** PUBLIC DISCLOSURE COPY **

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	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address change	IMMIGRATION EQUALITY ACTION FUND			
	Name change	Doing Business As		27-0	888049
<u>_</u>	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termin- ated		250	(202)347-0002
	Amende return	Oity or town, state or country, and ZIP + 4		G Gross receipts \$	620,058.
	Applica- tion	WASHINGTON, DC 20005		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: RACHEL B. TIVEN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1	Tax-exer	npt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 527	1 ' '	list. (see instructions)
J,	Website	: ► WWW.IMMIGRATIONEQUALITYACTIONFUND.ORG		H(c) Group exemptio	•
ĸ	Form of a	rganization: X Corporation Trust Association Other	L Year		A State of legal domicile: DC
		Summary			
41	1 B	riefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Activities & Governance					
rna	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets
Š				3	15
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)			14
တ္တ		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			0
ij		otal number of volunteers (estimate if necessary)			64
ફં		otal unrelated business revenue from Part VIII, column (C), line 12			0.
٨		et unrelated business taxable income from Form 990 T, line 34			0.
				Prior Year	Current Year
4.	8 C	ontributions and grants (Part VIII, line 1h)		381,183.	595,018.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		0.	0.
	10 lr	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ă	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,024.	10,604.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411,207.	605,622.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	005,022.
				0.	0.
"	I	enefits paid to or for members (Part IX, column (A), line 4)		162,152.	185,627.
Ses	160 0	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	183,627.
Expenses	h T			<u>U.</u>	<u> </u>
Š	17 0	otal fundraising expenses (Part IX, column (D), line 25) 114,0 other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		125,794.	151,099.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
				287,946. 123,261.	336,726. 268,896.
<u>ان د</u>		evenue less expenses. Subtract line 18 from line 12		• • • •	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances) 100 T	otal acceta (Dart V. line 16)	Ве	ginning of Current Year	End of Year
325	20 ⊤	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	····:	331,512.	593,746.
1 1 1 1 1 1	21 T			37,488.	30,826.
	art II	let assets or fund balances. Subtract line 21 from line 20		294,024.	562,920.
_		ies of perjury, I declare that I have examined this return, including accompanying schedule			
					y knowleage and belief, it is
uue	i, correct,	and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	····	
0		Signature of officer		5.14.	2012
Sig				Date	
He	re	RACHEL B. TIVEN, EXECUTIVE DIRECTOR Type or print name and title			· · · · · · · · · · · · · · · · · · ·
_			i i	Date / . I Check	PTIN
n - ·	i	PrintType dreparer's name Preparer's signature		Date Check	
Pai		TIME PORTING		self-employ	
		Firm's name GELMAN, ROSENBERG & FREEDMAN	· · · · · ·	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			
_		BETHESDA, MD 20814-2930		Phone no. (301) 951-9090
<u>Ma</u>	y the IR	S discuss this return with the preparer shown above? (see instructions)	······		X Yes No

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 Х 3 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 N/AIs the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 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 Х Schedule D, Parts XI, XII, and XIII 12a 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a

Form **990** (2011)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Form 990 (2011) IMMIGRATION EQUALI Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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 2? 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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		х
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			
	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			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete 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		in.	
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
			000	

011) IMMIGRATION EQUALITY ACTION FUND Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	la l	סר		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	j		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	Ì	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	11.
	filed for the pelandary and the St. 191 to 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		4	
За		За		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	† –	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	1	 -
6a				
	any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ja		
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	-	
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	F		:
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	-		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		· ·
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1 .		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1		_
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			
С	Enter the amount of reserves on hand	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (2011)
	\cdot		\	/

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1there are number of voting members and the governing body. of It the governing body delegated broad subscript to an executive committee or similar committee, explain in Schedule 0. 1b Enter the number of voting members and interest and subscript to an executive committee or similar committee, explain in Schedule 0. 1c Enter the number of voting members included in line 1a, above, who are independent of the process of entered interest, director, trustee, or key employees to a management company or other person? 2 Did the organization have expended to a subscript or a business relationship with any other of efficiers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization have remanagement divides customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization have members, a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members as stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, attached the members of the power to elect or appoint one or more members of the governing body? 5 Did the organization ontemporaneously document the meetings field or written actions understaten during the year by the following: 6 The governing body? 8 Did the organization travel than the governing body? 9 Is there any officer, director, trustee, or key employees let of a Part VII. Section A who cannot be reached at the organization real part of the power than the governing body? 9 Is a governing body in the power to previously the following: 10 Did the organization have written policies and procedures governing the activities of such chapters,	C	Check it Schedule O contains a response to any question in this Part VI						LX_	
to fit the rain extra the number of voting members of the governing body, of the governing body, of the governing body of the governing body? 2 Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization become aware during the year of a significant diversion of the organization have members of the governing body? 9 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization online governing body? 9 Did the organization online governing body? 9 Is back normalized by the substance of the governing body? 9 Is back normalized with authority to act on behalf of the governing body? 9 Is back normalized with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10a Did to organization have bod achapters, branches, or af	Sec	tion A. Governing Body and Management							
the there are material differences in voting rights among members of the governing body, or if the governing obdy delegate broad subtroity for an acquitive comitative or similar committee, copies in Schiedule 0. b Either the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees and the committee of the organization have with any other of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 980 was filed? Did the organization have members or atochholders? Did the organization have members or atochholders, or other persons who had the power to elect or appoint one or more members of the governing body? A real power of the governing body? A real power of the governing body? Did the organization have members, atockholders, or other persons who had the power to elect or appoint one or more members of the governing body? The power of the governing body? B Did the organization company and edicitions of the organization reserved to (or subject to approva by) members, stockholders, or persons other than the governing body? The power of the governing body? B Did the organization have members or atochholders and the province of t				1.1			Yes	No	
body delegated proad authority to an executive committee or williar committee, explain in Schedule 0, be Enter then number of victing members included in line 1st, above, who are independent be a committee or victing members included in line 1st, above, who are independent be a committee or victing members included in line 1st, above, who are independent collider, director, trustee, or key employee? Did the organization delegated 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? Did the organization become award during the year of a significant diversion of the organization's assets? Did the organization become award during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, atockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization network members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By the powerning body? By the powerning body? By the powerning body? In the organization onetwork members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By the powerning body? By the	1a		1a		15				
b Enter the number of volting members included in line 1a, above, who are independent 10 1 14 2 2 10 ist 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 2 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 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was flied? 4 4 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaeously document the meatings held or written actions undertaken during the year by the following: 8 To persons other than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization of make the power to elect or appoint one or programation in a proper to the programation in patient gathers? If Yes, provide the names and advisesses in Schedule O. 9 Is a Did the organization have local chapturs, branches, or affiliates? 10 If Yes, 2 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization required by the Internal Revenue Code.) 10 If Yes, 2 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to required by the Internal Revenue Code.) 11 Is A Did the organization have									
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 employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustrees, or key employees to a management company or other person? 4 Did the organization become award during the year of a significant divorsion of the organization's assets? 5 Did the organization become award during the year of a significant divorsion of the organization's assets? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Bid the organization commempraneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Bid and the power of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization tender the governing body? 9 Is the end of interest evit authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in summarized by the process of the power of the process of the organization state of the process of the process of the power of the process of the proc				-					
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		RACHEL B. TIVEN - 212-714-2904				•			
40 EXCHANGE PLACE, SUITE 1705, NEW YORK, NY 10005	Anno	40 EXCHANGE PLACE, SUITE 1705, NEW YORK, NY 10005	<u> </u>						

132006 01-23-12

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

X

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 catendar 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.
- 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.

CHAIR	Check this box if neither the organic (A) Name and Title	(B) Average hours per week	(do box offi	not c	Pos Pos heck ss pe	C) ition more erson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
AACHEL TIVEN A		hours for related organizations in Schedule	trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	. •	from the organization and related
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CHAIR		4.40	X	_	X		_		0.	102,664.	11,063.
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	hours for related organizations in Schedule	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fro orga and	oensa om the anizati I relate nizatio	e on ed
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c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	• • • • •		. .				0.	102,6	0.		.,06	0.
Total number of individuals (including but n compensation from the organization							no re					. , 0 (
Did the organization list any former officer,	director or tru	unto c	. ko	on	anlo		or i	highoot componented a		 _		Yes	No
line 1a? If "Yes," complete Schedule J for sa	uch individual								•	<u> </u>	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										; 	5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	depe	nde	nt co	ontr	acto	rs ti	hat received more than	\$100,000 of con	npensa	tion fr	om.	
the organization. Report compensation for (A)	he calendar y	eare	endi	ng w	ith o	or w	ithin	n the organization's tax y	/ear.		(C)	1	
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	<u> </u>												
												· · · · · ·	
2 Total number of independent contractors (in \$100,000 of compensation from the organize		ot lir	nite	d to	thos (ted	above) who received m	ore than	: 			
										F	orm 9	90 0	011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a				1.	
e in	b	Membership dues	1b					
Am (c	Fundraising events	1c	63,084.				
뜵늍	d	Related organizations	1d	230,000.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	tions) 1e	· · · · · · · · · · · · · · · · · · ·				
	f	All other contributions, gifts, gran	its, and					
		similar amounts not included abo		301,934.				
age.		Noncash contributions included in lines						
ਹੋ ਕੋ	<u>h</u>	Total. Add lines 1a-1f		· 1	595,018.			
ŀ				Business Code				医斯勒克氏病
ဋ	2 a							
e S	b							
H S	C		-					
Re	d							
Program Service Revenue	е.		·				·	
_		All other program service reve						The second
\rightarrow	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including				lo ur — Braw Klauri — 199	<u>Le desta a la difi</u>	
	3	other similar amounts)						•
	4	Income from investment of ta						
	5	Royalties	•	•			····	
	J	noyanios	(i) Real	(ii) Personal				1
	6 a	Gross rents						· ·
	b							
	c							
	d				1		•	
		Gross amount from sales of	(i) Securities					
		assets other than inventory	(A)					· ·
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)			·	•		
<u>u</u>	8 a		•					
Other Revenu		including \$ 63,0						
ě		contributions reported on line						
占		Part IV, line 18		a 25, <u>000.</u>			1	
美	b	Less: direct expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14,436.				
	c	Net income or (loss) from fund	draising events	>	10,564.			10,564.
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
]		Less: direct expenses		b				
		Net income or (loss) from gam	-	<u></u>				
.	10 a	Gross sales of inventory, less		-				
		and allowances	6	a	<u> </u>			
İ		Less: cost of goods sold		b			·	
+	C	Net income or (loss) from sale						
-		Miscellaneous Revenu	ie	Business Code				
		MISCELLANEOUS		900099	40.			40.
	b	·						
	C							·
		All other revenue			4.0			1
ļ		Total. Add lines 11a-11d			40.			10 604
13200	<u>12</u>	Total revenue. See instructions.			605,622.	0.	0.	10,604.

Form 990 (2011) IMMIGRATION EQUALITY ACTION FUND Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	. otal oxpolises	expenses	general expenses	expenses
	Grants and other assistance to governments and	İ			
	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in				<u>. Dikita barin 1 Jiliyahi</u>
	the United States. See Part IV, line 22				
				i 175. Baile Swari sigildiki. Dinawa 2001 ili dawari d	
	Grants and other assistance to governments, organizations, and individuals outside the				
	=		•		
	United States. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·	louinis in Californi (del California). Il 1908 e la 1908 de la 1908 de la 1908 de	
	Benefits paid to or for members				<u>關係。因此公共,食</u> 多
	Compensation of current officers, directors,	15 404	2 007	F 025	. = 0.40
	crustees, and key employees	15,404.	2,927.	5,237.	7,240
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	141 067	06 001	1 650	
	Other salaries and wages	141,867.	86,221.	1,678.	53,968
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	16 700	10 440		
	Other employee benefits	16,782.	10,448.	3.	6,331
	Payroll taxes	11,574.	6,623.	460.	4,491
	Fees for services (non-employees);				
	Management	000	<u> </u>	010	
	_egal	906.	659.	219.	28
	Accounting	7,346.	5,340.	1,779.	227
	_obbying	20,250.	20,250.		
	Professional fundraising services. See Part IV, line 17				·
	nvestment management fees	7 (11		5 746	250
	Other	7,611.	3.	6,746.	862
	Advertising and promotion	16,968.	8,077.	101	8,891
	Office expenses	10,358.	2,015.	191.	8,152
4 - 1	nformation technology	28,129.	23,238.	244.	4,647
	Royalties	22 000	14 000	700	
	Occupancy	23,889.	14,829.	790.	8,270
	Fravel	10,620.	8,741.	692.	1,187
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1 040	1 475	000	
	Conferences, conventions, and meetings	1,849.	1,475.	282.	92
	nterest		· · · · · · · · · · · · · · · · · · ·		
1 F	Payments to affiliates		·		
	Depreciation, depletion, and amortization	1 210	602		
	nsurance Other expenses, Itemize expenses not covered	1,219.	693.	74.	452
a	bove, (List miscellaneous expenses in line 24e. If line			• •	
2	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	10 016	10 001		
	FOOD AND REFRESHMENTS	19,216.	10,801.	32.	8,383
_	MISCELLANEOUS	1,642.	822.	60.	760
	STAFF TRAINING/DEV.	1,013.	489.	509.	15
	DUES & SUBSCRIPTIONS	83.	47.	9.	27
	All other expenses	226 726	000 600	10 005	
	Total functional expenses. Add fines 1 through 24e	336,726.	203,698.	19,005.	114,023
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		315,238.	1	593,225.
	2	Savings and temporary cash investments			2	33372231
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	517.
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee		_		
	6	of Schedule L Receivables from other disqualified persons (as	dofined under section		5	
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru				The Cartinate State of the Stat
ets	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		······································		
٩	9	Prepaid expenses and deferred charges		12,274.	8	
	10a		l	14,414.	9	4.
	104	basis. Complete Part VI of Schedule D	102			
	b	_				
	11	Investments - publicly traded securities		 	10c	
	12	Investments - other securities. See Part IV, line 1	1		11	
	13	Investments - program-related. See Part IV, line	'		12	
	14	Intangible assets		13		
	15	Other assets. See Part IV, line 11		4,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	331,512.	16	593,746.
	17	Accounts payable and accrued expenses		37,488.	17	30,826.
	18	Grants payable	***************************************	37, 200.	18	30,620.
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
Ø	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D	· · · ·	21	
ij	22	Payables to current and former officers, director				· · · · · · · · · · · · · · · · · · ·
Liabilities		highest compensated employees, and disqualified	ed persons. Complete Part II			
	23	***************************************			_22	
	24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			23	
	25	Other liabilities (including federal income tax, pay			24	
	25	parties, and other liabilities not included on lines				
	26	Schedule D Total liabilities. Add lines 17 through 25		37,488.	25	30 006
		Organizations that follow SFAS 117, check he		37,400.	26	30,826.
Ó		lines 27 through 29, and lines 33 and 34.	and complete			
Net Assets or Fund Balances	27	Unrestricted net assets		294,024.	27	332,920.
a	28	Temporarily restricted net assets	***************************************	254,024.	28	230,000.
B	29				29	230,000.
5		Organizations that do not follow SFAS 117, ch				
P.		complete lines 30 through 34.	dia dia			
sts	30	Capital stock or trust principal, or current funds		30		
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
ìt A	32	Retained earnings, endowment, accumulated inc			32	
ž	33	Total net assets or fund balances		294,024.	33	562,920.
	34	Total liabilities and net assets/fund balances	······································	331,512.	34	593,746.
	·				J4 ,	Form 990 (2011)

Forn	1990 (2011) IMMIGRATION EQUALITY ACTION FUND	27-088	3049	Par	ae 12
Pa	rt XI Reconciliation of Net Assets		<u> </u>	, a	<u> </u>
	Check if Schedule O contains a response to any question in this Part XI				
					 -
1	Total revenue (must equal Part VIII, column (A), line 12)	[1].	605	. 6	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	294		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	562	. 9	$\overline{20}$.
Pa	T XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Sta 1: 3		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		104	de Pr
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	\mathbf{x}	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	dona			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		•	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> 4144.,</u> 444	3b		
			Form 9	90 (2	2011)

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organizat	Employer identification number			
	IMMIGRATION EQUALITY ACTION FUND	27-0888049		
Organization type (che	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
General Rule X For an organiza	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special action filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in implete Parts I and II.			
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the (70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.	egulations under sections ne greater of (1) \$5,000 or (2) 2%		
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or conference of cruelty to children or animals. Complete Parts I, II, and III.	ntributor, during the year, educational purposes, or		
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cor or use exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclus at complete any of the parts unless the General Rule applies to this organization becaus able, etc., contributions of \$5,000 or more during the year.	total to more than \$1,000. ively religious, charitable, etc., e it received nonexclusively		
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedul on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Pa eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	e B (Form 990, 990-EZ, or 990-PF), art I, line 2 of its Form 990-PF, to		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

IMMIGRATION EQUALITY ACTION FUND

27-0888049

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u> </u>	\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

IMMIGRATION EQUALITY ACTION FUND

27-0888049

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$230,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 01-23	12	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

IMMIGRATION EQUALITY ACTION FUND

27-0888049

(a) No. from Part I (a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) (b) (c) FMV (or estimate) (see instructions)	(d) Date received (d) Date received
(a) No. (b) (c)	
No. (c)	
from Description of noncash property given (see instructions)	
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>	
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions)	(d) Date received
	990-F7 or 990-PF\(2011)

nization		Employer identification number
Exclusively religious charitable etc. indi-	vidual contributions to eaction E01/oV	27~0888049
the total of exclusively religious, charitable, et	ne following line entry. For organizations c., contributions of \$1,000 or less for th	s completing Part III, enter ne year. (Enter this information once.) \$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	_	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of nift	(d) Description of how gift is held
(2)	(o) Osc of gift	(u) Description of now gift is field
Transferration 11	(e) Transfer of gift	
Transieree's flame, address, ar	30 ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	ATION EQUALITY ACTION Exclusively religious, charitable, etc., indiversity of exclusively religious, charitable, etc., indiversity etc. (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift	ATION EQUALITY ACTION FUND Exclusively religious, charitable, etc., individual contributions to section 501(c)' year. Complete columns (a) through (e) and the following line entry. For organization the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for it Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (h) Purpose of gift

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

IMMIGRATION EQUALITY ACTION FUND

Employer identification number 27-0888049

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		on place and a second of the s
		(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 w	riting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
		donor devisor, or for any other purpose	
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		7.
	Preservation of land for public use (e.g., recreation or ec		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		tined filstone structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		TOTAL CONSCIVATION CASCINGING OF THE IAST
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b			1 1
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
· d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year >	and any analog of committee of an	· · ·
4	Number of states where property subject to conservation easi	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		•
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemer	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of pu	ablic 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 trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11		ga, provido
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b			\$
	,	***************************************	

132051 01-23-12

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

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 IMMIGRA	TION EQUAL	YTI	ACTION	I FUND		2	7-08	8804	9 Pa	age 2
Pai	rt III Organizations Maintaining (Collections of A	rt, His	torical Tı	reasures,	or Other	Simila	r Asse	ts (conti	nued))
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a sig	nificant u	se of its	collection	n item	s
	(check all that apply):										
а	Public exhibition	C	, L	Loan or exc	change prog	rams					
b	Scholarly research	6									
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	the organiza	tion's exem	pt purpos	e in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or ot	ner similar a	 Issets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered	"Yes" to F	orm 990.	Part IV.	ine 9. or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:		***************************************					. 110
		-	ŭ		•	•			Amount		
c	Beginning balance						1c				
đ	Additions during the year				***************************************		1d		-		
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		***************************************		<u> </u>		Yes		No
b	If "Yes," explain the arrangement in Part XIV		•••			***************************************	*******************		_ 100		, 110
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Par	t IV, line 10.					
		(a) Current year	1	rior year	(c) Two year) Three yea	ars back	(e) Four	vears	hack
1a	Beginning of year balance				, , , , , ,	1,000		are busic	(0) 00.	,,,,,,,	- Contract
b	Contributions				-				1.55		
c	Net investment earnings, gains, and losses										
d	Grants or scholarships	·					•				
е	Other expenditures for facilities									Ti	
	and programs										
f	Administrative expenses										- 14
g	End of year balance				"				- 1		
2	Provide the estimated percentage of the cur-	rent vear end balanc	e (line 1	a. column (a	a)) held as:						
а	Board designated or quasi-endowment		%	,	,,						
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	 %		•							
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%.	-								
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administ	ered for the	organiza:	tion			
	by:	_					5		1	Yes	No
	(i) unrelated organizations								3a(i)	100	
	(ii) related organizations		************				••••••	************	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schec	ule R?				* * • • • • • • • • • • • • • • • • • •	3b	$\neg \dagger$	
4	Describe in Part XIV the intended uses of the	organization's endo	wment 1	funds.	***************************************		***********		_ 	l.	
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.							
	Description of property	(a) Cost or o			or other	(c) Acc	umulated		(d) Book	value	
		basis (investr		• •	(other)		eciation		(u) Book	valuo	
1a	Land										
	Buildings										
С	Leasehold improvements							_			
	Equipment					,	· ·	-			
	Other						 				-
	Add lines 1a through 1e. (Column (d) must e		X. colun	an (B) line 1	O(c))	<u> </u>					

Schedule D (Form 990) 2011

132053 01-23-12

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740).

	rt XI Reconciliation of Change in Net Assets from Form 990 t				888049 Page 4
				atements	· · · · · · · · · · · · · · · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)				605,622.
2	Total expenses (Form 990, Part IX, column (A), line 25)				336,726.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	···	<u> 268,896.</u>		
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)	,	8		·
9	Total adjustments (net). Add lines 4 through 8		9		252 225
10 Dai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at XII Reconciliation of Revenue per Audited Financial Statem	ind 9		Detum	268,896.
	Total revenue, gains, and other support per audited financial statements				COF COO
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	605,622.
a		0-			
a b	Net unrealized gains on investments Donated services and use of facilities				·
C C	Recoveries of prior year grants Other (Cognition in Part VIV.)			-	
d	Other (Describe in Part XIV.) Add lines 2a through 2d	., [20]			0
e					0.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••		3	605,622.
-	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1			
a b					
C D	Other (Describe in Part XIV.) Add lines 4a and 4b			\dashv . \vdash	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	605,622.
	t XIII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Fynenses n	5 er Retur	005,0 <u>44.</u>
1	Total expenses and losses per audited financial statements				336,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		" '	330,720.
a	Donated services and use of facilities	2a			
b	Prior year adjustments				•
c	Other losses	1 1		\dashv \dagger	
d	Other (Describe in Part XIV.)	··			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				336,726.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			··	330,720.
, a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Departhe in Bert VIV)	4b	-		
c	Add lines 4a and 4b	10		10	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************************************	4c	336,726.
	t XIV Supplemental Information			<u> 9_ _</u>	330,120.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a a	and 4: Part IV lines	s 1b and 2b	y Part V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				
	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL				
			12210 0111	122110	DOINE
(F/	ASB) RELEASED FASB ASC 740-10, INCOME TAXE	S, THA	T PROVIDE	ES GUI	DANCE FOR
			<u></u>		
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR T	THE YEA	R ENDED I	DECEMB	ER 31,
<u> 20:</u>	11, THE ORGANIZATIONS HAVE DOCUMENTED THE	R CONS	IDERATION	OF F	ASB ASC
74	0-10 AND DETERMINED THAT NO MATERIAL UNCER	T MIATS	'AX POSITI	CONS Q	UALIFY FOR
EI	THER RECOGNITION OR DISCLOSURE IN THE COME	BINED F	INANCIAL	STATE	MENTS. THE
FE1	DERAL FORM 990, RETURN OF ORGANIZATION EXP	MPT FR	OM INCOME	E TAX,	IS
~;···					
<u> ೪U</u>	BJECT TO EXAMINATION BY THE INTERNAL REVEN	NUE SER	VICE, GEN	VERALL	· · · · · · · · · · · · · · · · · · ·
13205				Schedu	le D (Form 990) 2011

Schedule [(Form 990)	2011	-	IMM:	IGRATION (continued)	EQUALITY	ACTION	FUND	27-	<u>-0888049</u>	Page 5
ran An	Supplei	mental in	torm	ation	(continued)					•	
THREE	YEARS	AFTER	IT	IS	FILED.						
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization						ntification number
Francisco A - 12-212-	CION EQUALITY ACT				27-0888	
Part I required to complete this part.	Complete if the organization answ	ered "Y	es" to	o Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations 	e Solicita	ition of	non-g	Check all that apply. overnment grants nment grants		÷
c Phone solicitations d In-person solicitations	g 🔲 Specia					
 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the compensated. 	rt VII) or entity in connection with priduals or entities (fundraisers) purs	orofess	ional f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
· · · · · · · · · · · · · · · · · · ·			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
<u> </u>					• .	
Total 3 List all states in which the organization or licensing.			utions	s or has been notified	l it is exempt from r	egistration
or licensing.						······································
			· · ·			

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

Schedule G (Form 990 or 990-EZ) 2011

Pa	eau Irt	le G (Form 990 or 990-EZ) 2011 IMMIGRA II Fundraising Events. Complete if the	ATION EQUALIT ne organization answered	<u>Y ACTION FUN</u> I "Yes" to Form 990, Pa	ND 27 rt IV, line 18, or reported	-0888049 Page 2 more than \$15,000
		of fundraising event contributions and g				
			(a) Event #1 SAFE HAVEN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AWARDS (event type)	(event type)	(total number)	- col. (c))
nue			(event type)	(everit type)	(total number)	
Revenue	1	Gross receipts	88,084.			88,084.
	2	Less: Charitable contributions	63,084.			63,084.
	3	Gross income (line 1 minus line 2)	25,000.			25,000.
	4	Cash prizes				
ses	5	Noncash prizes				
Expenses	6	Rent/facility costs	1,208.			1,208.
Direct	7	Food and beverages	13,228.			13,228.
	8	Entertainment			4	
	9	Other direct expenses				
	10		h 9 in column (d)		>	(14,436)
Do	11 irt l	Net income summary. Combine line 3, colum	n (d), and line 10		<u></u>	10,564.
ГС		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
- en		ψ 13,000 0111 01111 330 E.Z., nile oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						ountary a modern con (o)
		8				
		Gross revenue			-	·
ses	2					
Expenses	2	,				
Direct Expenses	3	Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes				
ect	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	Yes%	Yes%	
ect	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	No	No No	
ect	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d)	No	No No	()
ect	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d)	No	No No	
Direct	3 4 5 6 7 8 Entities to state the state of t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate the organization licensed to operate gaming act	Yes% No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these	No states?	No No	Yes No
Direct	3 4 5 6 7 8 Entities to state the state of t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization opera	Yes% No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these	No states?	No No	Yes No
9 a b	3 4 5 6 7 8 Entitle if " West West West West West West West West	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming action," explain:	Yes% No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these s	No states?	No D	
9 a b	3 4 5 6 7 8 Entitle if " West West West West West West West West	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming action," explain:	Yes% No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these services.	No states?	No D	

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

11 Does the organization operate gaming activities with nonmembers?	<u>-088</u> 8	<u>049</u>	Page 3
The Bode the organization operate garning activities with nonlinerabels:		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
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		. 9
b An outside facility	13b		9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
		<u> </u>	
Address >			
			· · · · · · · · · · · · · · · · · · ·
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
• Too, onto hamo and address of the third party.			
Name >			
Name >			
Address ▶			
Address	-		
40. Coming manage information.	•		
16 Gaming manager information:			
No			-
Name			
Gaming manager compensation > \$			
Description of services provided -			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	[] ·	Yes	L 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 🕨 \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and	⊃art III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informat	ion (see i	nstruct	ions).
·			

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.

2011 Open to Public Inspection

Name of the organization

IMMIGRATION EQUALITY ACTION FUND

Employer identification number 27-0888049

FORM	990),]	PART	III,	LINE	1,	DESCRIPTION	OF	ORGANIZATION MISSION:
7 NTV :	כודע ע	7 . T. T	т т мо	WT (*D 7\r	וא∩דיי	DTTT	DDODOGATO	TNC	TIDING DIM NOM LIMINDO MO
WINT 1	HIND	ADI	_ <u> </u>	MIGRA.	LION	היהדם	PROPOSALS,	TIME	CLUDING BUT NOT LIMITED TO
REFO	RM C	FI	DETE	NOITE	STAN	IDARD	S, INADMISS	ABII	LITY REGULATIONS AND ASYLUM
STANI	DARL	S.					· · · · · · · · · · · · · · · · · · ·		

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS THEN PROVIDED

TO THE FINANCE AND AUDIT COMMITTEES IN AN ELECTRONIC FORMAT FOR REVIEW.

AFTER AN ADEQUATE REVIEW PERIOD, THERE WAS A CONFERENCE CALL WITH ALL THE

COMMITTEE MEMBERS AND MANAGEMENT TO DISCUSS ANY ISSUES, CONCERNS OR

RECOMMENDATIONS REGARDING THE COMPLETION OF THE 990. ONCE ALL PARTIES WERE

IN AGREEMENT, THE FINAL FORM 990 WAS PROVIDED TO THE FULL BOARD AND THEN

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, OFFICERS AND EMPLOYEES MUST DISCLOSE TO THE BOARD OF DIRECTORS THE EXISTENCE OF ANY MATERIAL FINANCIAL INTEREST IN ANY ENTITY WITH WHICH HE OR SHE KNOWS OR HAS REASON TO KNOW THAT THE ORGANIZATION HAS OR IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. DIRECTORS, OFFICERS AND EMPLOYEES MUST ALSO DISCLOSE ANY FIDUCIARY DUTY TO A PERSON OR ENTITY OTHER THAN THE ORGANIZATION THAT MIGHT JEOPARDIZE THE DIRECTOR'S, OFFICER'S OR EMPLOYEE'S ABILITY TO EXERCISE INDEPENDENT JUDGMENT AND ACT IN THE BEST INTERESTS OF THE ORGANIZATION.

THE BOARD DETERMINES WHETHER OR NOT A DISCLOSED FINANCIAL INTEREST OR

FIDUCIARY DUTY CREATES A CONFLICT OF INTEREST. THE INTERESTED DIRECTOR,

OFFICER OR EMPLOYEE DOES NOT PARTICIPATE IN OR HEAR THE BOARD'S DISCUSSION

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

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization IMMIGRATION EQUALITY ACTION FUND	Employer identification number 27-0888049
OF THE MATTER, EXCEPT TO DISCLOSE ALL MATERIAL FACTS AND	TO RESPOND TO
QUESTIONS. SUCH PERSON DOES NOT ATTEMPT TO EXERT HIS OR	HER PERSONAL
INFLUENCE WITH RESPECT TO THE MATTER.	
	·
IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXIST	S, IT ENSURES THAT
THE INTERESTED DIRECTOR, OFFICER OR EMPLOYEE DOES NOT PAR	TICIPATE IN FINAL
DECISION MAKING WITH REGARD TO THE TRANSACTION. THE BOAR	D MAY CONSIDER AND
APPROVE THE TRANSACTION OR ARRANGEMENT IF: (1) THE INTERE	STED DIRECTOR,
OFFICER OR EMPLOYEE IS RECUSED FROM ALL CONSIDERATION AND	DELIBERATION OF
THE MATTER; AND (2) THE BOARD DETERMINES THAT THE TRANSAC	TION OR
ARRANGEMENT IS: (A) IN THE ORGANIZATION'S BEST INTERESTS	AND FOR ITS OWN
BENEFIT; (B) FAIR AND REASONABLE TO THE ORGANIZATION; AND	(C) THE MOST
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THE ORGANIZATION	CAN OBTAIN WITH
REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.	· .
IF A DIRECTOR, OFFICER OR EMPLOYEE VIOLATES THIS CONFLICT	OF INTEREST
POLICY, THE BOARD, IN ORDER TO PROTECT THE ORGANIZATION'S	BEST INTERESTS,
TAKES APPROPRIATE DISCIPLINARY ACTION AGAINST THE INTERES	TED PERSON. SUCH
ACTION MAY INCLUDE FORMAL REPRIMAND, CANCELLATION OF THE	TRANSACTION OR
ARRANGEMENT GENERATING THE CONFLICT, SUSPENSION OF EMPLOY	MENT, AND/OR
REMOVAL FROM THE BOARD.	
IMMIGRATION EQUALITY ACTION FUND PLANS TO ADOPT AN ANNUAL	CONFLICT OF
INTEREST ATTESTATION PROCESS IN 2012.	
FORM 990, PART VI, SECTION B, LINE 15A: IMMIGRATION EQUAL	ITY ACTION FUND

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization IMMIGRATION EQUALITY ACTION FUND	Employer identification number 27 – 0888049
RELIES ON IE TO DETERMINE COMPENSATION. IE'S PROCESS FOR	DETERMINING THE
EXECUTIVE DIRECTOR'S COMPENSATION IS: THE NOMINATING AND	GOVERNANCE
COMMITTEE MEETS TO DISCUSS THE EXECUTIVE DIRECTOR'S PERFO	RMANCE, EVALUATING
PROGRESS ON PAST GOALS AND SETTING NEW PERFORMANCE GOALS.	A WRITTEN REPORT
IS CREATED AND THEN PASSED ON TO THE EXECUTIVE COMMITTEE.	THE EXECUTIVE
COMMITTEE TAKES THIS WRITTEN REPORT, ALONG WITH ITS REVIE	W OF PEER AND
POSITION-SPECIFIC BENCHMARKING DATA FROM MULTIPLE INDEPEN	DENT SOURCES, INTO
CONSIDERATION WHEN IT DETERMINES EXECUTIVE DIRECTOR COMPE	NSATION. THE
COMMITTEES KEEP CONTEMPORANEOUS NOTES OF THEIR DELIBERATI	ONS AND DECISIONS.
THIS PROCESS WAS LAST COMPLETED IN AUGUST 2011.	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VII, SECTION A: RACHEL TIVEN, EXECUTIVE DI	RECTOR, SPENDS
4.4 HOURS PER WEEK ON IMMIGRATION EQUALITY ACTION FUND, A	ND 35.6 HOURS
PER WEEK ON A RELATED ORGANIZATION, IMMIGRATION EQUALITY.	
· · · · · · · · · · · · · · · · · · ·	·
	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

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

Part

IMMIGRATION EQUALITY ACTION FUND

27-0888049

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Section 512(b)(13) controlled ž × entity? Yes Direct controlling entity N/A status (if section 501(c)(3)) Public charity INE 7 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) IEW YORK EDUCATION, OUTREACH AND Primary activity ADVOCACY IMMIGRATION EQUALITY - 13-3802711 Name, address, and EIN of related organization 40 EXCHANGE PLACE, SUITE 1705 NY 10005 NEW YORK,

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

27-0888049 Page 2

Schedule R (Form 990) 2011 IMMIGRATION EQUALITY ACTION FUND

Part III

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

(a)	<u> </u>	ပ	<u></u>	(e)	£	(a)	Ξ	€	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e Share of total income der	Share of end-of-year at assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
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	·									
		·								
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable as poration or trust during	s a Corpo g the tax y	ration or Trust (Cor ear.)	nplete if the organi	zation answered "Yes	to Form 990, Part	. IV, line 34 k	oecause it had or	te or mo	re related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity	(c) Ity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) total Share of end-of-year assets		(h) Percentage ownership
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132162 01-23-12				30				Schedule	R (Form	Schedule R (Form 990) 2011

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

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During the tax year, did the organization engage in any of the following transactions with one of more related organizations useed in Parts II-1V?																			nships and transaction	nships and transaction	nships and transaction	nships and transaction Method	nships and transaction Method	nships and transaction Method	nships and transaction ame	nships and transaction amo
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Page 4

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

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

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Name, address, and EIN of entity	Primary activity	ë ë	Predominant income partners sec. (related, unrelated, organ excluded from tax	•	بر بر	Disproportionate allocations?	Dispropor Code V-UBI General of Percentage finante amount in box 20 managing ownership	General or managing partner?	(K) Percentage ownership
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							Schedule	R (Form	Schedule R (Form 990) 2011

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Schedule R	(Form 990) 2011	IMMIGRATION	EQUALITY	ACTION	FUND	27-0888049 F	Page 5
Part VII	(Form 990) 2011 Supplemental Inform	mation					ugo O
	Complete this part to prov	vide additional informatio	n for responses to	questions on	Schedule R (see instruc	tions).	
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