

Form **990**
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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , and ending**B Check if applicable:**☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

**TENNESSEE IMMIGRANT AND REFUGEE
RIGHTS COALITION**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

442 METROPLEX DRIVE, BUILDING D

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37211****D Employer identification number****20-0121100****E Telephone number****615-833-0384****F Accounting method:** ☐ Cash☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number

M Check ☐ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** **WWW.TNIMMIGRANT.ORG****J Organization type**(check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **474,713****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	466,579	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 466,579 noncash \$)	1e	466,579	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments SEE STATEMENT 1	3	3,585	
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	4,549		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	474,713		
Net Assets	13	Program services (from line 44, column (B))	13	296,425	
	14	Management and general (from line 44, column (C))	14	102,654	
	15	Fundraising (from line 44, column (D))	15	21,392	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	420,471	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	54,242	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	186,419		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-11,732		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	228,929		

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization Tennessee Immigrant and Refugee Rights Coalition	Employer identification number 20 0121100
	Number, street, and room or suite no. If a P.O. box, see instructions. 442 Metroplex Dr Bldg D Ste 118	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Nashville, TN 37211	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of > Sara Jane Saliba
 Telephone No. > (615) 333-0337 FAX No. > (615) 333-0337
 • If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 2007.
 5 For calendar year 2006, or other tax year beginning _____, 20____, and ending _____, 20____.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension Organization is undergoing its first audit and is requesting additional time in order to complete the audit and 990 return concurrently.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature > [Signature] Title > Coordinating Director Date > 6-27-07

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-6674

For assistance, call:
1-877-829-5800

Notice Number: CP211A
Date: June 25, 2007

Taxpayer Identification Number:
20-6124100
Tax Form: 990
Tax Period: December 31, 2006

034325.395102.0126.003 1 AT 0.334 370
|||||



TENNESSEE IMMIGRANT AND REFUGEE
RIGHTS COALITION
442 METROPLEX DR BLDG D
NASHVILLE TN 37211-3112991

34325

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT
ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2007.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete **Part I** only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization TENNESSEE IMMIGRANT & REFUGEE RIGHTS COALITION	Employer identification number 20-0121100
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 442 METROPLEX DRIVE, BUILDING D, NO. 118	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37211	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SARA JANE SALIBA**
Telephone No. ▶ **615-833-0384** FAX No. ▶ **615-833-0387**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2006** or
▶ ☐ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 6879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) STMT 3 (cash \$ 6,500 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	6,500	6,500	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 4	25a	30,119	20,481	7,530
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	172,393	117,055	44,125
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	13,665	9,292	3,416
29 Payroll taxes	29	19,462	13,235	4,865
30 Professional fundraising fees	30	1,367		1,367
31 Accounting fees	31	7,450		7,450
32 Legal fees	32			
33 Supplies	33	12,925	3,256	9,669
34 Telephone	34	13,914	11,451	1,476
35 Postage and shipping	35	2,304	1,360	701
36 Occupancy	36	11,682	8,294	2,103
37 Equipment rental and maintenance	37			
38 Printing and publications	38	11,894	8,383	3,366
39 Travel	39	30,629	26,402	3,239
40 Conferences, conventions, and meetings	40	43,630	40,552	2,988
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	4,031	2,740	1,009
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 5	43a	38,506	27,424	10,717
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	420,471	296,425	102,654

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p>a BASE BUILDING - STRENGTHENS IMMIGRANT LED ORGANIZATIONS BY PROVIDING TRAINING & TECHNICAL ASSISTANCE, LEADERSHIP DEVELOPMENT, OPPORTUNITIES FOR COLLABORATION FOR BOTH EMERGING & ESTABLISHED GRASSROOTS IMMIGRANT & REFUGEE ORGANIZATIONS.</p>	
<p>(Grants and allocations \$ 3,250) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>151,350</p>
<p>b GRASSROOTS POLICY CHANGE - PROMOTES THE CIVIC INTEGRATION OF IMMIGRANTS AND REFUGEES BY HELPING IMMIGRANTS UNDERSTAND AND PARTICIPATE IN THE CIVIC PROCESS.</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>15,597</p>
<p>c DEFENSE OF CIVIL RIGHTS/CIVIL LIBERTIES - PROTECTS THE FREEDOMS OF TN IMMIGRANTS & REFUGEES BY EDUCATING INDIVIDUALS ABOUT THEIR RIGHTS AND BY ORGANIZING COMMUNITIES TO ADDRESS ALLEGED CIVIL LIBERTIES/CIVIL RIGHTS ABUSES.</p>	
<p>(Grants and allocations \$ 2,100) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>87,741</p>
<p>d PUBLIC AWARENESS - WORKS TO INCREASE PUBLIC AWARENESS ABOUT THE CONTRIBUTIONS OF IMMIGRANTS AND REFUGEES AND THE REALITIES OF THE US IMMIGRATION SYSTEM, FOCUSES ON FOSTERING POSITIVE RELATIONSHIPS AND BUILDING ALLIANCES WITH OTHER MARGINALIZED GROUPS IN THE BROADER TENNESSEE COMMUNITY.</p>	
<p>(Grants and allocations \$ 1,150) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>41,737</p>
<p>e Other program services (attach schedule)</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>296,425</p>

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	154,099	45	162,421
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	1,784	47c
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	200	48c
	49 Grants receivable	27,500	49	64,614
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a	1,200	
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a	26,244	
	b Less: accumulated depreciation (attach schedule) SEE STATEMENT 7	57b	5,625	57c
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		186,523	59	248,854
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8)		104	65
66 Total liabilities. Add lines 60 through 65		104	66	19,925
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	186,419	67	200,429
	68 Temporarily restricted		68	28,500
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	186,419	73	228,929
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	186,523	74	248,854

Yes	No
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Yes	No
-----	----

Form **990** (2006)

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	11
91a	The books are in care of <input type="text" value="SARA JANE SALIBA"/> <input type="text" value="442 METROPLEX DRIVE, BUILDING D"/> Located at <input type="text" value="NASHVILLE, TN"/> Telephone no. <input type="text" value="615-833-0384"/> ZIP + 4 <input type="text" value="37211"/>		
b	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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Yes	No
-----	----

91c		X
-----	--	---

▶

92

Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
				3,589
				4,549
	0		0	8,138
				8,138

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

103B	SPONSORSHIPS OF EDUCATIONAL CONFERENCE
------	--

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

☐ Yes ☒ NoForm **990** (2006)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please
Sign
Here

Signature of officer David Lubell Date 10/4/07
Type or print name and title David Lubell, Executive Director

Paid
Preparer's
Use Only

Preparer's signature Nike Dunn, CPA Date 10.2.2007 Check if self-employed ☐
Preparer's SSN or PTIN (See Gen. Instr. X) P00038531
Firm's name (or yours if self-employed), address, and ZIP + 4 BLANKENSHIP CPA GROUP, PLLC EIN 45-0491842
109 WESTPARK DRIVE, SUITE 430 Phone 615-373-3771
BRENTWOOD, TN 37027-5032 no. 615-373-3771

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2006Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION

Employer identification number

20-0121100**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for
professional services ▶**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over
\$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 16,373 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	272,745	135,977	30,000		438,722
16 Membership fees received	3,788	1,016	785		5,589
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	276,533	136,993	30,785		444,311
24 Line 23 minus line 17	276,533	136,993	30,785		444,311
25 Enter 1% of line 23	2,765	1,370	308		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	8,886
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b	202,798
c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c	444,311
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b 202,798				26d	202,798
e Public support (line 26c minus line 26d total)				26e	241,513
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	54.3567%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c	
d Add: Line 27a total _____ and line 27b total _____				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a

if the organization belongs to an affiliated group.

Check ☐ b

if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	9,246
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	7,127
38	Total lobbying expenditures (add lines 36 and 37)	38	16,373
39	Other exempt purpose expenditures	39	404,098
40	Total exempt purpose expenditures (add lines 38 and 39)	40	420,471
41	Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		The lobbying nontaxable amount is-	
Not over \$500,000		20% of the amount on line 40	
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	
41		41	84,094
42	Grassroots nontaxable amount (enter 25% of line 41)	42	21,024
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	84,094	30,923	25,302	3,683	144,002
46 Lobbying ceiling amount (150% of line 45(e))					216,003
47 Total lobbying expenditures	16,373	16,074	8,937	2,795	44,179
48 Grassroots nontaxable amount	21,024	7,731	6,326	921	36,002
49 Grassroots ceiling amount (150% of line 48(e))					54,003
50 Grassroots lobbying expenditures	9,246	7,281	4,412	900	21,839

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

TNIMMIG TENNESSEE IMMIGRANT AND REFUGEE
 20-0121100
 FYE: 12/31/2006
Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 3,585
TOTAL	\$ 3,585

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
AUDIT ADJUSTMENTS TO PY NET ASSETS	\$ -11,732
TOTAL	\$ -11,732

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Date Gif		
Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
FRANCISCO FLORES 1782 HOOD STREET MEMPHIS TN 38108	\$ 3,000	BOARD MEMBER	\$	INTERNSHIP	
SUMMER POLACEK 907 GRAHAM DR. OLD HICKORY TN 37138-1670	500	NONE		INTERNSHIP	
ASOCIACION LATINA PO BOX 31593 CLARKSVILLE TN 37040	1,100	MEMBER ORGANIZATION		DONATION	
BASTION, INC. 474B BELL ROAD NASHVILLE TN 37217	200	NONE		DONATION	
CONEXION AMERICAS 800 18TH AVE. S SUITE A NASHVILLE TN 37203	150	MEMBER ORGANIZATION		DONATION	
CONEXION AMERICAS 800 18TH AVE. S SUITE A	200	MEMBER ORGANIZATION		DONATION	

TNIMMIG TENNESSEE IMMIGRANT AND REFUGEE
 20-0121100
 FYE: 12/31/2006
Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org		Class of Activity		Date Gif
Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
NASHVILLE TN 37203	\$	\$	\$		
HANDS ON NASHVILLE	100	NONE		DONATION	
209 10TH AVENUE SOUTH					
NASHVILLE TN 37203					
MID-SOUTH PEACE & JUSTICE CENTER	200	NONE		DONATION	
1000 S. COOPER STREET					
MEMPHIS TN 38104					
MUSLIM AMERICAN SOCIETY	200	NONE		DONATION	
5213 LINBAR DR. STE. 410					
NASHVILLE TN 37211					
NASHVILLE KURDISH FORUM	250	NONE		DONATION	
392 HARDING PL. STE 210					
NASHVILLE TN 37211					
NATIONAL IMMIGRATION FORUM	100	NONE		DONATION	
50 F STREET NW STE 300					
WASHINGTON DC 20001					
ORGANIZACION LATINA DE NASHVILLE	250	NONE		DONATION	
222 ORIEL AVENUE					
NASHVILLE TN 37210					
SUDANESE COMMUNITY & WOMEN'S SERVIC	100	MEMBER ORGANIZATION		DONATION	
3221 NOLENSVILLE PK. STE 113					
NASHVILLE TN 37211					
TENNESSEE ALLIANCE FOR PROGRESS	150	NONE		DONATION	
PO BOX 60338					
NASHVILLE TN 37206					

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address		Relationship to Org		Class of Activity		Date Gift
Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
TOTAL	\$ 6,500	\$ 0	\$ 0			

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
DAVID LUBELL COMPENSATION	20,481	7,530	2,108
TOTAL	\$ 20,481	\$ 7,530	\$ 2,108

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
CORPORATION EXPENSE	90		90	
LOBBYIST REGISTRATION	800	800		
MISCELLANEOUS TAXES	800	800		
ADVERTISING	6,966	6,601		365
BANK SERVICE FEES	161		161	
BOARD & STAFF DEVELOPMENT	824	601	223	
NON-EMPLOYEE INSURANCE	2,697		2,697	
MEMBERSHIP DUES	800	600	200	
OTHER MISCELLANEOUS	832	772	60	
BOOKS, SUBSCRIPTIONS, REF	551	546	5	
WEB SERVICES	874	223	651	
PROFESSIONAL FEES OTHER	15,420	8,790	6,630	
TEMPORARY HELP	7,691	7,691		
TOTAL	\$ 38,506	\$ 27,424	\$ 10,717	\$ 365

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

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.

Federal Statements

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
EQUIPMENT & SOFTWARE	\$ 4,534	\$ 1,594	\$ 26,244	\$ 5,625
TOTAL	\$ 4,534	\$ 1,594	\$ 26,244	\$ 5,625

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
PAYROLL LIABILITIES	\$ 104	\$ 19,925
TOTAL	\$ 104	\$ 19,925

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVID LUBELL 641 SKYVIEW DRIVE NASHVILLE TN 37206	DIRECTOR	40	30,119	2,334	0
MONICA HERNANDEZ 1959 HIGHLANDER WAY NEW MARKET TN 37820	PRESIDENT	0	0	0	0
JENNIFER ROSENBAUM 400 WASHINGTON AVE MONTGOMERY AL 36104	SECRETARY	0	0	0	0
RUTH LOMO 230 EAST RED OAK DRIVE, #2	DIRECTOR	0	0	0	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MEMPHIS TN 38119					
MCKENNA COX	DIRECTOR	0	0	0	0
311 WEST WALNUT STREET PO DRAWER 360					
JOHNSON CITY TN 37605					
RENATA SOTO	DIRECTOR	0	0	0	0
2024 LYONS RIDGE ROAD					
KNOXVILLE TN 37919					
NONYE EJIOFOR	VICE-PRESIDE	0	0	0	0
6937 STONE RUN DRIVE					
NASHVILLE TN 37211					
SHARMILA MURTHY	TREASURER	0	0	0	0
300 DEADERICK STREET					
NASHVILLE TN 37201					
AMIR ARAIN	DIRECTOR	0	0	0	0
2311 PIERCE AVENUE					
NASHVILLE TN 37232					
FRANCISCO FLORES	DIRECTOR	0	0	0	0
1782 HOOD STREET					
MEMPHIS TN 38108					

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ASTRID LUCAS PO BOX 21328 CHATTANOOGA TN 37424	DIRECTOR	0	0	0	0
MARILU RAMIREZ 315 N. WASHINGTON AVE BROWNSVILLE TN 38012	DIRECTOR	0	0	0	0

Form

4562Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

2006Attachment
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**TENNESSEE IMMIGRANT AND REFUGEE
RIGHTS COALITION**

Identifying number

20-0121100

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,031

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	4,031
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Diagnostics

CRITICAL MESSAGES

NONE

INFORMATIONAL MESSAGES

- ☐ PART IV, LINE 67 END OF YEAR UNRESTRICTED FUND BALANCE CALCULATED.
- ☐ IF SCHEDULE B REQUIRED, ENTER DATA ON SCREEN SCHB INSTEAD OF INC.
- ☐ FORM 8868 FOR FORM 990/990-EZ EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE IN SCREEN EXT.
- ☐ PREPARER 'MIKE DUNN, CPA'

Forms 990 / 990-EZ Return Summary

For calendar year 2006, or tax year beginning

, and ending

**TENNESSEE IMMIGRANT AND REFUGEE
RIGHTS COALITION**

20-0121100

Net Asset / Fund Balance at Beginning of Year

186,419**Revenue**Contributions 466,579Program service revenue 3,585

Investment income _____

Capital gain / loss _____

Special events: _____

Gross revenue _____

Direct expenses _____

Net income _____

Other income 4,549**Total revenue** 474,713**Expenses**Program services 296,425Management and general 102,654Fundraising 21,392

Payments to affiliates _____

Total expenses 420,471**Excess / (deficit)** 54,242Other changes -11,732

Net Asset / Fund Balance at End of Year

228,929**Reconciliation of Revenue**Total revenue per financial statements 474,713

Less:

Unrealized gains _____

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return 474,713**Reconciliation of Expenses**Total expenses per financial statements 420,471

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return 420,471

	Beginning	Balance Sheet Ending
Assets	<u>186,523</u>	<u>248,854</u>
Liabilities	<u>104</u>	<u>19,925</u>
Net assets	<u>186,419</u>	<u>228,929</u>

Differences42,510**Miscellaneous Information**Return / extended due date 11/15/07

Failure to file penalty _____

Form 990, Part I, Line 1b - Direct Public Support

Description	Cash	Noncash	Total
DONATIONS NOT ON SCHEDULE B	\$ 23,604	\$	\$ 23,604
CONTRIBUTIONS FROM SCHEDULE B	442,975		442,975
TOTAL	\$ 466,579	\$ 0	\$ 466,579

Schedule A, Part IV-A, Line 26b - Excess Gifts

Donor Name	Total	Excess
WESTERN UNION	\$ 30,000	\$ 21,114
UNITARIAN UNIVERSALIST VEATCH FOUND	85,000	76,114
CATHOLIC CAMPAIGN FOR HUMAN DEVELOP	60,000	51,114
PUBLIC WELFARE FOUNDATION	30,000	21,114
FORD FOUNDATION	25,000	16,114
ABELARD EAST FOUNDATION	10,000	1,114
MARY REYNOLDS BABCOCK FOUNDATION	25,000	16,114
TOTAL	\$ 265,000	\$ 202,798

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Dell Server	12/31/05	1,751			1,751	5 MO200DB	88	665
2	Funding Research Software	2/14/05	31			31	3 MO S/L	9	10
3	Planning Software	2/17/05	80			80	3 MO S/L	22	27
4	Anti-virus	6/06/05	60			60	3 MO S/L	12	20
5	Quickbooks	11/21/05	448			448	3 MO S/L	12	149
6	Microsoft Office	12/19/05	247			247	3 MO S/L	0	82
7	Desktop Computer	12/22/03	783			783	5 MO200DB	649	54
8	2 Desktop Computers	12/22/04	1,096			1,096	5 MO200DB	783	125
9	Software	7/01/04	38			38	3 MO S/L	19	13
10	Laptop for ET Organizer	1/03/06	973			973	5 MO S/L	0	195
11	Laptops for MT & WT Organizers (2)	1/03/06	1,946			1,946	5 MO S/L	0	389
12	Desktops for Office (3)	1/04/06	3,219			3,219	5 MO S/L	0	644
13	Color Laser Printer	1/18/06	683			683	5 MO S/L	0	125
14	Adobe CS2 Software	2/13/06	390			390	3 MO S/L	0	119
15	Shared MT Laptop	3/22/06	799			799	5 MO S/L	0	120
16	LCD Projector	5/05/06	900			900	7 MO S/L	0	86
17	Office Desktops (2)	5/15/06	1,596			1,596	5 MO S/L	0	213
18	Anti-Virus Software	5/15/06	60			60	3 MO S/L	0	13
19	Conference Phone System	6/13/06	650			650	7 MO S/L	0	54
20	Panasonic Copier	6/21/06	8,799			8,799	5 MO S/L	0	880
21	MyDVD Software	6/28/06	70			70	3 MO S/L	0	12
22	Planning Software	8/18/06	87			87	3 MO S/L	0	10
23	Office Desktops (2)	11/27/06	1,508			1,508	5 MO S/L	0	25
24	Photo Sharing Software	12/11/06	30			30	3 MO S/L	0	1
Total Other Depreciation			<u>26,244</u>			<u>26,244</u>		<u>1,594</u>	<u>4,031</u>
Total ACRS and Other Depreciation			<u>26,244</u>			<u>26,244</u>		<u>1,594</u>	<u>4,031</u>
Grand Totals			26,244			26,244		1,594	4,031
Less: Dispositions			0			0		0	0
Net Grand Totals			<u>26,244</u>			<u>26,244</u>		<u>1,594</u>	<u>4,031</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Dell Server	12/31/05	0				0	0	HY	0	0
2	Funding Research Software	2/14/05	0				0	0	HY	0	0
3	Planning Software	2/17/05	0				0	0	HY	0	0
4	Anti-virus	6/06/05	0				0	0	HY	0	0
5	Quickbooks	11/21/05	0				0	0	HY	0	0
6	Microsoft Office	12/19/05	0				0	0	HY	0	0
7	Desktop Computer	12/22/03	0				0	0	HY	0	0
8	2 Desktop Computers	12/22/04	0				0	0	HY	0	0
9	Software	7/01/04	0				0	0	HY	0	0
10	Laptop for ET Organizer	1/03/06	0				0	0	HY	0	0
11	Laptops for MT & WT Organizers (2)	1/03/06	0				0	0	HY	0	0
12	Desktops for Office (3)	1/04/06	0				0	0	HY	0	0
13	Color Laser Printer	1/18/06	0				0	0	HY	0	0
14	Adobe CS2 Software	2/13/06	0				0	0	HY	0	0
15	Shared MT Laptop	3/22/06	0				0	0	HY	0	0
16	LCD Projector	5/05/06	0				0	0	HY	0	0
17	Office Desktops (2)	5/15/06	0				0	0	HY	0	0
18	Anti-Virus Software	5/15/06	0				0	0	HY	0	0
19	Conference Phone System	6/13/06	0				0	0	HY	0	0
20	Panasonic Copier	6/21/06	0				0	0	HY	0	0
21	MyDVD Software	6/28/06	0				0	0	HY	0	0
22	Planning Software	8/18/06	0				0	0	HY	0	0
23	Office Desktops (2)	11/27/06	0				0	0	HY	0	0
24	Photo Sharing Software	12/11/06	0				0	0	HY	0	0
Total Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			0				0			0	0
Less: Dispositions			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

TNIMMIG TENNESSEE IMMIGRANT AND REFUGEE

20-0121100

FYE: 12/31/2006

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						