

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

2003Open to Public
Inspection**A** For the 2003 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**CAPITAL AREA IMMIGRANTS'
RIGHTS COALITION**

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

415 MICHIGAN AVENUE, N.E. MCCORMICK PAV. 140

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

WASHINGTON, DC 20017• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**D** Employer identification number**52-2141497****E** Telephone number**202-756-2770****F** Accounting method ☐ Cash ☒ Accrual
☐ Other
(specify) ▶**G** Website: ▶ **www.caircoalition.org****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return**H and I are not applicable to section 527 organizations****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? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**466,779.****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED APR 07 2004

Revenue

1 Contributions, gifts, grants, and similar amounts received.**a** Direct public support**1a** **465,341.****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **465,341.** noncash \$)**1d** **465,341.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **1,438.****5** Dividends and interest from securities**5****6 a** 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****8 a** Gross amount from sales of assets other
than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****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**, check here ☐**a** Gross revenue (not including \$ of contributions
reported on line 1a)**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****10 a** 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****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **466,779.****13** Program services (from line 44, column (B))**13** **263,592.****14** Management and general (from line 44, column (C))**14** **45,674.****15** Fundraising (from line 44, column (D))**15** **39,377.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **348,643.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **118,136.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **123,588.****20** Other changes in net assets or fund balances (attach explanation)

See Statement 1

20 **1,603.****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **243,327.**323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2003)

713-15
14

**CAPITAL AREA IMMIGRANTS'
RIGHTS COALITION**

52-2141497

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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
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 74,919.	59,935.	7,492.	7,492.
26 Other salaries and wages	26 131,455.	95,429.	21,077.	14,949.
27 Pension plan contributions	27			
28 Other employee benefits	28 29,648.	22,236.	4,151.	3,261.
29 Payroll taxes	29 15,394.	11,546.	2,155.	1,693.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 8,388.	6,291.	1,174.	923.
35 Postage and shipping	35			
36 Occupancy	36 27,211.	20,408.	3,810.	2,993.
37 Equipment rental and maintenance	37 2,215.	1,661.	310.	244.
38 Printing and publications	38 4,349.	3,262.	609.	478.
39 Travel	39 15,707.	15,707.		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 2,737.	2,053.	383.	301.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 2	43e 36,620.	25,064.	4,513.	7,043.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 348,643.	263,592.	45,674.	39,377.

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

What is the organization's primary exempt purpose? **PROVIDE LEGAL SERVICES TO IMMIGRANTS AND REFUGEES.**

PROVIDE LEGAL SERVICES TO IMMIGRANTS AND REFUGEES.

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.)

a PROVIDE LEGAL ADVOCACY, EDUCATION AND TRAINING SERVICES, PUBLIC POLICY DEVELOPMENT, INFORMATION SHARING, COMMUNITY EMPOWERMENT PROGRAMS AND LEGAL SUPPORT SERVICES TO IMMIGRANT FAMILIES IN THE WASHINGTON, DC AREA. (Grants and allocations \$ _____)	263,592.
b _____	
_____ (Grants and allocations \$ _____)	
c _____	
_____ (Grants and allocations \$ _____)	
d _____	
_____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	263,592.

CAPITAL AREA IMMIGRANTS'
RIGHTS COALITION**Part IV Balance Sheets**

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	4,371.	45	1,320.
	46 Savings and temporary cash investments	110,977.	46	117,395.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	112,500.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities Stmt 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,484.	54	11,087.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a	13,472.		
b Less: accumulated depreciation	57b	5,120.		
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	133,217.	59	250,654.	
Liabilities	60 Accounts payable and accrued expenses	1,707.	60	60.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 4)	7,922.	65	7,267.
66 Total liabilities (add lines 60 through 65)	9,629.	66	7,327.	
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	123,588.	67	130,827.
	68 Temporarily restricted		68	112,500.
	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; column (B) must equal line 21)	123,588.	73	243,327.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	133,217.	74	250,654.

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.

CAPITAL AREA IMMIGRANTS'

Form 990 (2003)

RIGHTS COALITION

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
a Total revenue, gains, and other support per audited financial statements ▶ a 4,234,613. b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ 1,603. (2) Donated services and use of facilities \$ 3,766,231. (3) Recoveries of prior year grants \$ _____ (4) Other (specify): _____ Add amounts on lines (1) through (4) ▶ b 3,767,834. c Line a minus line b ▶ c 466,779. d Amounts included on line 12, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ Add amounts on lines (1) and (2) ▶ d 0. e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 466,779.	a Total expenses and losses per audited financial statements ▶ a 4,114,874. b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ 3,766,231. (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify): _____ Add amounts on lines (1) through (4) ▶ b 3,766,231. c Line a minus line b ▶ c 348,643. d Amounts included on line 17, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ Add amounts on lines (1) and (2) ▶ d 0. e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 348,643.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DEBORAH SANDERS C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	PRESIDENT & EXEC. DIRECTOR 40	74,919.	4,500.	0.
CAROLYN WALLER C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	CHAIR AS NEEDED	0.	0.	0.
KAREN GRISEZ C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	SECRETARY AS NEEDED	0.	0.	0.
ALEXANDER SIERCK C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	TREASURER AS NEEDED	0.	0.	0.
EDWAN FON C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	MEMBER AS NEEDED	0.	0.	0.
RHOI KAIMA WANGILA C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	MEMBER AS NEEDED	0.	0.	0.
KATHY DOAN C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	MEMBER AS NEEDED	0.	0.	0.
DIANA CHAMBERS C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	MEMBER AS NEEDED	0.	0.	0.
LAURA TUELL PARCHER C/O CAIR, 415 MICHIGAN AVE, NE, #140 WASHINGTON, DC 20017	MEMBER AS NEEDED	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ ☐ Yes ☒ No

**CAPITAL AREA IMMIGRANTS'
RIGHTS COALITION**

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Part VI Other Information

		Yes	No
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? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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	X
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
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	3,766,231.
83 a	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	X
84 a	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	
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?	85b	
	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
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	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	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.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DISTRICT OF COLUMBIA	90b	6
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of <input type="checkbox"/> CAP. AREA IMMIGRANTS' RIGHTS COAL. Telephone no. <input type="checkbox"/> 202-756-2770		

Located at ☐ 415 MICHIGAN AVENUE, N.E., WASHINGTON, DC

ZIP + 4 ☐ 20017

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 ☐ 92 ☐ N/A

Date	Check if	Preparer's SSN or PTIN
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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 1545-0047

2003

Name of the organization **CAPITAL AREA IMMIGRANTS' RIGHTS COALITION**

Employer identification number
52 2141497

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See page 1 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None -----				

Total number of other employees paid over \$50,000 ▶	0			

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
None		
Total number of others receiving over \$50,000 for professional services	0	

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 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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	1	X
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, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described 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.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions.)

CAPITAL AREA IMMIGRANTS'

Schedule A (Form 990 or 990-EZ) 2003 **RIGHTS COALITION**

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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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	324,621.	288,871.	257,864.	77,264.	948,620.
16 Membership fees received				925.	925.
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	2,345.	3,100.	3,330.	136.	8,911.
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		3,334.	3,045.	1,717.	8,096.
23 Total of lines 15 through 22	326,966.	295,305.	264,239.	80,042.	966,552.
24 Line 23 minus line 17	326,966.	295,305.	264,239.	80,042.	966,552.
25 Enter 1% of line 23	3,270.	2,953.	2,642.	800.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					19,331.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					476,377.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					966,552.
d Add: Amounts from column (e) for lines: 18 8,911. 19 22 8,096. 26b 476,377.					493,384.
e Public support (line 26c minus line 26d total)					473,168.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					48.9542%
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: 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 11, 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: N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

CAPITAL AREA IMMIGRANTS'

Schedule A (Form 990 or 990-EZ) 2003 **RIGHTS COALITION**

52-2141497 Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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	
<hr/>		
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<hr/>		
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
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34 a 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	

Schedule A (Form 990 or 990-EZ) 2003

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(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**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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:

- 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)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 of the instructions.)

- 51 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?

- a Transfers from the reporting organization to a noncharitable exempt organization of:**

- (i) Cash

- (ii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (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 transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- 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? ▶ ☐

► ☐ Yes ☒ No

- b** If "Yes," complete the following schedule:

N/A

[illegible]

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
UNREALIZED GAIN ON INVESTMENTS		1,603.	
Total to Form 990, Part I, line 20		1,603.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
TAXES AND INSURANCE	6,515.	4,886.	912.	717.	
OFFICE EXPENSE	7,001.	5,251.	980.	770.	
PROFESSIONAL FEES	7,387.	5,540.	1,034.	813.	
MEMBERSHIP DUES	1,994.	1,496.	279.	219.	
FUNDRAISING EXPENSE	3,491.			3,491.	
MISCELLANEOUS	7,112.	5,333.	996.	783.	
LOSS ON DISPOSAL OF ASSETS	3,120.	2,558.	312.	250.	
Total to Fm 990, ln 43	36,620.	25,064.	4,513.	7,043.	

Form 990	Non-Government Securities				Statement	3
Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities	
INVESTMENTS	11,087.				11,087.	
To 990, ln 54 Col B	11,087.				11,087.	

Form 990	Other Liabilities	Statement	4
Description		Amount	
ACCRUED RENT		1,356.	
ACCRUED VACATION		5,911.	
Total to Form 990, Part IV, line 65, Column B		7,267.	

Schedule A	Other Income			Statement 5
Description	2002 Amount	2001 Amount	2000 Amount	1999 Amount
MISCELLANEOUS INCOME	0.	3,334.	3,045.	1,717.
Total to Schedule A, line 22	0.	3,334.	3,045.	1,717.

Tax Asset Detail 1/01/03 - 12/31/03

FYE: 12/31/2003

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT											
1	HP Laserjet Printer	8/28/00	1,695 00	0 00	0 00	791 00	339 00	1,130 00	565 00	S/L	5 0
2	Computer Equipment	1/24/00	1,129 00	0 00	0 00	658 60	225 80	884 40	244 60	S/L	5 0
3	Dell Computers X 3	1/25/01	2,480 34	0 00	0 00	950 80	496 07	1,446 87	1,033 47	S/L	5 0
4 *	HP Networking	2/01/01	4,635 00	0 00	0 00	1,776 75	309 00	2,085 75	2,549 25	S/L	5 0
5	D S Computer	8/21/01	1,442 00	0 00	0 00	384 53	288 40	672 93	769 07	S/L	5 0
6	Intel Pentium Computer	6/18/02	902 00	0 00	0 00	90 20	180 40	270 60	631 40	S/L	5 0
7	HP Computer	9/17/03	735 00	0 00c	0 00	0 00	36 75	36 75	698 25	S/L	5 0
8	Server	4/17/03	5,089 00	0 00c	0 00	0 00	678 53	678 53	4,410 47	S/L	5 0
9 *	Dell Computers X 3	1/25/01	1,221 66	0 00	0 00	468 30	183 25	651 55	570 11	S/L	5 0
OFFICE EQUIPMENT											
*Less: Dispositions			19,329 00	0 00c	0 00	5,120 18	2,737 20	7,857 38	11,471 62		
			5,856 66	0 00	0 00	2,245 05	0 00	2,737 30	3,119 36		
Net OFFICE EQUIPMENT			13,472 34	0 00c	0 00	2,875 13	2,737 20	5,120 08	8,352 26		
Grand Total											
Less: Dispositions			19,329 00	0 00c	0 00	5,120 18	2,737 20	7,857 38	11,471 62		
			5,856 66	0 00	0 00	2,245 05	0 00	2,737 30	3,119 36		
Net Grand Total			13,472 34	0 00c	0 00	2,875 13	2,737 20	5,120 08	8,352 26		