## TNIMMIG

Form

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 2009 Open to Public

For the 2009 calendar year, or tax year beginning , and ending				1300 HISPACTION 100
Check if applicable: Please C Name of organization TENNESSEE IMMIGRANT AND RI	EFUGEE		D Emplo	yer identification number
Address change Use IRS RIGHTS COALTTON			o milpic	yer identilication number
Name change   Iabel or   Doing Business As   Doing Business As			20-	-0121100
type. Number and street for P.D. box if mail is not delivered to street address)		com/suite		ione number
See 446 METROPLEX DRIVE, BUILDING A		224	•	5-833-038 <b>4</b>
Termination Specific City or town, state or country, and ZIP + 4			G Gross rece	
Amended return tions. NASHVILLE TN 37211			G (1053 1808	ps 009,04
Application pending F Name and address of principal officer:			H(s) (e this	a group return for
STEPHEN FOTOPULOS			alfiliate	
446 METROPLEX DRIVE, BUILDING A			H(b) Are all	alfalates 777
NASHVILLE TN 37211			include	atlach a list. (see instructions)
Tax-exempt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	7		,	anacii a nac (see manucuons)
Website: ▶ WWW.TNIMMIGRANT.ORG			HIC) Group	exemption number
Type of organization: X Corporation Trust Association Other ▶	L. Year			M State of legal domicite: T
Part 1 Summary				in Claic of regardulinate, &
Briefly describe the organization's mission or most significant activities:	**			
SEE SCHEDIUE O		* * * * * * * * * * * * * * * * * * * *		
***************************************			• • • • • • • • •	
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2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of n			• • • • • • •	· - · · · · · · · · · · · · · · · · · ·
1 2 Alembar of voting members of the recognics had a final to the day			1 1	4.0
3 Number of voting members of the governing body (Part VI, line 1a)			. 3	13
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •		4	13
5 Total number of employees (Part V, line 2a)			. 5	14
6 Total number of volunteers (estimate if necessary)			6	40
7a Total gross unrelated business revenue from Part VIII, column (C), line 12			. 7a	
b Net unrelated business taxable income from Form 990-T, line 34			. 7b	
	ļ	Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)		654	,330	653,80
9 Program service revenue (Part VIII, line 2g)		···		2,97
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			971	1,52
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76	,732	30,740
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		732	,033	689,040
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		21	,370	
14 Benefits paid to or for members (Part IX, column (A), line 4)	,			
45 Calarias albas assessmentias assets as bounts (Del W. J. 181 B. J. 181	,	451	,896	419,705
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 88, 4	,,,,,,,,,			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 88.4	126	36.161 J. 188	3277	111112
17 Other expenses (Part IX, column (A), lines 11a-11d, 11i-24f)	7.7.7.7.7.7.	241	,123	238,464
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·		,389	
19 Revenue less expenses. Subtract line 18 from line 12	, , . , ,		. 644	658,169
	······································	aginning of Curre		30 , 871 End of Year
20 Total assets (Part X, line 16)	r		,641	
94 Tatal Sahilistan (Part V. San 76)	l l		,540	406,485
22 Net assets or fund balances. Subtract line 21 from line 20	·····			15,513
Part II Signature Block /	· · · · · · · · · · · · · · · · · · ·	<u> </u>	,101	390,972
Under penalties of perjury, I declare that I have examined this return, including accompany and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is ba	ing schedules and s	tatements, and to	the best of	my knowledge
	asca on as kholitigi	on or writer prepa	nernasany	KIKWIedge,
ign / in file				
ere Signature of officer			Date	
SARA JANE SALIBA	DIRECTO	OR OF F	INANCE	
Type or print name and title				
Preparer's 71,0/m	Date	Check if		Preparer's Identifying number
ald signature MALET MALL CPA	11.15.20	1		(see instructions) P00038531
eparers RIANKENSHIP CDA CROUD DI		Lampluye	1	45-0491842
se Only Firm's name (or yours if self-employed), 109 WESTPARK DRIVE, SUITE			<del>                                     </del>	#U_042T045
address, and 2IP + 4 BRENTWOOD, TN 37027-5032	**************************************		Phone	61E272 2774
			no.	615-373-3771
to the IRS discuss this return with the preparer shows shows? (eas instructions)				(25)
ay the IRS discuss this return with the preparer shown above? (see instructions) or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				X Yes N Form 990 (2009

Form 990 (2009) <b>TENNESSE</b>	E IMMIGRANT	AND REFUGEE	20-0121100	Page
		Accomplishments		Faye
1 Briefly describe the organiza	***************************************			
SEE SCHEDULE O				
				· · · · · · · · · · · · · · · · · · ·
***************************************				
* * * * * * * * * * * * * * * * * * * *				
2 Did the organization undertal	ke any significant progra	m services during the year	ar which were not listed on	
the prior Form 990 or 990-E2	7 C			ि जि
If "Yes," describe these new				Yes X N
3 Did the organization cease c			ondusts, only progress	
services?				
If "Yes," describe these chan	ines on Schedule O			Yes X N
	•	of the organization's thro	e largest program services by exp	
			e required to report the amount of	
allocations to others, the total				grants and
and date to out order, the rotal	r expenses, and revenue	s, ir arry, for each program	i service reported.	
4a (Code: ) (Expense	25 9 217	,676 including grants	2 1-	
COMMUNITY ORGAN:	TOTNIC AND BA	OF DITTITION	COT DUNICHTED ALC	) (Revenue \$
IMMIGRANT LED O				
TECHNICAL ASSIS				
OPPORTUNITIES F				
			GEE ORGANIZATION	
EDIADELDIED GIA	SPECOTO THEE	GKMII & KEFU	GEE ORGANIZATION	<b>5.</b> 
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41 (0 1		E C A		
4b (Code: ) (Expense	S S SUNNOW	564 including grants	of \$	) (Revenue \$
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	- 100	400		
4c (Code: ) (Expense		497 including grants		) (Revenue \$
PUBLIC AWARENESS	<u> </u>	INCREASE PU		
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THE REALITIES OF		MIGRATION SYS		**************
FOSTERING POSIT			TLDING ALLIANCES	*******
WITH OTHER MARG	INALIZED GRO	UPS IN THE B	ROADER TENNESSEE	******
COMMUNITY.				******************
*				******************
* * * * * * * * * * * * * * * * * * * *				*************
			* - * *	
*****************			*************************	
4d Other program services. (Des				
(Expenses \$	including	grants of \$	) (Revenue \$	)
4e Total program service expe	nses 🕨	437,737		

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		, 03	110
	complete Schedule A	1	х	
2	le the constitution provided to complete Calculate C. Catalant and C. Catalant	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 22	
•	condidates for public office? If "Vec." complete Cabadida O. Darid	_		•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		X
7	Schedule C, Part II		7.7	
E	***************************************	_4	X	ļ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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 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	Ť		
	guasi-endowments? If "Vas " complete Schedulo D. Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI.	''		- 11
	VII VIII IX or X as applicable		х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	<u> </u>	Bankir (Sala
•	Schedule D, Part VI.			
•	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.			
	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.			
•	Did the organization report an amount for other assets related 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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	500000		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	W3600000	<b>X</b>
14a	Did the organization maintain an office, ampleyons or aposts systems of the United Cartes?	14a		X
b	Did the organization maintain an office, employees, or agents office officed states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	148		
	hydrogen and program applies activities autoide the lighted Object 1 5 Days		ì	7.7
4 =		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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		Ì	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	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	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	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "You " complete Schoolule G. Dest III	19	ŀ	х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The second secon		990	

Р	art IV Checklist of Required Schedules (continued)			aye 4
"			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		X
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		X
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		
С		-75		
	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		240		
	with a disguislified person during the year? If "Yes a complete Schedule 1. Ded 1.	25-		х
b	***************************************	25a		
U				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
00	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		_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?		İ	
	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 instructions for applicable filing thresholds, conditions, and exceptions):			
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
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
~_	Schedule N, Part II	,,		v
33		32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ì	
	Schedule R, Part V, line 2	35		<u> </u>
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		X
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
			990	

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 16 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .... Х 1c 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 14 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O h 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b X If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? а 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and management					
1.5	Enter the number of votine members of the security had.	1 . 1	1.5	0.000	Yes	No
1a h	Enter the number of voting members of the governing body  Enter the number of voting members that are independent	1a	13			
ь 2	**************************************	1b	13	-		
-	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?			10000000		
3				2	<del> </del>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
4	supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was file			3	├	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			4	<del></del>	X
6	Does the organization have members or stockholders?			5	37	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			6	X	
<i>,</i> a	of the governing body?				7.7	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7a	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			7b	X	550A350000
٠	the year by the following:					
а	The governing body?			1000000		SSASSA:
b	Each committee with outbooks to people of the covering heart?			8a	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			8b	X	
J	at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O					v
Sec	tion B. Policies (This Section B requests information about policies not required by the Ir	tornal		9	<u>i</u>	X
	enue Code.)	iterriai				
	0.00 00001			***************************************	V-	
10a	Does the organization have local chapters, branches, or affiliates?			100	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			10a		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			100		
	form?			11		х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			EAST A		
12a	Does the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	100000000000000000000000000000000000000
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			124		
	rise to conflicts?			12b		х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		****	120		
	describe in Schedule O how this is done			12c		х
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			UANG STANK		SOURCE !
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	V. 1951. V. 1953.	X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			10000000		Again sea.
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		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			0.00000000		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)				
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of interesting the conflict of the	st				
	policy, and financial 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					
	organization: ▶ SARA JANE SALIBA 446 METROPLEX DRIV		ILDING	A		
NA	SHVILLE TN 372	11	คา	5-831	3-07	194

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

X Check this box if the organization	1	sate	any		fficer,	dire	ctor, or trustee.		
<b>(A)</b> Name and Title	(B) Average hours per week	ndividual trustee		Key employee	Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SHARMILA MURTHY MEMBER	1.00	x					0	0	0
KATHERINE ESQUIVE									<u> </u>
SECRETARY	1.00	X					0	0	0
ABDISHAKIR MOHAME	D								
PRESIDENT	1.00	X			***************************************		0	0	0
FRAN ANSLEY									
MEMBER	1.00	X					0	0	0
JULIO FERNANDEZ									
MEMBER	1.00	X					0	0	0
ARAM KOSHNOW		ļ							
EXE COMM MEMBER	1.00	X					0	0	0
ALFREDO PENA									
VICE PRESIDENT	1.00	X					0	0	0
AVI POSTER MEMBER	1.00	x					o	0	0
GATLUAK THACH MEMBER	1.00	x					0	0	
MIGUEL GONZALEZ	1.00	122			<b></b>		<u> </u>	<u>U</u>	0
MEMBER	1.00	x					o	o	0
MAURICIO CALVO		+							
MEMBER	1.00	X					0	o	0
NATHALY PEREZ		1							
MEMBER	1.00	x					0	0	0
MOHAMMAD ALI SYED		1							
MEMBER	1.00	X					0	0	0
	***************************************			 					1. A
	· · · ·	***************************************						TO VICE TO STATE OF THE STATE O	

Part VII Section A. Officers (A)	Directors, Trust	ees	, Ke		iplog C)	yees	, an	d Highest Compensated E (D)	T	T			
Name and Title	Average		_	checl	k all t	hata; I⊈⊒		Reportable compensation	ation compensation			r) ated int of	
	week	dividua directo	stitution	Officer	Key employee	ighest inploye	Former	from the organization	from related organizations (W-2/1099-MISC)		oth comper from	nsation	
		Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		(W-2/1099-MISC)		l	organiz and re	zation elated	
		Ф	tee			nsated			NA CONTRACTOR OF THE CONTRACTO		organiz	ations	
	A CONTRACTOR OF THE CONTRACTOR												
												·····	
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
.,,,,,													
		·/											
						<b></b>						······	
1b Total						L	<b>&gt;</b>						
2 Total number of individuals (inc reportable compensation from the compensation from			to the	ose I	istec	1 abc	ve)	who received more than \$1	00,000 in				
reportable compensation norm	ne organization P								· · · · · · · · · · · · · · · · · · ·		-	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes," or	mer officer, direct	oro	r trus	stee, uch ir	key ndivi	emp	loye	e, or highest compensated			3		x
4 For any individual listed on line the organization and related organization	1a, is the sum of	rep	ortab	ole co	ompe	ensat	ion a	and other compensation from	m sch				
individual  5 Did any person listed on line 1a											4	Appendig	X
services rendered to the organize	zation? If "Yes," c										5		X
Section B. Independent Contractor  Complete this table for your five		sate	d inc	leper	nden	ıt cor	ntrac	tors that received more tha	n \$100,000 of				
compensation from the organiza	ation. (A) business address				••••		Γ		(B) tion of services			(C)	
Name and	business address							Descrip	tion of services		Co	(C) mpensat	ion
- Walter - W												<b></b>	
Total number of independent co	untractore (includia	og h	d no	d line	ile d	to the	000	listed above) who massive			2017 (2017) (C)		Vesaves
more than \$100,000 in compens					ileu	io in	use	nated above) who received			o		ASSESS.

P	art V	/III Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax
					revenue	revenue	under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a		_			
gra	b	Membership dues 1b		_			
ts,	C	Fundraising events 1c		_			
햙	d	Related organizations 1d		]			
SI.	е	Government grants (contributions) 1e		4			
utio	f	All other contributions, gifts, grants, and similar amounts not included above					
E E	1	11	653,804	4	1		
No.	9	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u> </u>	653,804			
Program Service Revenue	_		Busn. Code				
eve	2a	The state of the s		2,975	2,975		
e E	þ						
<u>Ş</u> .	C						
స్త	d						
Гап	e						
ξ	i	All other program service revenue		0.000	Sauraconosti esa en canances e assesso e sa ve		
_	ŧ	Total. Add lines 2a–2f		2,975			
	3	Investment income (including dividends, inte		2 501	7 507		
	١,	other similar amounts) Income from investment of tax-exempt bond		1,521	1,521		
	5						
	3	Royalties (i) Real	(ii) Personal				
	6.	Gross Rents	(II) r elsonai	-			
	Ι.			1			
	b	Less: rental exps.		-			
	d	Not and the same of the same	<b></b>				
		Gross amount from (i) Securities	(ii) Other				
		sales of assets	(ii) Girio.	-			
	ь	other than inventory Less: cost or other		-			
	"	basis & sales exps.					
	С	Gain or (loss)		1			
	d	Net gain or (loss)	<b>•</b>				
		Gross income from fundraising events					
ire		(not including \$					
evenue		of contributions reported on line 1c).					
å		See Part IV, line 18 a	30,740				
Other R	b	Less: direct expenses b		1			
Ö		Net income or (loss) from fundraising events	<b>&gt;</b>	30,740	30,740		
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b		1			
	С	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory	<u> </u>				
		Miscellaneous Revenue	Busn. Code				
	11a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total Revenue. See instructions.	<u> </u>	689,040	35,236	0	0

Form 990 (2009)

#### 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).

	o 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			ganata expenses	скропаса
	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	346 050	222 252		
7	Other salaries and wages	346,858	232,359	57,708	56,791
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9		37,746	25,290	6 /17	6 020
10	Other employee benefits Payroli taxes	35,101	24,368	6,417 5,529	6,039
11	Fees for services (non-employees):	30,101	24,300	5,529	5,204
a	, ,				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other			***************************************	
12	Advertising and promotion				
13	Office expenses	58,028	30,868	19,747	7,413
14	Information technology				
15	Royalties				
16	Occupancy	26,303	16,389	6,299	3,615
17	Travel	78,056	64,546	5,927	7,583
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	***************************************			
20	Interest	4,			
21	Payments to affiliates	0 600	F 600		
22	Depreciation, depletion, and amortization	8,608	5,690	1,754	1,164
23	Insurance				
24	Other expenses. Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	PROFESSIONAL FEES	20,809	4,489	16,245	75
b	BOARD & STAFF DEVELOPMENT	14,194	4,539	9,655	73
С	INTERNS	13,265	13,265		
d	PROGRAM CONSULTANTS	8,750	8,750		
е	BUSINESS EXPENSES	5,231	3,572	1,264	395
f	All other expenses	5,220	3,612	1,461	147
25	Total functional expenses. Add lines 1 through 24f	658,169	437,737	132,006	88,426
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				
DW4					Form <b>990</b> (2009)

Part	X Balance Sheet	ZEFOGE.		7-0121100		Page 11
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			258,652	1	334,256
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			106,515	3	43,897
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors, tr	ustees, key				
	employees, and highest compensated employees. Comple	ete Part II of				
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u					
	4958(f)(1)) and persons described in section 4958(c)(3)(B	). Complete				
in l	Part II of Schedule L				6	
<b>i</b> i 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
9	Description of the second seco	. <b></b>			9	
10a	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	53,850			
b	Less: accumulated depreciation	10b	25,518	16,474	10c	28,332
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	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			381,641	16	406,485
17	Appropriate naturable and general supersess			3,261	17	1,703
18	Grants payable			4,000		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
ທູ 21	Escrow or custodial account liability. Complete Part IV of S	Schedule D			21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustees					
<u> </u>	employees, highest compensated employees, and disqual					
띡ㅣ	persons Complete Bart II of Schodule I				22	
23	Secured mortgages and notes payable to unrelated third p			***************************************	23	
24	Unsecured notes and loans payable to unrelated third part	ties			24	
25	Other liabilities. Complete Part X of Schedule D			14,279	25	13,810
26	Total liabilities. Add lines 17 through 25			21,540	26	15,513
ı,	Organizations that follow SFAS 117, check here ▶ X				20	207020
ces	complete lines 27 through 29, and lines 33 and 34.					
27 28 28	Unrestricted net assets			255,101	27	283,972
rg   28	Temporarily restricted net assets			105,000	28	107,000
29				203,000	29	107,000
29	Organizations that do not follow SFAS 117, check here	<b>.</b> ▶ □			23	
L	and complete lines 30 through 34.					
5   vo   30	Conital stock or trust principal, or suggest funds				10110011	
31	Paid-in or capital surplus, or land, building, or equipment f	ind			30	
32	Retained earnings, endowment, accumulated income, or of	onu other funde			31	
<b>₹</b>   32 <b>;</b> ;   33	The second secon			360,101	32	200 070
30 31 32 33 34 33 34					33	390,972
34	Total liabilities and net assets/fund balances			381,641	34	406,485

Form **990** (2009)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

Form 990 (2009)

3a

3b

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

aritable trust.

See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE IMMIGRANT AND REFUGEE

▶ Attach to Form 990 or Form 990-EZ.

Inspection Employer identification number

OMB No. 1545-0047

			MIGHID C	ORDITION					20	- O T Z	TTOO			
P	art I	Reas	on for Public Char	ity Status (All organization	s must c	omplete	this p	art.) S	See in	structio	ns.			
The	orgar			use it is: (For lines 1 through 11, o										
1	П			association of churches described			A)(i).							
2	П			1)(A)(ii). (Attach Schedule E.)										
3	П			ervice organization described in se-	ction 170(b)	(1)(A)(iii).								
4	Н			ited in conjunction with a hospital				MAMBIN	Entori	iho hoosi	italia nama			
•	ш	city, and state		nod in outjoindhoir with a hospital	acachibed in	3000011	i ro(D)( i	/(^/(111).	Linei	ine nospi	itais name,			
5		•		Rt of a callege or university average										
J	Ш			fit of a college or university owned	or operated	by a gov	ernment	ai unit d	escribed	d in				
_	$\overline{}$		b)(1)(A)(iv). (Complete P	•										
6	7			r governmental unit described in s										
7	X			a substantial part of its support fro	m a govern	mental ur	nit or fror	n the ge	eneral p	ublic				
	[1		section 170(b)(1)(A)(vi).											
8	$\square$			n 170(b)(1)(A)(vi). (Complete Part										
9	Ш			: (1) more than 33 1/3 % of its sup										
				empt functions—subject to certain										
		support from	gross investment income	and unrelated business taxable in	come (less	section 5°	11 tax) fi	om bus	inesses					
		acquired by t	he organization after June	30, 1975. See section 509(a)(2).	(Complete	Part III.)								
10		An organizati	on organized and operate	d exclusively to test for public safe	ety. See sec	tion 509(	a)(4).							
11		An organizati	on organized and operate	d exclusively for the benefit of, to	perform the	functions	of, or to	carry ou	it the					
				orted organizations described in s						ction				
				s the type of supporting organizati										
		а Туре		c Type III-Functio			d	m	e III–Ot	her				
е				organization is not controlled direct										
				rs and other than one or more pu						ction				
			section 509(a)(2).		oner, compre	iou oigu		40001100	Ja 111 30	OGOIT				
f				etermination from the IRS that it is	a Type I Ty	ne II or T	Typo III s	unnadia	_					
,			check this box	sternal atternment the into that it is	a type i, ty	pe II, or I	rype in a	upportii	y				г	
_		=	* * * * * * * * * * * * * * * * * * * *	Tation appointed any oil or applich									L	╛
g				zation accepted any gift or contribu	ation from a	ny or trie								
		following per			***									
			· ·	controls, either alone or together	with person:	s describe	id in (ii)					Ye	s N	lo_
				of the supported organization?							11g	<u>i)                                    </u>		
			member of a person desc								11g	<u>Ji)                                    </u>		
				n described in (i) or (ii) above?							11g	jii)		
h		Provide the f	following information abou	t the supported organization(s).					***					
(i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		you notify		Is the	(vii) /	Amount	of	
	orga	inization		(described on lines 1–9 above or IRC section		sted in your		nization in of your		tion in col. ized in the	St	pport		
				(see instructions)	governing	document?		port?		.S.?				
				,,	Yes	No	Yes	No	Yes	No				
										<del>                                     </del>				
				***										
				***************************************										_
				***************************************										
						<u> </u>	1		1	<del>  </del>				—
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		· · · · · · · · · · · · · · · · · · ·				<del> </del>		ļ	-					
			Magazini sejiha sejapaga panan menengan menengan kelala						ļ	<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2009

Sch		NNESSEE IM				-0121100	Page 2
P	art II Support Schedule for O				)(A)(iv) and 17	70(b)(1)(A)(vi)	
<u>-</u>	(Complete only if you che	<u>acked the box or</u>	<u>1 line 5, 7, or 8</u>	3 of Part I.)			
	ction A. Public Support  alendar year (or fiscal year beginning in)	T (-) 0005	41.0000	(10007			
U	alendar year (or riscar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	276,533	470,164	769,418	731,062	687,519	2,934,696
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	276,533	470,164	769,418	731,062	687,519	2,934,696
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)						628,115
6	Public support. Subtract line 5 from line 4						2,306,581
Sec	ction B. Total Support						2,300,301
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	276,533	470,164	769,418	731,062	687,519	2,934,696
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				971	1,521	2,492
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,905	<b>4,</b> 549	6,194			16,648
11	Total support. Add lines 7 through 10						2,953,836
12	Gross receipts from related activities, etc. (	see instructions)				12	35,236
13	First five years. If the Form 990 is for the	organization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here		***********			. <u> </u>	▶ 🗍
Sec	ction C. Computation of Public Su		<del></del>				
14	Public support percentage for 2009 (line 6,	column (f) divided by	line 11, column (f	))		14	78.09 %
15	Public support percentage from 2008 Scheen			*******		15	72.93%
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33 1	/3 % or more, check	k this box	
	and stop here. The organization qualifies a						▶ X
b	33 1/3 % support test—2008. If the organi				33 1/3 % or more,	check this	F
	box and stop here. The organization qualif						▶ ∐
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fa organization meets the "facts-and-circumsta					how the	<b>▶</b> □
						· · · · • • · · • • • • • • • · · · · ·	

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	rt l.)			
	ction A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	A A A A A A A A A A A A A A A A A A A		and the state of t			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	2					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			1			
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						
С	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	n, or fifth tax year	as a section 501(c)(	3)	
	organization, check this box and stop here				********		▶ ∐
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,	column (f) divided I	by line 13, column i	(f))			%
16	Public support percentage from 2008 Sched					16	%
	tion D. Computation of Investmer						
17	Investment income percentage for 2009 (lin	e 10c, column (f) c	tivided by line 13, c	olumn (f))		1 1	<u>%</u>
18	Investment income percentage from 2008 S						%
19a	33 1/3 % support tests—2009. If the organ						· —
h	17 is not more than 33 1/3 %, check this bo				•	A C C C C C C C C C C C C C C C C C C C	
b	33 1/3 % support tests—2008. If the organ						
20	line 18 is not more than 33 1/3 %, check this <b>Private foundation.</b> If the organization did						

Schedule A	(Form 9	90 or 990	D-EZ) 20	09 <b>T</b>	ENNE	SSEE	IMM	IGRAN	r and	REFU	UGEE	20-0121100	Page 4
Part IV	Su Pa	ppleme	ental II e 17a	<b>nform</b> a or 17h	ation.	Comple Part III	ete this	s part to	provide de anv d	the exp	planations	required by Part II, lin formation. See instruc	e 10;
										otiloi at	aditional in	ormation, See institut	uons.
PART	II,	LINE	10	ro –	THER	INCO	ME D	ETAIL					
QUALI	FIED	SPO	NSOR	SHIP	S			\$		16,6	648		
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#### 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 ▶ Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Open to Public

Schedule C (Form 990 or 990-EZ) 2009

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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.

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), then

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

Nar	ne of organization TENNESSEE IMMIGRANT RIGHTS COALITION	Employer identification number 20 - 0121100							
Pai	t I-A Complete if the organization is exe	mpt under section 501(c	c) or is a section	n 527 organizatio	n.				
1	Provide a description of the organization's direct and indir								
2	Political expenditures			<b>&gt;</b> \$					
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·					
	******************************			····					
Par	t I-B Complete if the organization is exe								
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		▶\$_					
2	Enter the amount of any excise tax incurred by organizati	on managers under section 4955	5	<b>▶</b> \$					
3	If the organization incurred a section 4955 tax, did it file F								
4a	Was a correction made?								
b	If "Yes," describe in Part IV.								
Par	til-C Complete if the organization is exe	empt under section 501(	c), except secti	on 501(c)(3).					
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt funct	ion						
	activities			<b>▶</b> \$					
2	Enter the amount of the filing organization's funds contribu			· · · · · · · · · · · · · · · · · · ·					
	527 exempt function activities			<b>▶</b> \$					
3	Total exempt function expenditures. Add lines 1 and 2. Er	iter here and on Form 1120-POL	.,	· · · · · · · · · · · · · · · · · · ·					
	line 17b			<b>&gt;</b> \$					
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No				
5	Enter the names, addresses and employer identification in	umber (EIN) of all section 527 n	olitical organizations	to which navments	· [ 1,00 [ 1,00				
	were made. For each organization listed, enter the amoun	It paid from the filing organization	a's funds. Also enter	the amount of political					
	contributions received that were promptly and directly deli-	vered to a separate political orga	nization such as a	senarate segrenated					
	fund or a political action committee (PAC). If additional sp	ace is needed, provide information	on in Part IV	ooparate acgregated					
VI	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	for Amount of political				
	<b>(, )</b>	(D) Fladicas	(6, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	filing organization's	(e) Amount of political contributions received and				
				funds. If none, enter -0	promptly and directly				
		and the same			delivered to a separate				
					political organization. If				
····	,				none, enter -0				
				]					
					***************************************				
		***************************************							
or P	rivacy Act and Paperwork Reduction Act Notice, see the	ne Instructions for Form 990 o	r 990-EZ	Sabadula C /Fara	000 az 000 EZ\ 000				

 $h^{\dagger}$  Subtract line 1g from line 1a. If zero or less, enter -0-

section 4911 tax for this year?

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Schedule C (Form 990 or 990-EZ) 2009 T	ENNESSEE IMMIGRANT AND REFUG	EE 20-01211	00 Page 2								
Part II-A Complete if the orga	nization is exempt under section 501(c)(3)		- · · · · · · · · · · · · · · · · · · ·								
under section 501(h)		(5.5)									
A Check ▶ ☐ if the filing organize	ation belongs to an affiliated group.	V									
3 Check ▶  if the filing organiz	ation checked box A and "limited control" pr	ovisions apply.									
	obbying Expenditures	(a) Filing	(b) Affiliated								
	" means amounts paid or incurred.)	organization's totals	group totals								
1a Total lobbying expenditures to influence p	public opinion (grass roots lobbying)	15,290	****								
<b>b</b> Total lobbying expenditures to influence a	a legislative body (direct lobbying)	11,875									
c Total lobbying expenditures (add lines 1a	27,165										
d Other exempt purpose expenditures	c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures										
e Total exempt purpose expenditures (add		650 360									
f Lobbying nontaxable amount. Enter the a											
columns.		123,725									
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:										
Not over \$500,000	20% of the amount on line 1e.										
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.										
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.										
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.										
Over \$17,000,000	\$1,000,000										
g Grassroots nontaxable amount (enter 25°	% of line 1f)	30,931									

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lopbying Expenditure	s During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	84,094	124,259	132,159	123,725	464,237
b Lobbying ceiling amount (150% of line 2a, column(e))					696,356
c Total lobbying expenditures	16,373	20,275	26,460	27,165	90,273
d Grassroots nontaxable amount	21,024	31,065	33,040	30,931	116,060
e Grassroots ceiling amount (150% of line 2d, column (e))					174,090
f Grassroots lobbying expenditures	9,246	11,107	16,685	15,290	52,328

Schedule C (Form 990 or 990-EZ) 2009

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-		20-0					Page
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	-orm	5768			
	(2.00.00.00.00.00.00.00.00.00.00.00.00.00	(2	a)		(b	)	
		Yes	No		Amo	unt	
1	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:						
	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
9		-					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			<b></b>	··		
	Other activities? If "Yes," describe in Part IV	de este texte es	1500000000	<del></del>			
	Total, Add lines 1c through 1i			200000000000000000000000000000000000000	Na Specialists	deserve	
za	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	4555165516	spickele id				
D	If "Yes," enter the amount of any tax incurred under section 4912						<del></del>
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(M)		0.000.000.000	Notes (1984)	nagayan	10/05/05/05
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\ <u> </u>		otion	3133000	valening	
NEAS.	501(c)(6).	/( <i>3)</i> , C	n 5e	SHOII			
*						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Γ	1	- 100	110
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		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	rse	ction	<del></del>		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1	ne 3 i	s an	swered	i		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the section 527(f) tax was paid).						
а			2a				
b	Carryover from last year		2b				
С			2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5				
~	rt IV Supplemental Information						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line	1i.					
Also,	, complete this part for any additional information.						
	**************************************				• • • • •		
	***************************************						

Schedule C (Form	990 or 990-EZ) 20	09 TENNESSI	EE IMMIGRANT	AND	REFUGEE	20-0121100	Page 4
Part IV	Supplemental	Information (co	ntinued)				
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#### SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

			The strope of th
	of the organization ENNESSEE IMMIGRANT AND REFUGEE		Employer identification number
-	RIGHTS COALITION		20-0121100
Pa	int I Organizations Maintaining Donor Advised Fundament	ds or Other Similar Funds or A	counts Complete if
en, en	the organization answered "Yes" to Form 990, P	art IV, line 6.	ccounts. Complete ii
		(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		
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in wr		
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	int II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land area
	Protection of natural habitat	Preservation of certified historic st	
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservat	ion
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after $8/17/06$		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is local	ated	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	
	<b>)</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con-	servation easements during the year	
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the on	ganization's financial statements that descr	ibes
o <b>—</b> 000	the organization's accounting for conservation easements.	***************************************	
Pa	rt III Organizations Maintaining Collections of Art, F	listorical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" to I		
1a	If the organization elected, as permitted under SFAS 116, not to report in		
	art, historical treasures, or other similar assets held for public exhibition, e		olic service,
	provide, in Part XIV, the text of the footnote to its financial statements that		
b	If the organization elected, as permitted under SFAS 116, to report in its r		
	historical treasures, or other similar assets held for public exhibition, educ-	ation, or research in furtherance of public s	service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	/SS) A = = = 1 = 1 = 1 = 1 = 1 = 1 = 000		
2	If the organization received or held works of art, historical treasures, or otl		e the
	following amounts required to be reported under SFAS 116 relating to the	se items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		

-4	Describe in Part XIV the intended uses of the or	ganization's endowment fun-	as.		
Pa	rt VI Investments—Land, Buildin	gs, and Equipment.	See Form 990, Part :	X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other		53,850	25,518	28,332
otal	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, column	(B), line 10(c).)	<b>D</b>	28.332

Schedule D (Form 990) 2009

Schedule D (Fe			20-0121100	Page 3
Part VII	Investments—Other Securities. See Form 99	0, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	η:
	(including name of security)		Cost or end-of-year market	value
Financial deriva	atives			
Closely-held ed	quity interests			
Other				
	<del></del>			
	· — — — — — — — — — — — — — — — — — — —			
	·			
	·			
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 99	N Part X line 13		
ger E. Cal Co. William	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) book value	(c) Method of Valuation Cost or end-of-year market	
			COSt of end-of-year market	value
	WATER TO THE TOTAL THE TOTAL TO AL TO THE TO			
			***	
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description		(t	) Book value
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	NA.			
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X, line 2	5.		
1.	(a) Description of liability	(b) Amount		
Federal income				
PAYROL	L LIABILITIES	13,81	0	
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			$\exists$	
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Total (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	13,81		
∡. riiv 4ŏ h00	otnote. In Part XIV, provide the text of the footnote to the organi	izadon s financial statemer	its that reports the	

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 TENNESSEE IMMIGRANT AND REFUGEE 20-012110		Page 4
Pa	it XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	111111111
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	689,040
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	658,169
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	30,871
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	30,871
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	689,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9000000	
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	7	
C		1	
d	Other (Describe in Part XIV.)	1 1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	689,040
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	400000	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	689,040
Pε	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	
1	Total expenses and losses per audited financial statements	1	658,169
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·······
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	1	
	Other losses 2c	1 1	
d	Other (Describe in Part XIV.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	658,169
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	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	658,169
Pa	rt XIV Supplemental Information		000,202
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	art to provide any additional information.		
	- <b> </b>		
	·		

Sch	edule D (Form 990) 2009 art XIV Supplemer				(0) 2009 <b>TENNESSI</b>							NESSEE IMMIGRANT A						ND REFUGEE						20-0121100									Pa	Page 5				
<u></u> P	art	XI	٧	Sı	ıpp	len	nen	tal	Info	orm	ıati	on	(coi	ntin	uec	i)															•							
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#### 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, 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.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IMMIGRANT AND REFUGEE

Employer identification number

RIGHTS COALITION				20-01211	.00		
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organizated to completed	tion answei this part.	red "Yes" to Forn	n 990, Part IV, line	e 17.		
1 Indicate whether the organization raised funds through a	ny of the following	activities. Che	eck all that apply.				
a Mail solicitations	e Solicitatio	n of non-cove	rnment grants				
	$\overline{}$						
b Internet and email solicitations	$\overline{}$	n of governme					
c Phone solicitations	g Special fu	undraising eve	nts				
d In-person solicitations							
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity in	ith any individual (i in connection with	including office professional fu	ers, directors, trustees undraising services?	*******	Yes No		
b If "Yes," list the ten highest paid individuals or entities (fi to be compensated at least \$5,000 by the organization.	undraisers) pursua	nt to agreeme	nts under which the fu	ındraiser is			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
		custody or control of	,	fundraiser listed in	organization		
		contributions?		col. (i)			
		Yes No					
		-100-100 HILLIAN - 100-100 HIL					
			···				
		***					
			W.				
			4.				
		****					
W. Add A. J. C. W. C.							
	;						
				-			
Total		<u></u> 、					
3 List all states in which the organization is registered or lie registration or licensing.	censed to solicit fu	inds or has be	en notified it is exempl	: from			
					*****		
					****		
			***				

	Part		Events. Complete if the org 5,000 on Form 990-EZ, line	ganization answered "Yes" e <u>6a. List events with gross</u>	to Form 990, Part IV, list receipts greater than	ine 18, or reported \$5,000.
			(a) Event #1  SPECIAL EVENTS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф	-		(event type)	(event type)	(total number)	col. (c))
Revenue	1 2	Gross receipts Less: Charitable	30,740	)		30,740
	3	contributions Gross revenue (line 1 minus line 2)	30,740	0		30,740
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11		. Add lines 4 through 9 in column ( ombine line 3, column (d), and line	(d) 10	<b>&gt;</b>	30,740
P	art l	II Gaming. Com	plete if the organization an on Form 990-EZ, line 6a.	nswered "Yes" to Form 990	, Part IV, line 19, or rep	ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Rev	1	Gross revenue				
es S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (	(d)	<b>.</b>	(
	8	Net gaming income summ	nary. Combine line 1, column d, ar	nd line 7	<b>&gt;</b>	
9	Ent	er the state(s) in which the	e organization operates gaming act	tivilies:		Yes No
a b		he organization licensed to No," Explain:	operate gaming activities in each	- F 1   1 - 1 O		_9a
			,.,,			
10a b		re any of the organization's /es," Explain:	s gaming licenses revoked, susper	nded or terminated during the tax y	year?	10a
				***************************************		
11 12	ls t	ne organization a grantor, t	·	ers? a member of a partnership or other	rentity	11
	forn	ned to administer charitable	e gaming?			12

Sche	dule G (Form 990 or 990-EZ) 2009	TENNESSEE	IMMIGRANT	AND	REFUGEE	20-01	21100	F	age 3
								Yes	No
13	Indicate the percentage of gaming act	• •							
а	The organization's facility					13a	%		
b	An outside facility					13b	%		
14	Provide the name and address of the	person who prepares th	ne organization's gam	ing/speci	al events books				100 ASA
	and records:								
	Name Name								
	404 <b>&gt;</b>								
	Address Address								
15a	Door the organization have a contract	with a third name. Frame							
ışa	rovenue?		_						
h	If "Yes," enter the amount of gaming re	evenue received by the	organization •				15a	(1 08300000)	Bransaa
D	amount of gaming revenue retained by	the third party - \$	organization 🚩 :	<b>.</b>		, and the			
С	If "Yes," enter name and address of th	of third party ► 5			•				
·	in you, offer having and address of the	e ama party.							
	Name ►								
					******				
	Address ►								
16	Gaming manager information:								
	Name >								
	Gaming manager compensation > 3	B							
	Description of services provided								
	Director/officer Er	mployee	Independent contra	ctor					
17	Mandatory distributions:								
а	Is the organization required under state	e law to make charitable	e distributions from th	e gamin	g proceeds to				498.4(38).
1	retain the state gaming license?						17a	4 0000000000	genavials.
a	Enter the amount of distributions require			ipt organ	izations or spent				
	in the organization's own exempt activi	ities during the tax year	<u>▶</u> \$		may.		1000000		

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O

(Form 990)

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open

Attach to Form 990.

2009 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION

Employer identification number 20-0121100

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO EMPOWER IMMIGRANTS AND REFUGEES THROUGHOUT TENNESSEE TO
DEVELOP A UNIFIED VOICE, DEFEND THEIR RIGHTS, AND CREATE AN
ATMOSPHERE IN WHICH THEY ARE VIEWED AS POSITIVE
CONTRIBUTORS TO THE STATE.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
MEMBERS MAY JOIN THE ORGANIZATION UPON PAYING DUES. THIS IS NOT A
SUBSTANTIAL ASPECT OF THE ORGANIZATION.
······································
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE BOARD NOMINATES INDIVIDUALS AND MEMEBERS VOTE FOR THE NOMINEES AT THE
ANNUAL MEETING.
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
DECISIONS OF THE GOVERNING BODY ARE APPROVED AT THE ANNUAL MEETING.
······································
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

See separate instructions. TENNESSEE IMMIGRANT AND REFUGEE

Attach to your tax return.

67

Name(s) shown on return TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION					Identifying number 20-0121100		
	ess or activity to which this form relate NDIRECT DEPRECIA						
***************************************		ense Certain Prop	erty Under Sec	tion 179			
		<u>e any listed proper</u>	-		complete Pa	art I.	
1	Maximum amount. See the inst						250,000
2	Total cost of section 179 proper	ty placed in service (see	instructions)				-
3	Threshold cost of section 179 p	roperty before reduction	in limitation (see inst	ructions)		3	800,000
4	Reduction in limitation. Subtract						
5	Dollar limitation for tax year. Subtrac	t line 4 from line 1. If zero or	less, enter -0 If marri				
6	(a) Descri	ption of property		(b) Cost (business use	only) (c)	Elected cost	
7	Listed property. Enter the amou				7		
8	Total elected cost of section 179	9 property. Add amounts	in column (c), lines (	â and 7		8	
9	Tentative deduction. Enter the s					9	
10	Carryover of disallowed deduction	on from line 13 of your 20	008 Form 4562			10	
11	Business income limitation. Enter					11	
12	Section 179 expense deduction.				<u>,</u>	.,	
13	Carryover of disallowed deduction				13		
100	: Do not use Part II or Part III bel						
Pa	art II Special Depreci	ation Allowance a	nd Other Depre	ciation (Do no	t include liste	ed property.)	(See instr.)
14	Special depreciation allowance	for qualified property (oth	er than listed proper	ty) placed in servic	e		
	during the tax year (see instructi	ions)				14	
15	Property subject to section 168(	MOVAL CLEARS .				l .	
16	Other depreciation (including At					16	8,608
Pa	art III MACRS Deprec	<b>iation (Do not</b> inclu	ude listed proper	rty.) (See instru	ictions.)		
			Sectio	www.a.	·n		
17	MACRS deductions for assets p	placed in service in tax ye	ears beginning before	∋ 2009		17	0
18	If you are electing to group any asse						
	Section I	B—Assets Placed in Se	rvice During 2009	Tax Year Using the	e General Depre	ciation System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investment only-see instruction	t use	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	ММ	S/L	
	property				MM	S/L	
	Section C-	-Assets Placed in Sen	ice During 2009 Ta	x Year Using the	Alternative Depr	eciation Systen	n
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year			40 yrs.	MM	S/L	
Pa	ı <b>rt IV S</b> ummary (See i	instructions.)					
21	Listed property. Enter amount fr					21	
22	Total. Add amounts from line 12	2, lines 14 through 17, lin	es 19 and 20 in colu	ımn (g), and line 21	. Enter here		
	and on the appropriate lines of					22	8,608
23	For assets shown above and pla					· · · · · · · · · · · · · · · · · · ·	
	partian of the basis attributable t	000A			1 66		I BERTHAMAN KAN KAN BERTHAMAN BERTHAMAN KAN BERTHAMAN BERTHA

147 147 Fund Raising ₹/}-606 855 Management & General 1,461 Form 990, Part IX, Line 24f - All Other Expenses 2,456 556 600 3,612 Program Service Federal Statements ·O· 3,209 1,411 600 5,220 Total Expenses ⟨⟩ TNIMMIG Tennessee Immigrant and Refugee Description OTHER MISCELLANEOUS OTHER CONSULTANTS PAID MEDIA FYE: 12/31/2009 TOTAL 20-0121100

TNIMMIG Tennessee Immigrant and Refugee 20-0121100 Federal Statements

FYE: 12/31/2009

# Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total Excess		
UNITARIAN UNIVERSALIST VEATCH FOUND	\$ 170,000	\$	110,923
CATHOLIC CAMPAIGN FOR HUMAN DEVELOP	150,000		90,923
PUBLIC WELFARE FOUNDATION	282,500		223,423
FORD FOUNDATION	25,000		•
ABELARD EAST FOUNDATION	20,000		
MARY REYNOLDS BABCOCK FOUNDATION	211,000		151,923
HILL SNOWDON FOUNDATION	110,000		50,923
CARNEGIE CORPORATION OF NEW YORK	25,000		•
NISSAN FOUNDATION	 35,000		
TOTAL	\$ 1,028,500	\$	628,115