & STIPENDS	17	6,667.	0	воок	N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	I line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: NILC A	AWARDS SC	SCHOLARSHIPS	TO A LIMI	LIMITED NUMBER OF	
ADVOCATES FROM SMALL COMMUNITY-BASED	S,	GRASS ROOTS	ORGANIZATIONS	ONS WHO WOULD	
OTHERWISE BE UNABLE TO ATTEND THE	THE CONFERENCE.	CE. NILC WILL	TAKE	THE FOLLOWING	
CRITERIA INTO ACCOUNT IN MAKING AWARDS	ARDS - (1)	- 1	E INDIVIDU	DOES THE INDIVIDUAL BELONG TO	
A STRATEGIC ORGANIZATION WHOSE PAR	PARTICIPATION	IS	NECESSARY TO T	THE SUCCESS OF	
THE CONFERENCE; (2) GEOGRAPHIC DIV	DIVERSITY;	(3) ORGANI	ORGANIZATIONAL BUDGET;	UDGET; (4)	
ADVOCACY PRESENCE (IS THE APPLICANT		OR APPLICANT'S O	ORGANIZATION	N ACTIVELY	
INVOLVED IN AN ADVOCACY EFFORT ON	AN ISSUE	TO BE ADD	ADDRESSED AT	THE	
CONFERENCE?).					

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.

2010
Open to Public Inspection

Name of the organization

NATIONAL IMMIGRATION LAW CENTER

Employer identification number 95-4539765

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMMIGRANT YOUTH IN DEPORTATION PROCEEDINGS WHO WERE BROUGHT TO THE U.S.

AS YOUNG CHILDREN. NILC ALSO CONTINUED TO ADVOCATE AGAINST THE

INCREASED INVOLVEMENT OF LOCAL LAW ENFORCEMENT OFFICERS IN FEDERAL

IMMIGRATION ENFORCEMENT, FOCUSING PARTICULAR ATTENTION ON ILLUSTRATING

THE NEGATIVE FALLOUT THAT THE DEPARTMENT OF HOMELAND SECURITY'S "SECURE

COMMUNITIES" PROGRAM IS HAVING ON THE NATION'S COMMUNITIES. FINALLY,

NILC HAS BEEN LEADING THE NATIONAL EFFORT TO STRIKE DOWN DRACONIAN AND

UNCONSTITUTIONAL ANTI-IMMIGRANT LAWS IN ARIZONA, UTAH, INDIANA,

GEORGIA, ALABAMA, AND SOUTH CAROLINA. AS A RESULT OF NILC AND

CO-COUNSEL CLASS-ACTION LAWSUITS CHALLENGING THESE LAWS, MANY HAVE BEEN

HALTED BEFORE THEY COULD VIOLATE THE CIVIL RIGHTS OF COUNTLESS PEOPLE

OF COLOR IN THESE STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UP IMMIGRATION AND CUSTOMS ENFORCEMENT WORKSITE ENFORCEMENT ACTIONS,

INCLUDING WORKING WITH KEY ALLIES TO DEVELOP A COMPREHENSIVE STRATEGY

TO DEFEND IMMIGRANT WORKERS FROM THE OFTEN DEVASTATING IMPACT OF I-9

AUDITS. FINALLY, NILC SUCCESSFULLY ADVOCATED THAT THE DEPARTMENT OF

LABOR AND THE DEPARTMENT OF HOMELAND SECURITY REVISE A MEMORANDUM OF

UNDERSTANDING BETWEEN THE TWO AGENCIES TO ENSURE THAT THEIR

WORKSITE-BASED ENFORCEMENT ACTIVITIES DO NOT CONFLICT. THIS WILL ENSURE

THAT WHEN WORKERS FACE I-9 AUDITS OR RAIDS DURING LABOR DISPUTES, THESE

IMMIGRATION ENFORCEMENT ACTIONS DO NOT PREVENT WORKERS FROM BEING ABLE

TO ASSERT THEIR LABOR RIGHTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RECOMMENDATIONS ON NUMEROUS PROPOSED REGULATIONS THAT WILL GUIDE

STATES' IMPLEMENTATION OF THE AFFORDABLE CARE ACT OF 2010, AND

CONDUCTED A SIGNIFICANT LEVEL OF COMMUNITY EDUCATION ON IMMIGRANT

ELIGIBILITY FOR THE NEW HEALTH CARE LAW. FINALLY, NILC HELPED COMMUNITY

ADVOCATES AND HEALTH PROVIDER GROUPS IN ARIZONA CHALLENGE A PROPOSED

LAW THAT WOULD HAVE REQUIRED LOCAL HOSPITAL STAFF TO CONFIRM THE

CITIZENSHIP STATUS OF ANYONE SEEKING ADMISSION AND REPORT INDIVIDUALS

UNABLE TO CONFIRM U.S. CITIZENSHIP TO IMMIGRATION AUTHORITIES. ARMED

WITH NILC'S DETAILED ANALYSES OF THE BILL, ADVOCATES SUCCESSFULLY

ARGUED THAT THE HOSPITAL REPORTING LAW WOULD SEVERELY DAMAGE COMMUNITY

HEALTH AND WELL-BEING, WHICH LED TO THE LAW'S ULTIMATE DEMISE.

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

ADVOCACY

THE NATIONAL IMMIGRATION LAW CENTER ANALYZES LEGISLATIVE AND REGULATORY

CHANGES THAT AFFECT THE LIVES OF LOW-INCOME IMMIGRANTS AND THEIR

FAMILIES. NILC HELPS IMMIGRANT ADVOCATES VOICE THEIR PERSPECTIVES

REGARDING POLICY CHANGES AT THE LOCAL, STATE AND FEDERAL LEVELS, AND

EDUCATES POLICYMAKERS ABOUT THE IMPACT THAT VARIOUS POLICY PROPOSALS

WOULD HAVE ON IMMIGRANT FAMILIES. NILC ALSO ADVOCATES FOR IMPROVEMENTS

IN FEDERAL AND STATE LAWS AND POLICIES TO DEFEND AND EXPAND LOW-INCOME

IMMIGRANTS' DUE PROCESS AND LABOR RIGHTS, AS WELL AS THEIR ACCESS TO

EDUCATION, HEALTHCARE, ESSENTIAL SERVICES AND PROGRAMS, AND A PATH TO

CITIZENSHIP.

EXPENSES \$ 40,156. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

032212

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FINAL DRAFT ARE

DISTRIBUTED TO MEMBERS OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE, AND MADE

AVAILABLE TO ALL DIRECTORS, FOR REVIEW. THE REVIEW PROCEDURE REQUIRES THE

PRESENTATION OF THE FINAL DRAFT TO THE COMMITTEE BY A REPRESENTATIVE OF THE

PREPARER (AUDIT FIRM) AND/OR NILC STAFF. THE COMMITTEE MUST UNANIMOUSLY

APPROVE THE 990 BEFORE IT IS PROCESSED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR AND OFFICER OF THE
BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS
RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND
UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY AND
UNDERSTANDS THAT THE CORPORATION IS CHARITABLE AND THAT IN ORDER TO
MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES
WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE BOARD CHAIR
AND EXECUTIVE DIRECTOR OF NATIONAL IMMIGRATION LAW CENTER ARE RESPONSIBLE
FOR ENSURING ALL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE SUBMITTED
TO THE ORGANIZATION AND FOR REVIEWING THE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SETS THE

COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON A PERFORMANCE EVALUATION

AND COMPARABILITY DATA FOR SALARIES OF TOP MANAGEMENT OFFICIALS IN THE

NONPROFIT SECTOR. THE STAFF EXECUTIVE COMMITTEE SETS THE COMPENSATION FOR

ALL EMPLOYEES, INCLUDING ALL KEY EMPLOYEES EXCEPT THE EXECUTIVE DIRECTOR,

BASED ON AN INTERNAL SALARY SCALE DEVELOPED AFTER REVIEW OF COMPARABILITY

DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

032212
01-24-11
Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization NATIONAL IMMIGRATION LAW CENTER	Employer identification number 95-4539765
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS: .	-3,716.
FORM 990, PART XII, LINE 2C	
FINANCIAL STATEMENTS AND REPORTING	
NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELEC	TION PROCESS
DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR	••
	
	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

" 是什么知道的中央是了

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Exter	nsion, complete	only Pa	rt I and check this box			, Ď	X	
• If you are filing for an Additional (Not Automati	c) 3-Month Exte	nsion, c	omplete only Rart II (on page 2 of	this form)	•			
Do not complete Part II unless you have already	been granted an	automa	tic 3-month extension on a previou	sly filed Fo	rm 8868.	· .		
Electronic filing (e-file). You can electronically file	Form 8868 if you	u need a	3-month automatic extension of ti	me to file (6 months fo	r a corpo	ration	
required to file Form 990-T), or an additional (not a	utomatic) 3-monti	h extens	ion of time. You can electronically	file Form 8	868 to requ	est an ex	tension	
of time to file any of the forms listed in Part I or Par	rt II with the exce	ption of	Form 8870, Information Return for	Transfers	Associated:	With Cer	tain .	
Personal Benefit Contracts, which must be sent to					t			
visit www.irs.gov/efile and click on e-file for Charitie						ř.		
Part I Automatic 3-Month Extens		Only su	brnit original (no copies needed).			, , ,		
A corporation required to file Form 990-T and requi				complete				
Part I only			Section 1	,	*	. 🕨		
All other corporations (including 1120-C filers), part to file income tax returns.	tnerships, REMIC	s, and ti	rusts must use Form 7004 to reque	st an exter	ision of time		गड़	
Type or Name of exempt organization						Employer identification number		
print NATIONAL IMMIGRATION LAW CENTER								
FKA NATIONAL IMMIGRANT LEGAL SUPPORT CTR					95-4539765			
File by the					1 22 - 43331,03			
due date for Number, street, and room of suite no. If a P.O. box, see instructions. 34.35 WILSHIRE BLVD., NO. 2850								
instructions. City, town or post office, state, and ZII LOS ANGELES, CA 90	P code. For a fore 010	eign add	ress, see instructions.		-			
Enter the Return code for the return that this applic	cation is for (file a	separat	te application for each return)		• •		0 1	
Application		Return	Application				Return	
Is For	1	Code	Is For		,	٠, ٠	Code	
Form 990		01	Form 990-T (corporation)			·	07	
Form 990-BL		02	Form 1041-A				08	
Form 990-EZ		03	Form 4720				09	
						·····		
Form 990-PF		04	Form 5227				<u>* 10</u>	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			<u> </u>	11	
Form 990-T (trust other than above) JIM KOM.	ACAMA .	_06	Form 8870			لا	12	
• The books are in the care of ▶ 3435 WI		OULE	ARD. #2850 - LOS	ANGEL	ES, CA	900	10	
Telephone No. ► (213) 639-3900			FAX No. >			, 3	•	
If the organization does not have an office or plant	ace of business in	n the Lin				W	Π.	
If this is for a Group Return, enter the organizati				 If this is fo	r the whole	arôuà-ch	است محلالله	
box > . If it is for part of the group, check the								
1 I request an automatic 3-month (6 months fo					CIS (IIG OVIC		101.	
FEBRUARY 15, 2012 , to	file the exemint o	roomba terinenu	one return for the organization cam	ad above	The extens	00		
is for the organization's return for	me the exempt o	ngamzat	City is the organization than	eu above.	IIIO EXIGIISI	OII .		
calendar year or						٠.		
	2010	204	dending JUN 30, 2011					
tax year boginning		, &	* Daniel Col. 207 2011		- ·	•		
2 If the tax year entered in line 1 is for less than	a 12 months che	ck ross	on: Initial return	Final retur	~			
Change in accounting period	r rz monns, che	CK /Cast	, miliai retorn	rina retui	. 15°			
Change in accounting period	•		• •	`-	` `	_		
20 Walls and house in for Form 000 PL 000 PF	000 T 4700 am	0000	A - A - A - A - A - A - A - A - A - A -	- -				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					8 " ,		^	
nonrefundable credits. See instructions.					5		0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					,	. `	^	
estimated tax payments made. Include any prior year overpayment allowed as a credit:					\$		0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							_	
by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$:: 	<u> </u>	
Caution. If you are going to make an electronic fun		h this Fo	rm 8868, see Form 8453-EO and F	orm 8879-				
LHA For Paperwork Reduction Act Notice, se	e Instructions.		of the second		Form	8868 (Re	v. 1-2011)	
023841			\$				0.A	
023841 01-03-11	•		A			4'	$\mathcal{T}_{\mathcal{R}\mathcal{P}}$	
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