Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A I	or the 2	004 calendar year, or tax year beginning	and en	ding		
В	Check if	Please C Name of organization			D Employer i	dentification number
ā	ipplicable:	use IRS TENNESSEE IMMIGRANT & REFUGEE		٠		
	Address change				20-0	121100
	□Name □change	type. Number and street (or P.O. box if mail is not delivered to street ad	E Telephone			
	Initial retum		D		615-	833-0384
	Final return	Instruc- tions. City or town, state or country, and ZIP + 4			F Accounting me	
	Amende retu m	MASHVILLE, IN 37211			Other (specify)	
	Application pending	, - oconon contatto, organizations and +5+7(a)(1) nonexempt unantab	ile trusts	H and I are not appl	icable to sed	ction 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group re	eturn for affilia	ates? Yes X No
		▶WWW.TNIMMIGRANT.ORG		H(b) If "Yes," enter nu		
		tion type (check only one) \blacktriangleright X 501(c) (3) \blacktriangleleft (insert no.) 4947(a)(1)		H(c) Are all affiliates i		N/A Yes No
K	Check he	re 🕨 🔙 if the organization's gross receipts are normally not more than \$25	5,000. The	(If "No," attach a H(d) Is this a separate	iist.) e return filed t	oy an or-
	•	ion need not file a return with the IRS; but if the organization received a Form 9	•	ganization cover	ed by a group	ruling? Yes X No
i	n the ma	il, it should file a return without financial data. Some states require a complete	return.	I Group Exemptio		
						ation is not required to attach
10000			,137.	Sch. B (Form 99	0, 990-EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or F	und Bala	nces	10000000000	
	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support		. 158,8	<u>45.</u>	
	b	Indirect public support				
	C	Government contributions (grants)	10	<u> </u>		
	d	Total (add lines 1a through 1c) (cash \$ 158,845. none				158,845.
	2	Program service revenue including government fees and contracts (from Part				
	3	Membership dues and assessments				1,016.
	4	Interest on savings and temporary cash investments			1	
	5	Dividends and interest from securities		 I	5	
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	C	Net rental income or (loss) (subtract line 6b from line 6a)		• • • • • • • • • • • • • • • • • • • •	6c	
<u>e</u>	7	Other investment income (describe		г) 7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities		(B) Other		
ev.		than inventory	8a			
ш.	b	Less: cost or other basis and sales expenses	8b			
	C	Gain or (loss) (attach schedule)	38			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming,				
	a	Gross revenue (not including \$ of contributions	1	1 7 2	7.0	
		reported on line 1a)		7,2		
	b	Less: direct expenses other than fundraising expenses		18,4		
	C	, , , , , , , , , , , , , , , , , , , ,		STATEMENT	2 <u>9c</u>	<11,149.
	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold		10-1		
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 1				
	11	Other revenue (from Part VII, line 103)				148,712.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				90,663.
es	13 14	Program services (from line 44, column (B)) Management and general (from line 44, column (C))				27,543.
Sus	1					8,306.
Expenses	15	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)				0,300.
ш	16	Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A))				126,512.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	22,200.
ا چ بيد	19	Net assets or fund balances at beginning of year (from line 73, column (A))				48,022.
Net	20	Other changes in net assets or fund balances (attach explanation)				0.
<	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				70,222.
423 01-1	001 13-05	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa				Form 990 (2004)

				e trusts but optional for othe	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	ĺĬ	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				7	
(cash \$ 9,044 • noncash \$	22	9,044.	9,044.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	27,303.	14,859.		6,222.
26 Other salaries and wages	26	28,385.	18,360.	10,025.	
27 Pension plan contributions	27			1 104	
28 Other employee benefits	28	3,609.	2,505.		
29 Payroll taxes	29	5,385.	3,231.	1,562.	592.
30 Professional fundraising fees	30	264.		F 4.0	264.
31 Accounting fees	31	540.		540.	
32 Legal fees	32	0.015	1 407	1 270	
33 Supplies	33	2,815.	1,437.		
34 Telephone	34	2,671.	2,079.		
35 Postage and shipping	35	382.	193.		
36 Occupancy	36	1,400.	600.	800.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	5,343.	3,952.		<u>1,030.</u>
39 Travel	39	5,435.	4,541.	894.	
40 Conferences, conventions, and meetings	40				
41 Interest	41			500	
42 Depreciation, depletion, etc. (attach schedule)	42	729.		729.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 3	43e	33,207.	29,862.	3,147.	198.
Total functional expenses (add lines 22 through 43). Organizations completing columns (#)-(D), carry these totals to lines 13-15		126,512.	90,663.	27,543.	8,306.
Joint Costs. Check ► L if you are following SOP 9					
Are any joint costs from a combined educational campa	ign and f	undraising solicitation rep	oorted in (B) Program serv	rices? ► L	Yes _X_ No
If "Yes," enter (i) the aggregate amount of these joint co		:((ii) the amount allocated to	Program services \$;
(iii) the amount allocated to Management and general \$			iv) the amount allocated t	o Fundraisin g \$	
Part III Statement of Program Servi		complishments			
What is the organization's primary exempt purpose?	·				Brogram Comico
SEE FOOTNOTE All organizations must describe their exempt purpose achievement			M	thinking in and the Disc.	Program Service Expenses
achievements that are not measurable. (Section 501(c)(3) and (4) o					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)					trusts; but optional for others.)
a SEE STATEMENT 4					
				4 000	61 202
· and adnoomal not tay ayan	3.0		Grants and allocations \$	4,000.)	61,302.
b GRASSROOTS POLICY CHANG				EGRATION OF	
IMMIGRANTS AND REFUGEES			MIGRANTS UND	ERSTAND AND	
PARTICIPATE IN THE CIV	IC P			4 0 4 4	22.462
ann annunum f		(0	Grants and allocations \$	4,944.)	23,463.
c SEE STATEMENT 5					
					F 000
			Grants and allocations \$	0.)	5,898.
d					
			Grants and allocations \$)	
e Other program services (attach schedule)			Grants and allocations \$		00 663
f Total of Program Service Expenses (should equal 423011	iine 44,	column (B), Program sen	vices)	>	90,663.
720011					Form 990 (2004

Pa	rt IV	Balance Sheets					
Note:		re required, attached schedules and amounts v Id be for end-of-year amounts only.	vithin the desc	cription column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments		42,687.	45 46	15,615.	
		Accounts receivable	47b	429.		47c	429.
		Pledges receivable Less: allowance for doubtful accounts	48a			48c	
	49 50	Grants receivable Receivables from officers, directors, trustees, and key employees			5,000.	49 50	22,868.
Assets	b	Other notes and loans receivable Less: allowance for doubtful accounts	51a 51b			51c	
	52 53 54	Inventories for sale or use Prepaid expenses and deferred charges Investments - securities	<u></u>			52 53 54	
	55 a	Investments - land, buildings, and equipment: basis	1 1				
	56	Less: accumulated depreciation		1 017		55c 56	
	57 a b 58	Land, buildings, and equipment: basis Less: accumulated depreciation STMT 7 Other assets (describe ► FISCAL SPO	57b	1,917. 1,141.	371.	57c	776. 30,534.
	59_ 60	Total assets (add lines 45 through 58) (must equal Accounts payable and accrued expenses			48,058.	59 60	70,222.
S	61 62	Grants payable Deferred revenue				61 62 63	
Liabilities	1	Loans from officers, directors, trustees, and key er a Tax-exempt bond liabilities b Mortgages and other notes payable			64a 64b		
	65 66	Other liabilities (describe PAYROLL L Total liabilities (add lines 60 through 65)			36. 36.		0.
Sec	Orga	nizations that follow SFAS 117, check here 69 and lines 73 and 74. Unrestricted				67	
Vet Assets or Fund Balances	68 69 Orga	Temporarily restricted Permanently restricted inizations that do not follow SFAS 117, check here				68 69	
ets or Fu	70	70 through 74. Capital stock, trust principal, or current funds			0.	70	0.
Net Asse	71 72 73	Paid-in or capital surplus, or land, building, and ed Retained earnings, endowment, accumulated inco Total net assets or fund balances (add lines 67 th	me, or other fun	nds	48,022		70,222.

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.

column (A) must equal line 19; column (B) must equal line 21)

Total liabilities and net assets / fund balances (add lines 66 and 73)

, TENNESSEE IMMIGRANT & REFUGEE 20-0121100 RIGHTS COALITION

Pa	Reconciliation of Revenue Financial Statements wit Return	h Revenue per	Par	Return	al Statements	with Expens	ses per
a	Total revenue, gains, and other support per audited financial statements	a N/A	а	Total expenses and lo audited financial state	sses per ments	▶ a	N/A
b	Amounts included on line a but not on line 12, Form 990:		b (1)	Amounts included on line 17, Form 990: Donated services	line a but not on		
(1)	Net unrealized gains			and use of facilities			
(0)	on investments\$		(2)	Prior year adjustment	S		
(2)	Donated services and use of facilities \$			reported on line 20, Form 990	•		
(3)	Recoveries of prior		(3)	Losses reported on	. •		
• •	year grants\$			line 20, Form 990	\$		
(4)	Other (specify):		(4)	Other (specify):			
_	\$		-	Add			
	Add amounts on lines (1) through (4) Line a minus line b	D C	C	Add amounts on lines Line a minus line b			
C d	Amounts included on line 12. Form	b	ď	Amounts included on		6	
u	990 but not on line a:			990 but not on line a	•		
(1)	Investment expenses		(1)	Investment expenses			
	not included on			not included on			
(0)	line 6b, Form 990\$		(0)	line 6b, Form 990	.\$		
(2)	Other (specify):		(2)	Other (specify):	•		
_	Add amounts on lines (1) and (2)	l d l	-	Add amounts on lines	. *		
е	Total revenue per line 12, Form 990		е	Total expenses per lin			
	(line c plus line d)	e		(line c plus line d)			
Pa	rt V List of Officers, Directors,	Trustees, and Key E					(5) 5
	(A) Name and address		(a) p:	itle and average hours er week devoted to position	(If not paid, enter	employee benefit plans & deferred compensation	(E) Expense account and other allowances
 SĒ	E STATEMENT 8				27,303.	666.	0.
			 		<u> </u>		
					1		
							ĺ
75	Did any officer, director, trustee, or key employee r organizations, of which more than \$10,000 was pr					and all related X No	

423031 01-13-05

Form 990 (2004)

TENNESSEE IMMIGRANT & REFUGEE

Form	990 (2004) RIGHTS COALITION 20-0121			age 5
Pai	t VI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		_X_
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
10 a	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
79		/3		***
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			**************************************
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	**********	X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		<u>X</u>
82 a	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?	82a		X
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
u	expense in Part II. (See instructions in Part III.)			
00 -	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	2000000000
	Did the organization comply with the disclosure configuration returns and exemption applications:			
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		*******
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		onenna
	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.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		
í	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h		303		
"	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
00	, , , , , , , , , , , , , , , , , , , ,	0011		***
86	37/3	┨		
b	5-7-	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	-		
b	1 1			
	against amounts due or received from them.) 87b N/A	_		****
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	1		
	If "Yes," complete Part IX	88		<u>X</u>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ <u>0 · ; section 4912 ▶ 0 · ; section 4955 ▶</u> <u>0 · </u>			
h	501(c)(3) and 501(c)(4) organizations. 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	1	Х
_	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	Coon		
	·			0.
	sactions 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u> </u>
90 a	List the states with which a copy of this return is filed TN			
b	Number of employees employed in the pay period that includes March 12, 2004		204	1
91	The books are in care of ► SARA JANE SALIBA Telephone no. ► 615-83	<u> 3-U</u>	<u> 384</u>	
	Located at ► 442 METROPLEX DR BLDING D STE 118, NASHVILLE TN ZIP+4 ►	<u> 3721</u>	1	
			_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		. ▶∟	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/		
4230- 01-13	41	For	m 990 ((2004)

, TENNESSEE IMMIGRANT & REFUGEE RIGHTS COALITION

Part VII Analysis of Income-Producing					
Note: Enter gross amounts unless otherwise		ed business income		ded by section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount	_function income
a					
b					
c					
d	_ I				
e	· · · · · · · · · · · · · · · · · · ·				
f Medicare/Medicaid payments				` .	
q Fees and contracts from government agencies	l l				
94 Membership dues and assessments		= =	+		1,016.
95 Interest on savings and temporary cash investments			-		
96 Dividends and interest from securities			+	-	
97 Net rental income or (loss) from real estate:					
, ,	***************************************				
a debt-financed property			+		· · · · · · · · · · · · · · · · · · ·
b not debt-financed property			+		
98 Net rental income or (loss) from personal property			_		
99 Other investment income				<u>-</u>	
100 Gain or (loss) from sales of assets	Ì		ı		
other than inventory				1	<11 140
101 Net income or (loss) from special events					<11,149.
102 Gross profit or (loss) from sales of inventory			-		
103 Other revenue:					
a					
b	-		-		
C		-			
d	_				ļ
e	-				
104 Subtotal (add columns (B), (D), and (E))		0		0.	
105 Total (add line 104, columns (B), (D), and (E))				>	<10,133.
Note: Line 105 plus line 1d, Part I, should equal the an					
Part VIII Relationship of Activities to the					
Line No. Explain how each activity for which income is re			ed impoi	tantly to the accomplishment	of the organization's
exempt purposes (other than by providing fund	s for such purpo	ses).			-
94 MEMBERSHIP DUES					
					
Part IX Information Regarding Taxable	e Subsidiar		ded E		T
(A) (B) Name, address, and EIN of corporation, Percentage	of	(C) Nature of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity ownership inte	rest	- 			assets
	%				
N/A	%				
	%				
	%				
Part X Information Regarding Transfe	ers Associa	ted with Persona	l Ben	efit Contracts (See pa	ge 34 of the instructions.)
(a) Did the organization, during the year, receive any fund	s, directly or indi	rectly, to pay premiums o	n a pers	onal benefit contract?	Yes X No
(b) Did the organization, during the year, pay premiums, d	lirectly or indirec	tly, on a personal benefit o	contract	?	Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (s	ee instructions).			
Please Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than	this return, including	g accompanying schedules ar	nd statem	ents, and to the best of my knowle	dge and belief, it is true,
sign Dand Libell		11/20/06	Dav	id Lubell - Dire	c 105
Here Signature of officer			Type or	print name and title.	· · · · · · · · · · · · · · · · · · ·
Preparer's Preparer's		D	ate	Check if	Preparer's SSN or PTIN
raid signature	1 Can	1	1/20	0/06 self- employed ► X	
Firm's name (or KRAFTCPAS/PLI				EIN ►	· · · · · · · · · · · · · · · · · · ·
Use Only yours if self-employed). 555 GREAT CIR	CLE ROA	D, SUITE 20	0		
	37228-			Phone no >	(615)242-7351
					·

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-C047

Name of the organization TENNESSEE IMMIGRANT & REFUGEE Employer identification number RIGHTS COALITION 20: 0121100 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours (e) Expense (a) Name and address of each employee paid (c) Compensation account and other per week devoted to more than \$50,000 position allowances NONE Total number of other employees paid 0 over \$50,000 Part II 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 Total number of others receiving over \$50,000 for professional services

Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
F	ublic opi obbying a	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence nion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ 8,937. (Must equal amounts on line 38, Part VI-A, INE 38B)	1	x	
()rganizat	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
	•	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
		directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.)			
		nange, or leasing of property?	2a	0.000.000	X
b l	.ending (of money or other extension of credit?	2b		Х
c F	urnishin	g of goods, services, or facilities?	20		Х
d f	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	Х	
e -	ransfer (of any part of its income or assets?	2e		X
2 [ארוו שו	ake grants for scholarshins, fallowshins, student loans, etc. 2 (If "Ves." attach an explanation of how			
3	ou deter	mine that recipients qualify to receive payments.)	3a		X
		ave a section 403(b) annuity plan for your employees?	3b		Х
		naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4a		Х
b l	Oo you p	rovide credit counseling, debt management, credit repair, or debt negotiation services?	4b	Ĺ	X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
	rganizati	on is not a private foundation because it is: (Please check only ONE applicable box.)			
5	\vdash	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
7	H	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
, Я	H	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			
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)			
1a	X	(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
Ia	L <u>.23.</u>	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
1b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2		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.)			
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described	ribed in:		
		(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)	(6) 1 .		h = ::
		(a) Name(s) of supported organization(s)		ne num om ab	
	<u> </u>				
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
231° 2-03	1 -04	Schedule A (Form	990 or	990-E	Z) 200

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	, . T	ENNESSEE IMM	IIGRANT & RE	FUGEE	, ,	
	tule A (Form 990 or 990-EZ) 2004 R					0121100 Page 3
Pa	TIV-A Support Schedule (Co	omplete only if you check worksheet in the instru	cked a box on line 10, actions for converting f	11, or 12.) Use cash rom the accrual to the	method of accounting cash method of accounting	ng. Duntina
	dar year (or fiscal year ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	61,500.				61,500.
16	Membership fees received	785.				785.
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					
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					
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	62,285.	0.	0.	0.	62,285.
24	Line 23 minus line 17	62,285.				62,285.
25	Enter 1% of line 23	623.				
26	Organizations described on lines 10	Jor 11: a Enter 2% of a	mount in column (e), line	24	▶ 26a	1,246.
b	Prepare a list for your records to sho	w the name of and amoun	t contributed by each per	son (other than a govern	ımental	
	unit or publicly supported organization	on) whose total gifts for 20	000 through 2003 exceed	ed the amount shown in	line 26a.	
	Do not file this list with your return.	Enter the total of all these	excess amounts			28,754.
C	Total support for section 509(a)(1) to	est: Enter line 24, column ((e)		▶ 26c	62,285.
d	Add: Amounts from column (e) for li	nes: 18	19 26b _	00 75		00 754
						28,754.
е	Public support (line 26c minus line 2	,				33,531.
	Public support percentage (line 26e					53.8348%
27	Organizations described on line 12: records to show the name of, and tot such amounts for each year: (2003)	tal amounts received in each N/A	ch year from, each "disqu	alified person." Do not fil	e this list with your retu	ırn. Enter the sum of

	records to show the name of, ar	nd total amounts received in ea	ach year from, each "disqualified person." Do not fi	le this list with your return. Enter the su	m of
	such amounts for each year:	N/A		(2000) d persons"), prepare a list for your records to show the name of, for the year or (2) \$5,000. (Include in the list organizations	
	(2003)	(2002)	(2001)	(2000)	
b	For any amount included in line	17 that was received from each	ch person (other than "disqualified persons"), prepa	re a list for your records to show the na	me of,
	and amount received for each ye	ear, that was more than the Ia	rger of (1) the amount on line 25 for the year or (3	2) \$5,000. (Include in the list organizatio	ns
	described in lines 5 through 11,	, as well as individuals.) Do no	t file this list with your return. After computing the	e difference between the amount receive	d and

the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) (2002) (2001) (2000) Add: Amounts from column (e) for lines: 15 16 20 21 ... ►

Add: Line 27a total and line 27b total ... ► Public support (line 27c total minus line 27d total)

Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

27f N/A

N/A Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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. NONE Schedule A (Form 990 or 990-EZ) 2004 423121 12-03-04

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
3	instrument, or in a resolution of its governing body?	29		
0	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		
1	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?	31	no ancioni com	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	·			
		— I		
		— I		
		— [
2	Does the organization maintain the following:			
a .	Records indicating the racial composition of the student body, faculty, and administrative staff?			ļ
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	222		
ч	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?			
đ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	321		
	if you answered two to any of the above, please explain. (If you need more space, attach a separate statement.)			
		— [
3	Does the organization discriminate by race in any way with respect to:	—		
а	Students' rights or privileges?	33a		
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
е	Educational policies?	33e		L
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.)			
		— I		
		—		
_		—		
1 a	Does the organization receive any financial aid or assistance from a governmental agency?		-	₩
b	Has the organization's right to such aid ever been revoked or suspended?	34b	I	1

Schedule A (Form 990 or 990-EZ) 2004

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Schedule A (Form 990 or 990-EZ)					U-UIZIIUU rage
Part VI-A Lobbying E	xpenditures by Ele	ecting Public Charit	ies (See page 9 of t	ne instructions.)	
	d ONLY by an eligible organ		h if you che	cked "a" and "limited contr	of" provisions apply
heck > a if the organiza	tion belongs to an affiliated	group. Glieck i	U ii you che	(a)	(b)
Lit	mits on Lobbying E	xpenditures		Affiliated group	To be completed for ALL
(The tern	n "expenditures" means amo	ounts paid or incurred.)		totals	electing organizations
				N/A	
6 Total lobbying expenditures to	o influence public opinion (a	rassroots lobbying)	36	•	4,412
7 Total lobbying expenditures to					4,525
3 Total lobbying expenditures (a					8,937
Other exempt purpose expend					117,575
Total exempt purpose expend					126,512
Lobbying nontaxable amount.					
If the amount on line 40 is -	The tobbyin	ng nontaxable amount is -			
Not over \$500,000	20% of the am	ount on line 40			
Over \$500,000 but not over \$1,000	,000 \$100,000 plus	15% of the excess over \$500,036	11 1		
Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	10% of the excess over \$1,000.0	00		25,302
Over \$1,500,000 but not over \$17,0			32,473,01.0		
Over \$17,000,000					6 326
2 Grassroots nontaxable amour					6,326
Subtract line 42 from line 36.Subtract line 41 from line 38.					
4 Subtract line 41 from line 38.	Enter -0- it line 4 i is more it	nan inie 30	744	Projecti de la Caraca de la Car	
Caution: If there is an amo	ount on either line 43 or li	ne 44. vou must file Form	4720.		
			Service Co.		
	4-Year	Averaging Period \	Inder Section :	501(h)	
i	(Some organizations that ma				
	below. See the ins	structions for lines 45 throug	h 50 on page 11 of th	e instructions.)	
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period	
alendar year (or	(a)	(b)	(c)	(d)	(e)
iscal year beginning in)	2004	2003	2002	2001	Total
5 Lobbying nontaxable					
amount	25 302.	3 683		1	28.985

		Lobbying Exp	enditures During 4-Year A	veraging Period	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(¢) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	25,302.	3,683.			28,985.
46 Lobbying ceiling amount (150% of line 45(e))					43,478.
47 Total lobbying expenditures	8,937.	2,795.			11,732.
48 Grassroots nontaxable amount	6,326.	921.			7,247.
49 Grassroots ceiling amount (150% of line 48(e))					10,871.
50 Grassroots lobbying expenditures	4,412.	900.			5,312.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: 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.

423141 11-24-04

Schedule A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004 RIGHTS COALITION Page 6 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes No a Transfers from the reporting organization to a noncharitable exempt organization of: Х 51 a(i) Х a(ii) (ii) Other assets b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) (ii) Purchases of assets from a noncharitable exempt organization b(ii) b(iii) (iii) Rental of facilities, equipment, or other assets b(iv) (iv) Reimbursement arrangements (v) Loans or loan guarantees Х b(vi) (vi) Performance of services or membership or fundraising solicitations C Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any N/A transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) (d) Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Line no 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?**>** [X No If "Yes," complete the following schedule: (a) (c) Description of relationship Name of organization Type of organization