### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

А Г	OI LITE	2021 Calefidat year, or tax year beginning	enung		
<b>B</b> 0	heck if	C Name of organization		D Employer identifi	cation number
		CAPITAL AREA IMMIGRANTS RIGHTS			
X	Addres change Name			FO 01414	0.77
	change □Initial	G		52-21414	
	return Final return/	,	Room/suite <b>701</b>	E Telephone numbe 202-331-	
	termin- ated			G Gross receipts \$	8,234,831.
	Amend return			H(a) Is this a group re	
F	Application			for subordinates	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) ( )	or 527	1 ` ′	list. See instructions
		e: ► WWW.CAIRCOALITION.ORG	<u> </u>	H(c) Group exemption	
		organization: X Corporation	L Year	<del></del>	M State of legal domicile: DC
	art I	Summary	1 =	5. Torring 1971	otato or rogal dominono,
_	1	Briefly describe the organization's mission or most significant activities: ${ t PROV }$	IDE LE	GAL SERVICE	S TO
Activities & Governance		IMMIGRANTS AND REFUGEES.			
rna	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			132
Ϋ́È	6	Total number of volunteers (estimate if necessary)		6	500
<b>C</b> E	7 a <sup>-</sup>	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		6,816,883.	3,513,134.
	l .	Program service revenue (Part VIII, line 2g)		0.	4,718,435.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,373.	947.
<u> </u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28,518.	-11,913.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,789,738.	8,220,603.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,553,348.	5,856,639.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×be	b -	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,329,941.	1,312,016.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,883,289.	7,168,655.
	19	Revenue less expenses. Subtract line 18 from line 12		-93,551.	1,051,948.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,027,411.	4,021,347.
TAS P	21	Total liabilities (Part X, line 26)		1,365,272.	1,307,260.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,662,139.	2,714,087.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule:			/ knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sign	- 1	KATHY DOAN, EXECUTIVE DIRECTOR		Date	
Her	e	Type or print name and title			
			1	Date Check [	PTIN
Paid	, ,	Print/Type preparer's name  HOLLY CAPORALE  HOLLY CAPORALE		.1/11/22 self-employ	
	ı	Firm's name COUNCILOR, BUCHANAN & MITCHELL,	P.C.	Firm's EIM	52-1711839
	Only	Firm's address 7910 WOODMONT AVE. STE. 500		I IIIII S EIIV	<u> </u>
550	Jy	BETHESDA, MD 20814		Phone no (3	01) 986-0600
Mav	the IF	S discuss this return with the preparer shown above? See instructions		11 /10/10 110. ( 3	X Yes No
y					10

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  PROVIDES LEGAL ADVOCACY, EDUCATION AND TRAINING SERVICES, PUBLIC
	POLICY DEVELOPMENT, INFORMATION SHARING, AND COMMUNITY EMPOWERMENT
	PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	LEGAL: CAIR COALITION CONDUCTS LEGAL RIGHTS PRESENTATIONS AT BOTH
	COUNTY RUN AND PRIVATELY OWNED JAILS IN VIRGINIA, AND MARYLAND,
	PROVIDING ADVICE AND ASSISTANCE TO INDIVIDUALS DETAINED BY THE
	DEPARTMENT OF HOMELAND SECURITY (DHS). WHEN POSSIBLE, CAIR COALITION
	SECURES LEGAL COUNSEL FOR IMMIGRANT DETAINEES FROM DC, MARYLAND AND
	VIRGINIA WHO ARE BEING HELD IN DETENTION FACILITIES IN VIRGINIA,
	MARYLAND, PENNSYLVANIA AND ELSEWHERE.
	CAIR COALITION ALSO PROVIDES LEGAL ASSISTANCE TO UNACCOMPANIED
	IMMIGRANT CHILDREN IN THE CUSTODY OF THE OFFICE OF REFUGEE RESETTLEMENT
	WHO ARE BEING DETAINED AT JUVENILE FACILITIES IN VIRGINIA AND MARYLAND.
	IN ADDITION, CAIR COALITION ASSISTS DETAINED ASYLUM SEEKERS DURING
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 6 , 454 , 283 .
	Form <b>990</b> (2021)

13481109 759370 50056.0000

Form 990 (2021) COALITION
Part IV Checklist of Required Schedules

2141497 Page 3	2	1	4	1	4	9	7	Page	3
----------------	---	---	---	---	---	---	---	------	---

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		
IU		10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u		11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			**
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	33U	(2021)

Pa	rt IV Checklist of Required Schedules (continued)	491	Р	age 4
	Continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			۱
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			۱
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
25 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		$\vdash$
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2021)

Form 990 (2021)

COALITION

52-2141497

Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 132 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management			1						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7						
_	of officers, directors, trustees, or key employees to a management company or other person?	3	37	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5	X	Х						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		₩.						
	more members of the governing body?	7a_		X						
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
•	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X							
	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b_	- 71							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x						
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21						
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MD , VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records   LARRY DOAN - 202-800-8615									
	KATHY DOAN - 202-899-8615 1025 CONNECTICUT AVE. NW SUITE 701, WASHINGTON, DC 20036									
	TOAS COMMECTICOT AVE: NW BOTTE /OT, WASHINGTON, DC 40030									

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	ısat	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week (list any	<b>—</b>	T	Ī		Π	T	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tru		oyee	om pe		1099-NEC)	•	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	lus	90	Ke	훈등	For			
(1) KATHY DOAN	40.00	-		٦,				07 707	,	12 000
EXECUTIVE DIRECTOR	1 00			Х		-		97,787.	0.	13,009.
(2) ANDREW J. GENZ	1.00	٠,		٦,					0	0
PRESIDENT & CHAIR	1 00	Х		Х		<u> </u>		0.	0.	0.
(3) PATRICK WOOD	1.00	.,		37					0	0
VICE PRESIDENT	1 00	Х		Х		┝		0.	0.	0.
(4) ROBERT R. LAWRENCE SECRETARY	1.00	x		х					0	0
(5) NADEAM ELSHAMI	1.00	A		A		-		0.	0.	0.
TREASURER	1.00	х		х				0.	0.	0.
(6) CHRISTOPHER J. HERRLING	1.00	Δ		^		$\vdash$			0.	0.
MEMBER (UNTIL SEPT 2021)	1.00	X						0.	0.	0.
(7) ROBERT NICHOLAS	1.00					$\vdash$			0.	<u> </u>
MEMBER	1.00	Х						0.	0.	0.
(8) TRACY ROMAN	1.00					$\vdash$		· ·	•	•
MEMBER	1100	х						0.	0.	0.
(9) DANIEL S. BLYNN	1.00	<u></u>								
MEMBER		Х						0.	0.	0.
(10) VINCENT C. VAN PANHUYS	1.00								-	-
MEMBER		Х						0.	0.	0.
(11) JONATHAN M. FEE	1.00									
MEMBER		Х						0.	0.	0.
(12) KAREN T. GRISEZ	1.00									
MEMBER		Х						0.	0.	0.
(13) DAVID FRIEDLAND	1.00									
MEMBER		Х						0.	0.	0.
(14) MARINN CARLSON	1.00									
MEMBER		Х						0.	0.	0.
(15) HIMEDES V. CHICAS	1.00									
MEMBER		Х						0.	0.	0.
(16) SHARITA GRUBERG	1.00	]								
MEMBER	1	Х				_		0.	0.	0.
(17) BRENDAN CARROLL	1.00	J						_	_	_
MEMBER		Х						0.	0.	0.

132007 12-09-21

Form **990** (2021)

50056.01

<u> Page</u> **7** 

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)	(F			
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation			nount (	of
	week		fficer and a direc			T	iee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	ord	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	·C/		om the	
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1150)			anizati d relate	
	below	dual t	tiona		yoldr	st cor		1033 (420)				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		
(18) SAMANTHA S. LEE	1.00	_	<del>                                     </del>	Ū	_								
MEMBER		Х						0.		0.			0.
(19) SUSAN BAKER MANNING	1.00												
MEMBER		Х						0.		0.			0.
(20) SHEENA PEGARIDO	1.00												
MEMBER X					0.		0.			0.			
						_							
						_							
								0.5.50			- 1		
1b Subtotal								97,787.		0.	Т.	3,00	-
c Total from continuation sheets to Part VI								0.		0.	1	2 0/	0.
d Total (add lines 1b and 1c)							<u> </u>	97,787.		0.		3,00	19.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				^
compensation from the organization											1	Yes	<u>0</u> No
<b>6</b> 5:111										1		162	INO
3 Did the organization list any <b>former</b> officer,	•	,	,	•	,	,	_		•				Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su													v
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a					•			•			_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or st	ıch r	oers	on					5		X
•	mnoncoted is a	lone	nda.	ot co	nt	20+2	rc +1-	nat raceived mare their f	100 000 of asset	once	tion for	nm.	
1 Complete this table for your five highest co the organization. Report compensation for	· ·	-							•	ei isai	LIUIT ITC	וווע	
(A)	irie caleridar ye	sai e	iluii	ig w	itire	JI WI	<u> </u>	(B)	cai.		(0	٠,	
Name and business	address	NO	ONE	7				رق) Description of s	ervices	С	ompe		า
							$\neg$	·					
<del></del>													
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				(	)							
											Form	990 c	2021)

Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events ..... 329,111. 1c d Related organizations 1d 860,700. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,323,323 1f 45,714 g Noncash contributions included in lines 1a-1f 3,513,134. h Total. Add lines 1a-1f **Business Code** 990009 4,718,435.4,718,435. 2 a LEGAL SERVICES Program Service f All other program service revenue ..... 4,718,435. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 947. 947. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 329,111. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -14,228.-14,228. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER REVENUE 2,315. 2,315. 999999 d All other revenue 2,315. e Total. Add lines 11a-11d

▶ 8,220,603.4,720,750.

**12 Total revenue.** See instructions

# Form 990 (2021) COALITION Part IX | Statement of Functional Expenses

Par	Part IX Statement of Functional Expenses										
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).							
	Check if Schedule O contains a respons			(0)	<u></u>						
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members										
4 5	Compensation of current officers, directors,										
3	trustees, and key employees	110,796.	99,716.	5,540.	5,540.						
6	Compensation not included above to disqualified	22077300	33,77200	3,3131	3,3200						
Ū	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	4,978,103.	4,735,024.	25,012.	218,067.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	20,937.	18,445.	1,657.	835.						
9	Other employee benefits	357,595.	314,046.	29,849.	13,700.						
10	Payroll taxes	389,208.	367,010.	2,764.	19,434.						
11	Fees for services (nonemployees):										
а	Management										
	Legal	143,308.	143,308.	100 640							
	Accounting	103,642.		103,642.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	208,794.	157,317.	17,861.	33,616.						
12	Advertising and promotion	200,754.	137,317	17,001.	33,010.						
13	Office expenses	200,407.	146,868.	43,680.	9,859.						
14	Information technology	, ,	,	,	- ,						
15	Royalties										
16	Occupancy	428,776.	377,155.	34,186.	17,435.						
17	Travel	35,983.	28,296.	7,578.	109.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	20 522		22 522							
22	Depreciation, depletion, and amortization	32,533. 49,382.	5,955.	32,533. 43,152.	275.						
23	Other expenses. Itemize expenses not covered	49,302.	3,933.	43,132.	213.						
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
_	amount, list line 24e expenses on Schedule 0.)  MEMBERSHIP DUES	85,917.	56,480.	29,437.							
	STAFF TRAINING	23,274.	4,663.	17,428.	1,183.						
b		45,414•	Ŧ,00J•	11,440•	1,100.						
c d											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	7,168,655.	6,454,283.	394,319.	320,053.						
26	Joint costs. Complete this line only if the organization		,	,	•						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				000						

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Part 2	X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,322,682.	2	1,632,532
	3	Pledges and grants receivable, net			370,000.		440,267
	4	Accounts receivable, net			1,168,484.	4	969,910
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	-				
		under section 4958(f)(1)), and persons describ		6			
ု ဍ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges			128,747.	9	171,666
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	864,376.			
	b	Less: accumulated depreciation		136,120.	29,547.	10c	728,256
1	1	Investments - publicly traded securities		11			
1	2	Investments - other securities. See Part IV, line		12			
1	3	Investments - program-related. See Part IV, lin		13			
1	4	Intangible assets			14		
1	5	Other assets. See Part IV, line 11		7,951.	15	78,716	
1	6	Total assets. Add lines 1 through 15 (must ed			3,027,411.	16	4,021,347
1	7	Accounts payable and accrued expenses	414,755.	17	442,808		
	8	Grants payable	22 646	18	0 222		
	9	Deferred revenue	33,646.	19	8,333		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
န္မ   2	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities	_	controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	916,871.	25	856,119
		of Schedule D			1,365,272.		1,307,260
+2	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		<u> </u>	1,303,272.	26	1,307,200
ဖွ		and complete lines 27, 28, 32, and 33.	ieck nere				
ຍຸ ຸ	27				1,104,926.	27	2 041 178
2   3	., 28	Net assets with donor restrictions  Net assets with donor restrictions	557,213.	28	2,041,178 672,909		
<u> </u>	.0	Organizations that do not follow FASB ASC			337,213	20	012,505
돌		and complete lines 29 through 33.	900, CHE	ck liefe			
<sub>ວ</sub>   ລ	ο.	Capital stock or trust principal, or current fund	le.			29	
ets	9 10	Paid-in or capital surplus, or land, building, or				30	
188   2	1 1	Retained earnings, endowment, accumulated				31	
ا ب	2	Total net assets or fund balances			1,662,139.	32	2,714,087
_	3	Total liabilities and net assets/fund balances			3,027,411.	33	4,021,347
3		rotal habilities and het assets/fullu balances			J, UZI, TII.	JJ	Form <b>990</b> (201

50056.01

Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,22					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,16					
3	Revenue less expenses. Subtract line 2 from line 1	3	1,05	1,9	48.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,66	2,1	39.			
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,71	4,0	<u>87.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

RIGHTS

► Go to www.irs.gov/Form990 for instructions and the latest information.

CAPITAL AREA IMMIGRANTS'

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

COALITION 52-2141497 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

COALITION

52-2141497 Page 2

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	2592118.	4565360.	5970938.	6816883.	3513134.	23458433.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0500110	4565260	5050000	6016000	2512124	02450422
	Total. Add lines 1 through 3	2592118.	4565360.	5970938.	6816883.	3513134.	23458433.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						23458433.
	Public support. Subtract line 5 from line 4.						<u> </u>
		/a) 2017	/b) 2019	/a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)  Amounts from line 4	(a) 2017 2592118.	(b) 2018 4565360.	(c) 2019 5970938.	(d) 2020 6816883.	(e) 2021 3513134	(f) Total 23458433.
	Gross income from interest,	2372110.	43033001	3370330.	0010003.	3313134.	234304331
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	200.	446.	1,042.	1,373.	947.	4,008.
a	Net income from unrelated business	2000	1100	1,0120	1,3731	31,0	1,0001
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					2,315.	2,315.
11	<b>Total support.</b> Add lines 7 through 10						23464756.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,718,435.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li					14	99.97 %
						15	99 <b>.</b> 99 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		<b>.</b> —
40	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ai	na see instructions	s ▶ <u> </u>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

50056.01

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
00		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
461		
10b ule A (Forn	n 990)	2021

132024 01-04-21

Schedule A (Form 990) 2021 COALITIC

Part IV Supporting Organizations (continuous) COALITION

Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
	2		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	7			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- 1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.	struction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
J-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	3	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				_
chedule A (Form 990) 2021	COALITIC	N		
	CHITIME	MICHAL TIME	TOIMID	1110

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).	, 5	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	`

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 COALITION				2-2141497 Page 7
Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Sect	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	3	3		
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro		5		
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9_	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г	T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

50056.01

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

CAPITAL AREA IMMIGRANTS' RIGHTS

COALITION

Employer identification number

52-2141497

Filers of:	Section:					
Form 990 or 990-E	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Chock if your orga	nization is covered by the General Rule or a Special Rule.					
, ,	on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contribute literary, o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,  Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

Employer identification number

52-2141497

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$160,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$860,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

52-2141497

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
<u> </u>  53 11-11-		I *	Schedule B (Form 990) (20

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** CAPITAL AREA IMMIGRANTS' RIGHTS COALITION 52-2141497 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

**Employer identification number** 52-2141497

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

_	dule D (Form 990) 2021 COALITI							52-21			age 2
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Similai	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 1	Loan or exc	change progra	am					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?			$\square$	Yes		No
Pai	t IV Escrow and Custodial Arran								ine 9. or		
	reported an amount on Form 990, Pa			Ü					,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for c	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
	Too, explain the arrangement in rait Air	and complete the for	nowing to	abio.					Amoun	t	
•	Beginning balance						1c			-	
q											
	Additions during the year										
e •	Distributions during the year										
0-	Ending balance								Yes		T NIG
	Did the organization include an amount on Fo						•		_		∐ No □
	If "Yes," explain the arrangement in Part XIII.  To V Endowment Funds. Complete in										
ı uı	Zilde Willelle I dilde. Complete	(a) Current year		rior year	(c) Two yea		( <b>d)</b> Three y	pare hack	(e) Four	Veare	hack
	5	(a) Current year	(D) F	noi yeai	(C) Two yea	15 Dack	(u) Tillee y	tais back	( <b>e)</b> i oui	years	Dack
1a	Beginning of year balance					+					
b	Contributions					+					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	ı, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other	٠,	ccumulate preciation	ed	(d) Boo	k valu	е
		basis (investr	Helli)	Dasis	(other)	ue	preciation				
	Land										
b	Buildings				2 004		22 1	_	<b>7</b> 4	0 6	<u> </u>
С	Leasehold improvements				3,824.		23,10			0,6	
d	Equipment				2,390.		87,24			5,1	
	Other				8,162.		25,70	J 7 •		2,4	
<u>Tota</u>	l. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X. colum	n (B), line 1	0c.)				72	8,2	56.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CUALITION		52-	214149/ Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 000 Part IV line	a 11h San Form 900 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) BOOK Value	(C) Wethod of Valuation. Cost of end-	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		+	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	_
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) REFUNDABLE ADVANCES			36,458.
(3) DEFERRED RENT AND LEASE IN	CENTIVE		819,661
	<u> </u>		010,001
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			056 110
Total. (Column (b) must equal Form 990. Part X. col. (B) line :	25.)	<b>&gt;</b>	856,119.

Schedule D (Form 990) 2021

50056.01

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII COALITION

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per Re	turn.	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial statements			1	23,070,082.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
<b>b</b> Donated services and use of facilities	2b	14,835,251.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	14,228.		
e Add lines 2a through 2d			2e	14,849,479.
3 Subtract line 2e from line 1			3	8,220,603.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
a Investment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,220,603.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts w	ith Expenses per H	etur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				00 010 124
Total expenses and losses per audited financial statements			1	22,018,134.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.	1 1 4 0 2 5 0 5 1		
a Donated services and use of facilities	2a	14,835,251.		
b Prior year adjustments	2b			
c Other losses	2c	14 220		
d Other (Describe in Part XIII.)		14,228.		14 040 470
e Add lines 2a through 2d			2e	14,849,479. 7,168,655.
3 Subtract line 2e from line 1			3	7,100,000.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4-	n
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	7,168,655.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.			3	7,100,033.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	/ lines	1h and 2h: Part V line 4	Part	X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, rait	A, IIIO Z, I ait Ai,
into La ana 15, and 1 art xiii, into La ana 15.7 nos complete the part to provide any addit	iona in	orriación.		
PART X, LINE 2:				
CAIR COALITION REQUIRES THAT A TAX POSITION B	E RE	COGNIZED OR	DER	ECOGNIZED
~				
BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD.	THIS	APPLIES TO	POS	ITIONS
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN	. CA	IR COALITION	DO	ES NOT
BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR :	REFL	ECT, ANY UNC	ERT.	AIN TAX
POSITIONS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EVENT EXPENSES				
DADM VII IING ID OMITED ADTICOMMENTO.				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EVENT EXPENSES				

### CAPITAL AREA IMMIGRANTS' RIGHTS

Schedule D (Form 990) 2021 COALITION	52-2141497 Page <b>5</b>
Schedule D (Form 990) 2021 COALITION  Part XIII Supplemental Information (continued)	
	_
	_

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

CAPITAL AREA IMMIGRANTS' RIGHTS Employer identification number Name of the organization COALITION 52-2141497 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Sch	edul	CAPITAL e G (Form 990) 2021 COALITI	AREA IMMIGRA	ANTS' RIGHTS		-2141497 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups.				
		or fundraising event contributions and gr	(a) Event #1 JUSTICE FOR ALL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 329,111.	(event type)	(total number)	329,111.
ď	2	Less: Contributions	329,111.			329,111.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses	14,228.			14,228.
Pa	10 11 irt l	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li  Gaming. Complete if the organization	ne 3, column (d)		<b>&gt;</b>	14,228. -14,228.
		\$15,000 on Form 990-EZ, line 6a.	anoworda ros orromi		Toported more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Вè	1	Gross revenue				
ses	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct Expens	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>	

Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain:	Yes	☐ No
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No No

Schedule G (Form 990) 2021

132082 10-21-21

9 Enter the state(s) in which the organization conducts gaming activities:

# CAPITAL AREA IMMIGRANTS' RIGHTS

Sch	edule G (Form 990) 2021 COALITION 5	2-23	1414	197	Page 3
11	Does the organization conduct gaming activities with nonmembers?			/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es	No
12	Indicate the percentage of gaming activity conducted in:		ш.		
		ı	ا ءمه		0/
	The organization's facility		13a		<u>%</u>
	An outside facility	ا	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	es/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address ►				
	Address P				
16	Gaming manager information:				
	Name				
	Gaming manager compensation  \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		\	es/	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	ıd Part	III line	2 Q (	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a i uit	,	,5 0, 0	, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.				
		_			_

# CAPITAL AREA IMMIGRANTS' RIGHTS

Schedule G	G (Form 990) COALITION	52-2141497 Page 4
Part IV	G (Form 990) COALITION Supplemental Information (continued)	

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

RIGHTS

Attach to Form 990.

CAPITAL AREA IMMIGRANTS'

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

**Employer identification number** 

COALITION 52-2141497 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 331 45,714. FAIR MARKET VALUE Х 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2021

#### CAPITAL AREA IMMIGRANTS' RIGHTS

Schedule M	(Form 990) 2021 <b>COALITION</b>	52-2141497	Page 2
Part II		00	1:a.a
i di t ii	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33, and whether the organiza	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	ombination of both. Also comp	olete
	this part for any additional information.		

Schedule M (Form 990) 2021

132142 11-17-21

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

Employer identification number 52-2141497

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THEIR CREDIBLE FEAR INTERVIEWS OR REASONABLE FEAR INTERVIEWS AND TRIES TO SECURE LEGAL COUNSEL FOR THEIR IMMIGRATION COURT PROCEEDINGS. CAIR COALITION'S STAFF REGULARLY MEET WITH THE DHS OFFICE INCLUDING THE ARLINGTON ASYLUM OFFICE, THE WASHINGTON DISTRICT OFFICE OF U.S. CITIZENSHIP AND IMMIGRATION SERVICES, THE WASHINGTON FIELD OFFICE OF IMMIGRATION AND CUSTOMS ENFORCEMENT AND THE EXECUTIVE OFFICE FOR IMMIGRATION REVIEW TO ADVOCATE ON BEHALF OF INDIVIDUAL CLIENTS AS WELL AS RECOMMEND CHANGES IN IMMIGRATION POLICIES AND PROCEDURES THAT WILL HELP TO ENSURE THE FAIR TREATMENT OF THE IMMIGRANT POPULATIONS SERVED BY CAIR COALITION. CAIR COALITION PROVIDES TRAININGS FOR PRO BONO ATTORNEYS, CRIMINAL DEFENSE ATTORNEYS, AND IMMIGRATION ADVOCATES THROUGHOUT THE YEAR, AND MENTORS ATTORNEYS WHO ARE PROVIDING PRO BONO LEGAL REPRESENTATION. CAIR COALITION ALSO WORKS TO SECURE CHANGES IN IMMIGRATION LAWS AND POLICIES THROUGH IMPACT LITIGATION EFFORTS. FORM 990, PART VI, SECTION A, LINE 4: THE MAXIMUM NUMBER OF BOARD OF DIRECTORS INCREASED FROM 20 TO 30 IN 2021. THE BOARD ESTABLISHED A VICE PRESIDENT ROLE ON THE BOARD OF DIRECTORS. VICE PRESIDENT HAS AUTHORITY TO CALL SPECIAL MEETINGS AND IS CONSIDERED AN OFFICER.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Employer identification number 52-2141497

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE TREASURER AND THE REST OF THE EXECUTIVE

COMMITTEE AND THEN A COPY IS PROVIDED TO THE ENTIRE BOARD BEFORE THE RETURN

IS FILED. THE BOARD IS GIVEN THE OPPORTUNITY TO CONTACT MANAGEMENT WITH ANY

QUESTIONS BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ONCE A YEAR, THE EXECUTIVE DIRECTOR AND BOARD MEMBERS COMPLETE A CONFLICT

OF INTEREST QUESTIONNAIRE WHICH REQUIRES DISCLOSURE OF ANY EXISTING OR

POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR SETTING THE OTHER STAFF SALARIES INVOLVES AN INITIAL

RECOMMENDATION BY THE EXECUTIVE DIRECTOR TO THE BOARD OF DIRECTORS AS PART

OF THE ANNUAL BUDGET PROCESS. THESE RECOMMENDATIONS ARE BASED ON COMPARABLE

DATA FROM SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS THEN VOTES TO

APPROVE THE GENERAL BUDGET WHICH INCORPORATES THE SALARY RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST

POLICY AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND FORM

990 ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.