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

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number CAPITAL AREA IMMIGRANTS' RIGHTS Address change COALITION Name change 52-2141497 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1025 CONNECTICUT AVE. NW 701 202-331-3320 10,190,413. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHY DOAN Yes X No for subordinates? SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CAIRCOALITION.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: $\begin{tabular}{ll} PROVIDE \end{tabular}$ LEGAL SERVICES TO **Activities & Governance** IMMIGRANTS AND REFUGEES. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 130 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,513,134. 3,814,344. Contributions and grants (Part VIII, line 1h) 8 4,718,435. 6,281,384. Program service revenue (Part VIII, line 2g) 947. 1,483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -11,913. -22,270. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,220,603. 10.074.941. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,856,639. 6,955,755. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,312,016. 1,765,863. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,168,655. 8,721,618. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,051,948. 1,353,323. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 4,021,347. 10,388,702 Total assets (Part X, line 16) $1,307,\overline{260}$ 6,321,296 21 Total liabilities (Part X, line 26) 三年 714,087. 4,067,406 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHY DOAN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name HOLLY CAPORALE HOLLY CAPORALE 11/11/23 self-employed P00235685 Paid COUNCILOR, BUCHANAN & MITCHELL, P.C. Firm's name Firm's EIN 52-1711839 Preparer Firm's address 7910 WOODMONT AVE. STE. Use Only Phone no. (301) 986-0600BETHESDA, MD 20814 X Yes May the IRS discuss this return with the preparer shown above? See instructions

| Pai | 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: PROVIDER 1 FOAT ADVOCACY FRICATION AND TRAINING CERVICES DIDITOR |
| | PROVIDES LEGAL ADVOCACY, EDUCATION AND TRAINING SERVICES, PUBLIC POLICY DEVELOPMENT, INFORMATION SHARING, AND COMMUNITY EMPOWERMENT |
| | PROGRAMS. |
| | FROGRAMS. |
| 2 | Did the executation undertake any significant average continued during the year which were not listed on the |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No |
| | prior Form 990 or 990-EZ? LYes X No 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 |
| 3 | 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. |
| 7 | 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 | (Code:) (Expenses \$ |
| | LEGAL: CAIR COALITION CONDUCTS LEGAL RIGHTS PRESENTATIONS AT DETENTION |
| | CENTERS IN VARIOUS STATES, PROVIDING ADVICE AND ASSISTANCE TO |
| | INDIVIDUALS DETAINED BY THE DEPARTMENT OF HOMELAND SECURITY (DHS). WHEN |
| | POSSIBLE, CAIR COALITION SECURES FREE LEGAL COUNSEL FOR IMMIGRATION |
| | DETAINEES, EITHER IN-HOUSE OR WITH A PARTNER LAW FIRM OR LAW SCHOOL |
| | LEGAL CLINIC. 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 THEIR CREDIBLE FEAR INTERVIEWS OR REASONABLE FEAR |
| | INTERVIEWS AND TRIES TO SECURE LEGAL COUNSEL FOR THEIR IMMIGRATION |
| | COURT PROCEEDINGS. CAIR COALITION ALSO ENGAGES IN IMPACT LITIGATION TO |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code:) (Expenses \$ |
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| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 7,239,763. |
| | |

50056.01

Form 990 (2022) COALITION
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," 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 | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> X</u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | ٦, |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | · · · · · · · · · · · · · · · · · · · | | 37 | |
| | 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 | ١ | | , . |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40. | v | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | V |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| а | 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 | 146 | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | 45 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | 122 |
| 10 | | 16 | | x |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | * |
| ., | 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." | " | | |
| .5 | , | 19 | | x |
| 202 | complete Schedule G, Part III | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 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 | | x |
| | | | | |

Form 990 (2022) COALITION

Part IV Checklist of Required Schedules (continued) 52-2141497 Page 4

| | · / | | Yes | No |
|-----|--|---------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | | |
| | 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? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | 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 | | | |
| | Part V. line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | | 38 | Х | L |
| Par | Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | 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 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| | | | aan | (0000) |

232004 12-13-22

CAPITAL AREA IMMIGRANTS' RIGHTS

Form 990 (2022) COALITION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) COALITION Page 5 52-2141497

| | i (continued) | | | Γ |
|----------|---|-----|------|----------|
| 0- | Fatantha murahay of annalayasa warantad an Farra W.O. Turananittal of Wara and Tay Otatananta | | Yes | No |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 130 | | | |
| h | , | 2b | Х | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | 21 | Х |
| 3a b | ISBN 11 11 11 11 11 11 11 11 11 11 11 11 11 | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | | |
| Ta | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| h | If "Yes," enter the name of the foreign country | 14 | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| 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). | | | |
| а | 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 | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | 3T / | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | A |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A | | | |
| 0 | , | 8 | | |
| 9 a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? N/A 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: | 0.5 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders N/A 11a | | | |
| b | 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 | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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. | | | |
| b | 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 13b | - | | |
| C | Enter the amount of reserves on hand | 44- | | Х |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| IJ | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| | | | | |

232005 12-13-22

Form **990** (2022)

Page 6 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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|--------|--------------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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 21 | | | |
| 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 | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 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 |
| b | 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: | | | |
| а | The governing body? | 8a | _ <u>X</u> _ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | v | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | v | |
| 40 | 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? | 45- | v | |
| _ | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 15a | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 15b | 77 | |
| 16- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| ioa | , | 16- | | Х |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | |
| b | 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 | 100 | | |
| 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 | availak | |
| .5 | for public inspection. Indicate how you made these available. Check all that apply. | Jiny) | a v andk | 210 |
| | 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 | financ | cial | |
| | statements available to the public during the tax year. | a. | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | KATHY DOAN - 202-899-8615 | | | |
| | 1025 CONNECTICUT AVE. NW SILTE 701 WASHINGTON DC 20036 | | | |

Form 990 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

| (A) | (B) | I | inzu | | <u> </u> | рсп | oate | (D) | (E) | (F) |
|--------------------------------------|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|-------|----------------------|------------------------------|-----------------------------|
| Name and title | Average | | not c | | more | than c | | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both r/trust | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | gu. | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | Institutional trustee | | 99 | suadı | | (W-2/1099-MISC/ | 1099-NEC) | organization and related |
| | organizations below | dual tr | rtional | _ | nploy | st con yee | _ | 1099-NEC) | | organizations |
| | line) | Individ | Institu | Officer | Key employee | Highest compensated employee | Forme | | | |
| (1) KATHY DOAN | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 117,085. | 0. | 16,977. |
| (2) ABEGAIL BAGUIO | 40.00 | | | | | | | | | |
| DEVELOPMENT AND COMMUNICATIONS DIREC | | | | | | X | | 118,627. | 0. | 3,908. |
| (3) KELLY WHITE | 40.00 | | | | | | | | | |
| PROGRAM DIRECTOR | | | | | | X | | 100,131. | 0. | 12,230. |
| (4) NITIN GOYAL | 40.00 | | | | | | | | _ | |
| DEPUTY PROGRAM DIRECTOR | | | | | | X | | 103,259. | 0. | 6,304. |
| (5) MICHAEL LUKENS | 40.00 | | | | | | | 100 005 | | 0.40 |
| ASSOCIATE DIRECTOR | 40.00 | | | | | X | | 108,935. | 0. | 240. |
| (6) LAURA NALLY | 40.00 | - | | | | l | | 105 101 | | 2 226 |
| PROGRAM DIRECTOR | 1 00 | | | | | X | | 105,181. | 0. | 3,926. |
| (7) BRENDAN CARROLL, ESQ. | 1.00 | | | | | | | | | • |
| MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (8) LYNNE CRIPE, PHD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (9) MARGARET DAUM, ESQ. | 1.00 | Λ | | | | | | 0. | 0. | 0. |
| MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (10) LEE NEEL DAVIS, ESQ. | 1.00 | 21 | | | | | | | . | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (11) DEEONA R. GASKIN, ESQ. | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) HENRY LIU, ESQ. | 1.00 | | | | | | | - | - | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) SUSAN BAKER MANNING, ESQ. | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) HIMEDES V. CHICAS, ESQ. | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) KAREN T. GRISEZ, ESQ. | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) MARINN CARLSON, ESQ. | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) JONATHAN M. FEE, ESQ. | 1.00 | | | | | | | | | _ |
| MEMBER | | X | | <u> </u> | <u> </u> | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | | | | | | | Form 990 (2022) |

232007 12-13-22

Form **990** (2022)

| Form 990 (2022) COALITIC | N | | | | | | | | 52-2141 | 497 | Page | 8 |
|--|------------------------|--------------------------------|-----------------|---------|-------------------|---------------------------------|----------|---------------------------------------|----------------------------|-----------|---------------|----------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Em | oloy | ees, | and | d Hi | ghes | st C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (1 | F) | |
| Name and title | Average | (do | | | itior more | | one | Reportable | Reportable | | nated | |
| | hours per week | | | | rson i lirecto | | | compensation | compensation | | unt of | |
| | (list any | tor | | | | | ĺ | from the | from related organizations | compe | ner nsatio | n |
| | hours for | direc | | | | , , | | organization | (W-2/1099-MISC/ | | the | • |
| | related | stee o | trustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organ | ization | |
| | organizations below | al trus | onal tr | | loyee | comp | | 1099-NEC) | | | elated | |
| | line) | Individual trustee or director | Institutional t | Officer | Key employee | Highest compensated employee | Former | | | organi | zations | , |
| (18) DANIEL S. BLYNN, ESQ. | 1.00 | 드 | 드 | 5 | 중 | = = | 요 | | | | | _ |
| MEMBER | 1.00 | х | | | | | | 0. | 0. | | 0 | ١. |
| (19) TRACY ROMAN, ESQ. | 1.00 | | | | | | | • | • | | | · |
| MEMBER | | x | | | | | | 0. | 0. | | 0 | |
| (20) ROBERT NICHOLAS, ESQ. | 1.00 | † | | | | | | | | | | <u> </u> |
| MEMBER | | Х | | | | | | 0. | 0. | | 0 | ١. |
| (21) NADEAM ELSHAMI | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | | 0 | ٠. |
| (22) ROBERT R. LAWRENCE, ESQ. | 1.00 | <u> </u> | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | | 0 | • |
| (23) PATRICK WOOD | 1.00 | 1 | | | | | | | _ | | | |
| MEMBER | 1 | Х | | | _ | | | 0. | 0. | | 0 | • |
| (24) DAVID FRIEDLAND, ESQ. | 1.00 | ļ | | | | | | | | | _ | |
| MEMBER | 1 00 | Х | | | <u> </u> | | | 0. | 0. | | 0 | • |
| (25) SAMANTHA S. LEE, ESQ. | 1.00 | ₹. | | | | | | 0. | 0. | | 0 | |
| MEMBER (26) ANDREW J. GENZ, ESQ. | 1.00 | Х | \vdash | | \vdash | | | 0. | 0. | | | • |
| PRESIDENT & CHAIR | 1.00 | x | | Х | | | | 0. | 0. | | 0 | ١. |
| 4h Cubtatal | | | | | <u> </u> | _ | <u> </u> | 653,218. | 0. | 43 | 585 | |
| c Total from continuation sheets to Part \ | | | | | | | | 0. | 0. | 15, | | • |
| d Total (add lines 1b and 1c) | | | | | | | | 653,218. | 0. | 43. | 585 | |
| Total number of individuals (including but | | | | | |) wh | io re | · · · · · · · · · · · · · · · · · · · | | | | _ |
| compensation from the organization | | | | | | , | | , | , | | | 6 |
| | | | | | | | | | | Y | es N | 0 |
| 3 Did the organization list any former office | r, director, trust | ee, k | еу е | empl | loye | e, or | hig | hest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for | such individual | | | | | | | | | 3 | <u> </u> | |
| 4 For any individual listed on line 1a, is the s | | | | | | | | | | | | |
| and related organizations greater than \$15 | | | | | | | | | | 4 | <u> </u> | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | |
| rendered to the organization? If "Yes," co | mplete Schedul | e J f | or st | ıch į | pers | on | | | | 5 | 2 | <u>.</u> |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest c | · · | - | | | | | | | · · · · · · | tion from | | |
| the organization. Report compensation for | trie calendar y | ear e | endir | ıg w | ııtn c | or wi | tnın | ı trie organization's tax y | ear. | | | |

| | (A) Name and business address NC | NE | (B) Description of services | (C) Compensation |
|---|--|-----------------------|------------------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | Total number of independent contractors (including but not lim | nited to those listed | above) who received more than | |

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

m 990 COALITION 52-2141497

| Form 990 COALITION | 1 | | | | | | | | 52-214 | 1497 |
|--|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Part VII Section A. Officers, Directors, Tru | stees, Key En | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) Name and title | (B) Average hours | Average Positio | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) VINCENT C. VAN PANHUYS, ESQ. SECRETARY | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (28) SHEENA PEGARIDO TREASURER | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (29) SHARITA GRUBERG, ESQ. VICE PRESIDENT | 1.00 | х | | х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | 1 | <u> </u> | | | | | | | | |

50056.01

| Form | າ 99 | 0 (2 | | LI | TION | | | | | 52-2141 | 4 97 Page 9 |
|--|------|----------|---|---------|-----------------|--------------|---------------------|----------------------|--|--------------------------------|---|
| Pa | rt \ | / | Statement of Re | ven | ue | | | | | | |
| | | | Check if Schedule O | conta | ains a resp | onse | or note to any line | e in this Part VIII | | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| | | | | | | | | | | | sections 512 - 514 |
| ıts | 1 | а | Federated campaigns | | 1a | | | | | | |
| ìrar our | | b | Membership dues | | 1b | | | | | | |
| s, G Am | | С | Fundraising events | | 1c | | 354,566. | | | | |
| Gift lar | | d | Related organizations | | 1d | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | е | Government grants (contr | ibuti | ions) <u>1e</u> | | | | | | |
| tior S | | f | All other contributions, gifts, | gran | ts, and | | | | | | |
| ig # | | | similar amounts not included | abov | ve 1f | | 3,459,778. | | | | |
| ontr | | g | Noncash contributions included in | lines ' | 1a-1f 1g | \$ | 31,507. | | | | |
| ŏä | | h | Total. Add lines 1a-1f | | | <u></u> | | 3,814,344. | | | |
| | | | | | | | Business Code | 6 001 304 | 5 001 204 | | |
| ice | 2 | a | LEGAL SERVICES | | | | 999009 | 6,281,384. | 6,281,384. | | |
| er v | | b | - | | | | | | | | |
| n S | | С | | | | | | | | | |
| Program Service Revenue | | d | | | | | | | | | |
| ro | | e | All ather are are a service. | | | | | | | | |
| _ | | | All other program service | | | | | 6,281,384. | | | |
| | 3 | g | Total. Add lines 2a-2f Investment income (include | | | | | 0,201,301. | | | |
| | 3 | | | | | | | 2,169. | | | 2,169. |
| | 4 | | Income from investment of | | | | roceeds | | | | |
| | 5 | | Royalties | | | | | | | | |
| | Ū | | noyanos | | (i) Re | al | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | , , | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6с | | | | | | | |
| | | d | Net rental income or (loss) | | | | | | | | |
| | 7 | а | Gross amount from sales of | | (i) Secu | rities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 30 | ,821. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| ne | | | and sales expenses | 7b | 31 | ,507. | | | | | |
| evenue | | С | Gain or (loss) | 7с | | -686. | | | | | |
| Ě | | d | Net gain or (loss) | | | | | -686. | | | -686. |
| Other | 8 | а | Gross income from fundraising | | | | | | | | |
| ð | | | including \$ | 354 | ,566. of | | | | | | |
| | | | contributions reported on | | | | _ | | | | |
| | | | Part IV, line 18 | | | | 0. | | | | |
| | | | | | | . — | 83,965. | 03.065 | | | 03.065 |
| | _ | | Net income or (loss) from | | | | | -83,965. | | | -83,965. |
| | 9 | а | Gross income from gamin | - | | - 1 | | | | | |
| | | L | Part IV, line 19 | | | - 1 | | | | | |
| | | | Less: direct expenses Net income or (loss) from | | | | | | | | |
| | 10 | | Gross sales of inventory, I | - | - | es | | | | | |
| | 10 | а | and allowances | | | 10a | | | | | |
| | | b | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from | | | | • | | | | |
| | | | 5. (.000) (1011) | | | | Business Code | | | | |
| snc | 11 | а | OTHER REVENUE | | | | 999009 | 61,695. | 61,695. | | |
| ane | | b | | | | | | <u> </u> | | | |
| Miscellaneous Revenue | | С | | | | | | | | | |
| Aisc | | d | All other revenue | | | . | | | | | |
| ~ | | | Total. Add lines 11a-11d | | | | | 61,695. | | | |

-82,482.

10,074,941.

12 Total revenue. See instructions

6,343,079.

Form 990 (2022) COALITION Part IX | Statement of Functional Expenses

| 1 | Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | npiete column (A). | |
|--|-------|---|----------------|------------|--------------------|-------------------------|
| Comparation | | not include amounts reported on lines 6b, | (A) | (B) | | (D) Fundraising |
| and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Barnelfis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of uncluded above to disqualified persons (as defined under section 4988(ft)1) and persons described in 4 | 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | | | expenses |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1 | · · | | | | |
| Individuals See Part IV, line 22 3 3 3 3 3 3 3 3 3 | | · · · · · · · · · · · · · · · · · · · | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4968(r)(3)(6) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 4968(r)(3)(6) 9 Other employee benefits 9 Chief employee benefits 18 R 838. 15,535. 2,525. 9 Other employee benefits 427,131. 352,252. 57,244. 17 10 Payorl taxes 487,529. 464,262. 4,175. 19 18 Feas for services (nonemployees): 18 Management 19 Legal 146,283. 145,837. 300. 127,641. 127,641. 127,641. 127,641. 127,641. 127,641. 127,641. 127,641. 10 Polyonial fundaising services. See Part IV, line 17 or livestment management fees 19 Other, (fill in 15 amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch.0.) 20 Advertising and promotion 30 Office expenses 133,003. 202,863. 47,414. 62 10 Travel 10 Office expenses 11 A 4,062. 110,560. 17,967. 5 12 Travel 12 A 487,529. 464,262. 12,525. 13 A 4,062. 110,560. 17,967. 5 14 | 2 | | | | | |
| organizations, foreign governments, and foreign individuals. See Pt IV, lines 15 and 16 | _ | · · · · · · · · · · · · · · · · · · · | | | | |
| Individuals. See Part N, lines 15 and 16 Benefits paid to or for members | 3 | 9 | | | | |
| ## Periodical Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (sad efficient under section 4958(c)(3)(8) Particular of the persons of defined under section 4958(c)(3)(8) Particular of the persons described in section 4958(c)(3)(8) Particular of the persons of the per | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees (Compensation not included above to disqualified persons (as defined under section 4986)(1)(1) and persons discribed in section 4986)(1)(3)(8) 7 Other salaries and wages (S. 88.8.195. 5.079,781. 593,610. 214 (S. 88.8.195. 5.089,781. 127,641. 127 | 4 | Г | | | | |
| trustees, and key employees 134,062. 110,560. 17,967. 5 Compensation not included above to disqualified persons (as defined under section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1)) and 405(f) employer contributions 9 | | Г | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 400(h) employer contributions) 9 Other employee benefits 427,131. 352,252. 57,244. 17 10 Payroll taxes 487,529. 464,262. 4,175. 19 11 Fees for services (nonemployees): 11 Amangement 12 Legal 146,283. 145,837. 300. 127,641. | 5 | | 134 062 | 110 560 | 17 967. | 5,535 |
| persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages | 6 | · · · · · · · · · · · · · · · · · · · | 131,0020 | 110/3001 | 27/3071 | 3,333 |
| persons described in section 4958(c)(3)(B) 7 | • | | | | | |
| 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 18 , 838 . 15,535 . 2,525 . 9 Other employee benefits 427,131 . 352,252 . 57,244 . 17 Payroll taxes 18 Pess for services (nonemployees): 18 Management 19 Legal 10 Legal 11 46,283 . 145,837 . 300 . 127,641 . 127, | | | | | | |
| ## Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ## Other employee benefits ## Other employee benefits ## Dayroll taxes ## Dayroll taxe | 7 | | 5,888,195. | 5,079,781. | 593,610. | 214,804 |
| Section 401(k) and 403(b) employer contributions) 18,838. 15,535. 2,525. | | - · · · · · · · · · - F | 0,000,000 | .,, | 000,000 | |
| 1 Fees for services (nonemployees): 1 Fees for services (nonemployees): 2 Management 3 Legal | • | | 18,838. | 15,535. | 2,525. | 778 |
| 1 Fees for services (nonemployees): 1 Fees for services (nonemployees): 2 Management 3 Legal | 9 | | 427,131. | 352,252. | 57,244. | 778 17,635 |
| 1 Fees for services (nonemployees): a Management begal 146,283 145,837 300 c Accounting 127,641 127,641 d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 305,431 254,264 26,651 24 2 Advertising and promotion 313,003 202,863 47,414 62 4 Information technology For a state of travel or entertainment expenses 78,967 63,096 10,482 5 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 11 Payments to affiliates Payments to affiliates 20 Depreciation, depletion, and amortization 73,261 13,865 61,589 a STAFF TRAINING 42,701 22,459 18,188 2 b MEMBERSHIP DUES 36,807 30,864 5,495 c c d All other expenses Total functional expenses Add lines 1 through 24e 8,721,618 7,239,763 1,107,930 373 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 10,000 10,00 | 0 | | 487,529. | | | 19,092 |
| a Management b Legal | 1 | | | | · | • |
| b Legal | а | | | | | |
| Comparignment Comparignmen | b | | 146,283. | 145,837. | | 146 |
| d Lobbying e 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.) 2 Advertising and promotion 3 Office expenses 3 133,003. 202,863. 47,414. 62 Information technology 5 Royalties 6 Occupancy 566,055. 484,125. 61,388. 20 7 Travel 78,967. 63,096. 10,482. 5 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 73,261. 31,865. 61,589. 11 Payments to affiliates 12 Depreciation, depletion, and amortization 75,714. 13,865. 61,589. 14 Other expenses Itemize expenses on Lovered above. (List miscellaneous expenses on line 24e. If line 24e amount acceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 8 STAFF TRAINING 42,701. 22,459. 18,188. 2 MEMBERSHIP DUES 36,807. 30,864. 5,495. 15 Itel other expenses 15 Total functional expenses. Add lines 1 through 24e 16 All other expenses 15 Total functional expenses. Add lines 1 through 24e 16 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | С | | 127,641. | | 127,641. | |
| Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 305, 431. 254, 264. 26,651. 24 | d | | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e arount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 8 STAFF TRAINING 4 All other expenses 5 Total functional expenses. Add lines 1 through 24e 8 All other expenses 5 Total functional expenses. Add lines 1 through 24e 8 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | е | Professional fundraising services. See Part IV, line 17 | | | | |
| Column (A), amount, list line 11g expenses on Sch 0. 305, 431. 254, 264. 26, 651. 24 | f | Investment management fees | | | | |
| Advertising and promotion Office expenses Office expenses Office expenses Advantising and promotion Office expenses Signature Signature Occupancy Signature | g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 313,003. 202,863. 47,414. 62 Information technology | | column (A), amount, list line 11g expenses on Sch O.) | 305,431. | 254,264. | 26,651. | 24,516 |
| Information technology Royalties | 2 | Advertising and promotion | | | | |
| 15 Royalties | 3 | | 313,003. | 202,863. | 47,414. | 62,726 |
| 16 Occupancy | 4 | Information technology | | | | |
| Travel 78,967. 63,096. 10,482. 5 Repayments of travel or entertainment expenses for any federal, state, or local public officials (20) Interest (21) Payments to affiliates (22) Depreciation, depletion, and amortization (23) Insurance (24) Other expenses in the covered 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.) a STAFF TRAINING (24) Expenses on Schedule 0.) b MEMBERSHIP DUES (26) All other expenses (27) All other expenses (27) All other expenses (28) Total functional expenses. Add lines 1 through 24e (27) All other expenses (27) All other costs. Complete this line only if the organization reported in column (B) joint costs from a combined (27) All other expenses (27) All other expenses (27) All other expenses (28) All other expenses (29) All other expenses (29) All other costs. Complete this line only if the organization reported in column (B) joint costs from a combined (27) All other expenses (27) All other expen | 15 | | 566 055 | 404 105 | 61 200 | 00 540 |
| Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) STAFF TRAINING BMEMBERSHIP DUES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | 6 | Occupancy | | | | 20,542 |
| for any federal, state, or local public officials Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) STAFF TRAINING MEMBERSHIP DUES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | 78,967. | 63,096. | 10,482. | 5,389 |
| 9 Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization T3, 261. T3, 261. T3, 261. T3, 261. T3, 261. T5, 714. T13, 865. T13, 86 | 8 | | | | | |
| Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered 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.) a STAFF TRAINING b MEMBERSHIP DUES Other expenses Other expenses on Schedule 0.) a STAFF TRAINING b MEMBERSHIP DUES Other expenses Other expenses on Schedule 0.) 42,701. 22,459. 18,188. 2 36,807. 30,864. 5,495. Total functional expenses. Add lines 1 through 24e 8,721,618. 7,239,763. 1,107,930. 373 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | |
| Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered 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.) STAFF TRAINING MEMBERSHIP DUES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | |
| Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on to covered 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 O.) STAFF TRAINING MEMBERSHIP DUES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | |
| Insurance Other expenses. Itemize expenses not covered 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.) STAFF TRAINING MEMBERSHIP DUES C C C D E All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | 73 261 | | 73 261 | |
| Other expenses. Itemize expenses not covered 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.) a STAFF TRAINING b MEMBERSHIP DUES c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | 13 865 | | 260 |
| 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.) a STAFF TRAINING b MEMBERSHIP DUES c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | 13,114. | 13,003. | 01,303. | 200 |
| amount, list line 24e expenses on Schedule 0.) a STAFF TRAINING b MEMBERSHIP DUES c d e All other expenses Total functional expenses. Add lines 1 through 24e B Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | :4 | above. (List miscellaneous expenses on line 24e. If | | | | |
| MEMBERSHIP DUES c d e All other expenses Total functional expenses. Add lines 1 through 24e Solution of the organization reported in column (B) joint costs from a combined 36,807. 30,864. 5,495. 36,807. 30,864. 5,495. | | amount, list line 24e expenses on Schedule 0.) | | | | |
| c d e All other expenses Total functional expenses. Add lines 1 through 24e 8 , 721 , 618 . 7 , 239 , 763 . 1 , 107 , 930 . 373 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | а | | | | | 2,054 |
| d All other expenses Total functional expenses. Add lines 1 through 24e Solint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | b | MEMBERSHIP DUES | 36,807. | 30,864. | 5,495. | 448 |
| All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | С | | | | | |
| Total functional expenses. Add lines 1 through 24e 8,721,618. 7,239,763. 1,107,930. 373 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | е | | 0 004 646 | T 020 TC | 1 100 000 | 202 222 |
| reported in column (B) joint costs from a combined | | | 8,721,618. | 7,239,763. | 1,107,930. | 373,925 |
| | 26 | | | | | |
| educational campaign and fundraising solicitation. | | , , , , | | | | |
| Check here if following SOP 98-2 (ASC 958-720) | | educational campaign and fundraising solicitation. | | | | |

Form 990 (2022)
Part X Balance Sheet

| Par | LA | Dalance Sheet | | | | | |
|-----------------------------|-----|--|--------------------|-----------------------|--------------------------|-----------|-----------------------|
| | | Check if Schedule O contains a response or no | te to any | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 1,632,532. | 2 | 3,462,712 |
| | 3 | Pledges and grants receivable, net | | | 440,267. | 3 | 328,033 |
| | 4 | Accounts receivable, net | | 969,910. | 4 | 1,693,404 | |
| | 5 | Loans and other receivables from any current o | officer, director, | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | ified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1-1 444 | 8 | 10- 10- |
| ٤ | 9 | Prepaid expenses and deferred charges | | | 171,666. | 9 | 125,686 |
| | 10a | Land, buildings, and equipment: cost or other | | 272 222 | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 872,008. | 500 056 | | |
| | b | Less: accumulated depreciation | | 209,381. | 728,256. | 10c | 662,627 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | E0 E16 | 14 | 4 116 040 | |
| | 15 | Other assets. See Part IV, line 11 | | 78,716. | 15 | 4,116,240 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 4,021,347. | 16 | 10,388,702 |
| | 17 | Accounts payable and accrued expenses | | 442,808. | 17 | 615,253 | |
| | 18 | Grants payable | | 0 222 | 18 | 21 014 | |
| | 19 | Deferred revenue | | 8,333. | 19 | 21,814 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| <u>₩</u> | | trustee, key employee, creator or founder, subs | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | • | l | | | |
| | | parties, and other liabilities not included on lines of Schedule D | S 17-24). | . Complete Part X | 856,119. | 0E | 5,684,229 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,307,260. | 26 | 6,321,296 |
| | 20 | Organizations that follow FASB ASC 958, che | | | 1,307,200. | 20 | 0,321,230 |
| es | | and complete lines 27, 28, 32, and 33. | JON HOL | , == | | | |
| ů. | 27 | | | | 2,041,178. | 27 | 3,723,240 |
| 3ala | 28 | Net assets with donor restrictions | | | 672,909. | 28 | 344,166 |
| 둳 | | Organizations that do not follow FASB ASC 9 | | | , | | , |
| Fu | | and complete lines 29 through 33. | , | | | | |
| þ | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| ets | 30 | Paid-in or capital surplus, or land, building, or ea | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 2,714,087. | 32 | 4,067,406 |
| z | 33 | Total liabilities and net assets/fund balances | | | 4,021,347. | 33 | 10,388,702 |
| | | | | | , , | | Form 990 (202) |

| Pa | 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 | 10,07 | 4,9 | <u>41.</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,72 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,35 | 3,3 | 23. | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -4. | |
| 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 | 4,06 | 7,4 | 06. | |
| 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 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х | |
| | 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: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3h | | 1 | |

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

CAPITAL AREA IMMIGRANTS' **Employer identification number** Name of the organization RIGHTS 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))

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 | | | | | | | |
|--|--|-----------------------|-----------------------|-----------------------|--------------------|--------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 4565360. | 5970938. | 6816883. | 3513134. | 3814344. | 24680659. | |
| 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 | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4565360. | 5970938. | 6816883. | 3513134. | 3814344. | 24680659. | |
| 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) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 24680659. | |
| Sec | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 7 | Amounts from line 4 | 4565360. | 5970938. | 6816883. | 3513134. | 3814344. | 24680659. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 446. | 1,042. | 1,373. | 947. | 2,169. | 5,977. | |
| 9 | Net income from unrelated business | | | | | | | |
| | 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. | 61,695. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 24750646. | |
| 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, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | | |
| | organization, check this box and stop | here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 99.72 % | |
| 15 | 15 Public support percentage from 2021 Schedule A, Part II, line 14 | | | | | | | |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ition | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| | more, and if the organization meets th | ne facts-and-circum | nstances test, chec | ck this box and st | op here. Explain i | n Part VI how the | | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | lifies as a publicly | supported organiz | ation | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instruction | s | |
| | <u> </u> | <u> </u> | | | | | (Form 990) 2022 | |

52-2141497 Page 3

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.)

| Sec | etion A. Public Support | siow, picase comp | olete i art ii.j | | | | |
|------|--|--------------------|--------------------|---------------------|---------------------|---------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | ,, |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | ` ' | | , , | , , | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | <u> </u> | <u> </u> | | | |
| 14 | First 5 years. If the Form 990 is for the | J | | , | • | () () | · — |
| 0- | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | T T | |
| | Public support percentage for 2022 (li | , ,,, | | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2021 ction D. Computation of Inves | | | | | 16 | % |
| | • | | | | | 147 | 0/ |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | on line 14 and line | | 18 | 7 is not |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | nox on line 14 19 | a or 19h check th | ns hox and see in | structions | 1 1 |

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.

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- 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")? |f "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?
- 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).
- 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 |
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| ıle A (Forn | n 990) | 2022 |

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| Sche | CAPITAL AREA IMMIGRANTS' RIGHTS edule A (Form 990) 2022 COALITION 52-2 | 14149 | 7 Pa | age 5 |
|------|--|-------------|------|--------------|
| | rt IV 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 | | |
| b | 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 | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | 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, | | | |
| 800 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | 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 | | | |
| Sec | the supported organization(s). stion D. All Type III Supporting Organizations | 1 | | |
| | The state of the s | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | NO |
| • | 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 | | | |
| | • • | 2 | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| Ū | 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | s). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | , | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruction | 15) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | | | |
| | 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 | | |

that these activities constituted substantially all of its activities.

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.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2022

2b

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COALITION Schedule A (Form 990) 2022

Part V Type III Non

| Pal | T V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | zations | |
|------|---|-----------------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N | lov. 20, 1970 (<i>explain in</i> l | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | st complete S | Sections A through E. | |
| Sect | on 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 | on 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): | | | |
| а | 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 | | |
| е | 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 | on 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 | d Type III supporting orga | nization (see |
| | instructions). | . • | | · |

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ıed) | |
|---------|---|-------------------------------|---------------------------------------|------|---|
| Section | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | } | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. 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 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Section | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| | | | | | |
| | Breakdown of line 7: Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | LAGOGG HOTH EULE | | | | |

| 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. |
| | 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.) |
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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

2022

Name of the organization

CAPITAL AREA IMMIGRANTS' RIGHTS

COALITION

Employer identification number

52-2141497

| Filers of: | Section: | | | | | | |
|---|--|--|--|--|--|--|--|
| Form 990 or 990-E | Z X 501(c)(X) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not 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 | | | | | | |
| | | | | | | | |
| | 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. | | | | | | |
| 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. | 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, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | | |
| answer "No" on Pa | ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must art 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 at 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) (2022)

Name of organization
CAPITAL AREA IMMIGRANTS' RIGHTS
COALITION
52-2141497

| COALI | TION | 52 | -2141497 |
|------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 1,572,167. | 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 | | \$\$ | 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 |
| 3 | | \$\$536,723. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person 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 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 |

50056.01

Name of organization

CAPITAL AREA IMMIGRANTS' RIGHTS

COALITION

Employer identification number

52-2141497

| Part II | Noncash Property (see instructions). Use duplicate copies of Part 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. 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 | | | | |
| | | | | | | | |

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

CAPITAL AREA IMMIGRANTS' RIGHTS Name of the organization COALITION

Employer identification number 52-2141497

| Total number at end of year Capture Capt | Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | r Si | milar Funds o | or Ac | coun | ts. Complete if the |
|---|-----|---|-------------------------|--------|--------------------|----------|---------------|---------------------------------|
| 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 of and of year 5 Did the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for chanitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposek) of conservation easements held by the organization incheck all that apply. Preservation of least for public use (for example, recreation or education) Preservation of a historically important land area Preservation of least possible preservation assements on a certified historic structure included in (a) 2e Valuation Register 2a Valuation Register | | | | vised | I funds | (| b) Fun | ds and other accounts |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of noon advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tassements. Complete if the organization answered "Yea" on Form 1990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year and Total number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Last acreage restricted by conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (b) Rumber of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure line to conservation easements included in (a) Rumber of states where property subject to conservation easements in located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and e | 1 | Total number at end of vear | . , , | | | | | |
| 3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Pert III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part and part and preservation of part and preservation of an entire and for public use (for example, recreation or education) Preservation of a conservation easement on the last Preservation of an entire and part and preservation of a conservation easement on the last Preservation Preserv | | | | | | | | |
| 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charatable purposes and not for the the neft of the donor or donor advisors or or any other purpose conferring impermissable private benefit? Part II Conservation Insessments. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education). Preservation of a list of protection of part of public use (for example, recreation or education). Preservation of on a certified historic structure. Preservation of open space 2 Complete line 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements. 2 Total number of conservation easements. 2 Total acreage restricted by conservation easements. 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquired after July 25,2006, and not on a historic structure included in (c) acquir | | | | | | | | |
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| are the organization's property, subject to the organization's exclusive legal control? | 5 | | vriting that the assets | hele | d in donor advise | ed fund | ls | |
| 6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year | | _ | - | | | | | Yes No |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). | 6 | | | | | | | |
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| 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2a Held at the End of the Tax Year 2b Total number of conservation easements 2b Total acreage restricted by conservation easements 2b Complete in the National Register 2b Complete in the Organization answered Yes' on Form 990, Part IV, line 8. 1a If the organization B Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 8. 1b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provid | 1 | Purpose(s) of conservation easements held by the organization | on (check all that appl | ly). | | | | |
| Preservation of open space | | Preservation of land for public use (for example, recreat | tion or education) | | Preservation of | a histo | rically | important land area |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8 Total number of conservation easements 9 Total acreage restricted by conservation easements 10 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure lincluded in (a) 11 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 12 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 12 Number of states where property subject to conservation easement is located 13 Number of states where property subject to conservation easement is located 14 Number of states where property subject to conservation easements it holds a violations, and enforcement of the conservation easements it holds? 15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 16 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 17 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year which is a conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 18 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 19 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 10 If the organization and expense is the footnote to the organization | | Protection of natural habitat | | | Preservation of | a certi | fied his | storic structure |
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| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Pose each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, not to report | 2 | · · · · · · · · · · · · · · · · · · · | ied conservation cont | tribu | tion in the form o | of a cor | nserva | |
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| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Part III Organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items | 5 | | | | | | | |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? | _ | • | | | | | | |
| B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 | 6 | Staff and volunteer hours devoted to monitoring, inspecting, i | nandling of violations | , and | d enforcing conse | ervatio | n ease | ments during the year |
| B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 | 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and | l enfo | orcing conservati | on eas | sement | ts during the vear |
| and section 170(h)(4)(B)(ii)? | | | , | | Ü | | | , |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 | 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirem | ents | of section 170(h |)(4)(B)(| (i) | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Bevenue included on Form 990, Part VIII, line 1 | | and section 170(h)(4)(B)(ii)? | | | | | | Yes No |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | 9 | In Part XIII, describe how the organization reports conservation | on easements in its re | evenu | ue and expense s | statem | ent an | d |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X | | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Insert Asset Service of the Insert Service of Se | Da | organization's accounting for conservation easements. | | | | | | |
| If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | Pai | | | rea | sures, or Otr | ner S | ımııaı | r Assets. |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | | | | | | | | |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | па | | • | | | | | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | | • | ŕ | | | | ice of p | DUDIIC |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | | • | | | | | -14 | ada af |
| provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ | D | · · · · · · · · · · · · · · · · · · · | • | | | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 \$ | | | exhibition, education | ı, or | research in furthe | erance | or pur | DIIC Service, |
| (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | | | | | Φ |
| If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | | | | | | | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ | ^ | | | | | | | |
| a Revenue included on Form 990, Part VIII, line 1 | 2 | | | | | gain, p | orovide | ; |
| | _ | | | | | | | ¢ |
| | | | | | | | | Ψ \$ |

232051 09-01-22

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

| 2- | 21 | 41 | 497 | Page 2 |
|----|----|----|-----|--------|
| | | | | |

| Par | rt III Organizations Maintaining C | Collections of Ar | t, Histo | rical Tre | asures, o | r Other S | Similar | Assets | (continu | ed) |
|-----|---|-------------------------|-------------|---------------|----------------|---------------|------------|-----------|------------|-----------|
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the f | following that | make sigr | nificant u | se of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | I 🔲 L | oan or exc | hange progra | am | | | | |
| b | Scholarly research | e | . 🗌 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explair | n how the | ey further th | ne organizatio | n's exemp | t purpos | e in Part | XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, his | torical treas | sures, or othe | er similar a | ssets | | | |
| | to be sold to raise funds rather than to be m | aintained as part of t | he organi | zation's co | llection? | | | | Yes | ☐ No |
| Par | rt IV Escrow and Custodial Arran | | | | | | | | line 9, or | |
| | reported an amount on Form 990, Pa | | | | | | - | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for c | ontribution | s or other ass | sets not ind | cluded | | | |
| | on Form 990, Part X? | | | | | | | \square | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | • | · | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | - | | | _ | |
| | rt V Endowment Funds. Complete | | | | | | | | | |
| | <u>'</u> | (a) Current year | | rior year | (c) Two year | | | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | 0.0 | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | | | | | | | | | | - |
| a | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | | e (line 1a. | column (a) |)) held as: | i | | | | |
| а | B | | % | , (, | ,, | | | | | |
| b | | % | | | | | | | | |
| c | <u> </u> | <u></u> | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | • | tion that | are held ar | nd administer | ed for the | | | | |
| | organization by: | 3 | | | | | | | [] | es No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | ations listed as requir | ed on Sc | hedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | rt VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, | line 11a. S | ee Form 990 | , Part X, Iir | ne 10. | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Acc | umulate | d | (d) Book | value |
| | , | basis (investr | nent) | basis | (other) | depr | eciation | | . , | |
| | Land | | | | | | | | | |
| b | | | | | | | | | | |
| | | | | 74 | 1,456. | - | 84,47 | 6. | 656 | ,980. |
| d | | | | | 2,390. | | 96,74 | | 5 | ,647. |
| | Other | | | | 8,162. | | 28,16 | | | 0. |
| | il. Add lines 1a through 1e. (Column (d) must e | | X colum | | | | | | 662 | ,627. |

| Schedule D (Form 990) 2022 COALITION | A IMMIGRANTS' | 52-21414 | 497 _{Page} 3 |
|--|----------------------------|--|-----------------------|
| Part VII Investments - Other Securities. | | | - Frago |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year ma | arket 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" of | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year ma | arket value |
| | (b) Book value | (b) Mothod of Valuation. Cool of Grid of year frie | arret 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" of | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | Description | (b) B | ook value |
| (1) DEPOSIT | | | 78,716. |
| (2) OPERATING RIGHT-OF-USE ASS | ET | 4,(| 037,524. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | 4-1 | | 116 240 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | 4 , . | 116,240. |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11e or 11f See Form 990 Part Y line 25 | |
| (15 14 44 144 | on on out out, line | | ook value |
| 1. (a) Description of liability (1) Federal income taxes | | (8) | |
| (2) REFUNDABLE ADVANCES | | | 500,257. |
| (3) OPERATING LEASE LIABILITY | | | 183,972 . |

| | Complete if the organization answered "Yes" on Form 990, Part IV, line 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 | 500,257. |
| (3) | OPERATING LEASE LIABILITY | 5,183,972. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 5,684,229. |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

5,684,229 a

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....

X

4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information.

Other (Describe in Part XIII.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 additional information.

PART X, LINE 2:

c Add lines 4a and 4b

CAIR COALITION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. CAIR COALITION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.

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

2022

Open to Public Inspection

| Name of the organization CAPITAL | AREA IMMIGRANTS' F | RIGE | ITS | | | Employer ide | ntification number |
|---|--|---|--|---|---------|---|---|
| COALITI | ON | | | | | 52-2141 | 497 |
| Part I Fundraising Activities. required to complete this part | Complete if the organization answert. | red "Y | es" on | Form 990, Part IV, li | ine 17 | 7. Form 990-EZ | filers are not |
| Indicate whether the organization rais | ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual (art VII) or entity in connection with pr | ion of ion of fundra (includ | non-governising of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | ' <u></u> ' |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have cu or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| - And | | | | | | | |
| 3 List all states in which the organizatio or licensing. | on is registered or licensed to solicit c | | utions | or has been notified | it is e | exempt from req | gistration |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

Schedule G (Form 990) 2022 COALITION Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | of 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 |
|-----------------|-------|--|------------------------------|---|------------------------|--|
| an an | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 354,566. | | | 354,566. |
| _ | 2 | Less: Contributions | 354,566. | | | 354,566. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 74,776. | | | 74,776. |
| Direct E | 7 | Food and beverages | | | | |
| _ | 8 | Entertainment | | | | 0.100 |
| | 9 | Other direct expenses | 0: 1 (1) | | | 9,189. |
| | 10 | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I | . , | | | 83,965. -83,965. |
| Pa | ırt l | Gaming. Complete if the organization | answered "Yes" on Form | 990. Part IV. line 19. or r | eported more than | 05,505. |
| | | \$15,000 on Form 990-EZ, line 6a. | | , | | |
| 4 | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| anue | | | (a) billigo | bingo/progressive bingo | (c) Other gaining | col. (a) through col. (c)) |
| Revenue | | | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 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) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | ' from line 1, column (d) | | | |
| | | | | | | |
| а | ls t | ter the state(s) in which the organization conducted the organization licensed to conduct gaming and the state of the stat | ctivities in each of these | states? | | Yes No |
| D | | No," explain: | | | | |
| | | ere any of the organization's gaming licenses re | | rminated during the tax y | ear? | Yes No |
| - | _ | | | | | |
| | | | | | | |
| 2220 | 20.40 | D-27-22 | | | Cohe | edule G (Form 990) 202 |

CAPITAL AREA IMMIGRANTS' RIGHTS

| Sch | edule G (Form 990) 2022 COALTTION 52 | 2-21 | 41 | <u>497</u> | Page 3 |
|-----|--|-----------|--------|------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | [| | Yes | ☐ 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? | [| | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | _ | |
| а | The organization's facility | L | 13a | | % |
| | An outside facility | | 13b | | % |
| 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? | [| | Yes | ☐ 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 | | | | |
| | | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Gaming manager compensation \$ | | | | |
| | | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | | | | | |
| 17 | Mandatory distributions: | | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| u | retain the state gaming license? | [| | Yes | ☐ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | _ | | | |
| | 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); and | l Part I | II lin | es 9 | 9h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | · · · · · | , | 00 0, | 55, 155, |
| | 100, 100, 10, and 170, as applicable. 7100 provide any additional information. Get instructions. | | | | |
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CAPITAL AREA IMMIGRANTS' RIGHTS

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

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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. Attach to Form 990.

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

CAPITAL AREA IMMIGRANTS' RIGHTS

COALITION

Employer identification number 52-2141497

| (a) (b) (c) (d) Check if applicable contributions or items contributed representation. Art - Works of art (b) (c) (d) Number of applicable contribution amounts reported on items contributed representation. | | • | 3 |
|--|-----|-----|-------------|
| 1 Art - Works of art | | | |
| | | | |
| 2 Art - Historical treasures | | | |
| 3 Art - Fractional interests | | | |
| 4 Books and publications | | | |
| 5 Clothing and household goods | | | |
| 6 Cars and other vehicles | | | |
| 7 Boats and planes | | | |
| 8 Intellectual property | | | |
| 9 Securities - Publicly traded X 243 31,507. FAIR MARKET | VAL | UE | |
| 10 Securities - Closely held stock | | | |
| 11 Securities - Partnership, LLC, or | | | |
| trust interests | | | |
| 12 Securities - Miscellaneous | | | |
| 13 Qualified conservation contribution - | | | |
| Historic structures | | | |
| 14 Qualified conservation contribution - Other | | | |
| 15 Real estate - Residential | | | |
| 16 Real estate - Commercial | | | |
| 17 Real estate - Other | | | |
| 18 Collectibles | | | |
| 19 Food inventory | | | |
| 20 Drugs and medical supplies | | | |
| 21 Taxidermy | | | |
| 22 Historical artifacts | | | |
| 23 Scientific specimens | | | |
| 24 Archeological artifacts | | | |
| 25 Other () | | | |
| 26 Other () | | | |
| 27 Other () | | | |
| 28 Other () | | | |
| 29 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 | Τ, | . 1 | |
| On Desire the constitution and the constitution and the discount of the Control of the constitution of the | · · | 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 3 years from the date of the initial contribution, and which isn't required to be used for | 20- | | X |
| exempt purposes for the entire holding period? | 30a | | |
| b If "Yes," describe the arrangement in Part II. | 04 | | X |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | 31 | - | |
| | 32a | | Х |
| contributions? b If "Yes," describe in Part II. | o∠a | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | | | |
| describe in Part II. | | | |

LHA

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

| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|---|
| SCHEDULE M, PART I, COLUMN (B): |
| 15 SHARES OF VNGD 500 INDEX ADMIRAL AT \$6,181.20, 17 SHARES OF GREEN |
| CENTURY EQUITY FUND INSTL AT \$1,085.96, AND 211 SHARES OF |
| CONOCOPHILLIPS COM VALUE OF TRANSACTIONS AT \$24,239.68. |
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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.

Attach to Form 990 or Form 990-EZ.

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

2022
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: |
|---|
| CHALLENGE BARRIERS TO ASYLUM, MINIMIZE THE IMMIGRATION CONSEQUENCES OF |
| CRIMINAL CONVICTIONS, AND PROTECT DUE PROCESS RIGHTS FOR DETAINED |
| CHILDREN AND ADULTS. |
| |
| ADDITIONALLY, CAIR COALITION SPONSORS AND CONDUCTS WORKSHOPS TO TRAIN |
| PRO BONO LAWYERS, PUBLIC DEFENDERS, AND ADVOCATES THROUGHOUT THE YEAR, |
| AND MENTORS ATTORNEYS WHO ARE PROVIDING PRO BONO LEGAL REPRESENTATION. |
| CAIR COALITION ALSO PROVIDES "KNOW YOUR RIGHTS" TRAININGS FOR THE |
| IMMIGRANT COMMUNITY. |
| |
| OUTREACH AND ADVOCACY: CAIR COALITION STAFF AND MEMBERS REGULARLY MEET |
| WITH DHS OFFICES 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 |
| EXECUTIVEOFFICE 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 MEMBERS. |
| |
| |
| |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| FORM 990 TO DEVIEWED BY THE TREASURED AND THE REST OF THE EXECUTIVE |

232211 10-28-22

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

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number 52-2141497

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.

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection

2022

OMB No. 1545-0047

Employer identification number 52-2141497Go to www.irs.gov/Form990 for instructions and the latest information. CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt part III organizations clinical the tax user. End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

| organizations during the tax year. | | | | | | | |
|--|--------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--|-----------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13) led ?? |
| | | • | | 501(c)(3)) | | Yes | ٤ |
| ACACIA CENTER FOR JUSTICE - 87-4099467 | | | | | CAPITAL AREA | | |
| 1025 CONNECTICUT AVE. NW, #701 | | | | 170(B)(1)(A)(IMMIGRANTS' | IMMIGRANTS' | | |
| WASHINGTON, DC 20036-5447 | LEGAL IMMIGRATION SERVICES | DISTRICT OF COLUMBIA 501(C)(3) | 501(C)(3) | VI) | RIGHTS COALITION | × | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

39

CAPITAL AREA IMMIGRANTS' RIGHTS

CAPITAD AREA IMMIGRANIS KIG Schedule R (Form 990) 2022 COALITION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. PartIII

Page 2

52-2141497

| (j) (k) General or Percentage managing ownership partner? Yes No | | |
|---|--|--|
| (i) (j) Code V-UBI General or P. amount in box managing o 20 of Schedule Farter? K-1 (Form 1065) Yes No | | |
| Ge mar Ke par | | |
| (i) le V-UBI int in bos Schedul orm 106 | | |
| Code amount 0 of Sign 1 (For | | |
| rrtionate solutions? | | |
| (h) Disproportionate allocations? Yes No | | |
| | | |
| (g) Share of end-of-year assets | | |
| Sence | | |
| total | | |
| (f) Share of total income | | |
| | | |
| ncome lated, IX unde 514) | | |
| (e) iinant ir d, unrel from ta | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | |
| ing (9 | | |
| (d) controlli entity | | |
| (d) Direct controlling entity | | |
| | | |
| (c) Legal domicile (state or foreign | | |
| ity | | |
| (b) Primary activity | | |
| Prima | | |
| | | |
| Z c | | |
| (a) Name, address, and EIN of related organization | | |
| (a) dress, | | |
| ne, ad relatec | | |
| N of of | | |
| | | |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| ı | | | ı | _ | l | | l | | l | | l | | I | |
|--|--------------|------------------------|-------------------------|--------------|---|--|---|--|---|--|---|--|---|--|
| { | ≘ ; | 512(b)(13) | ntrolled ntity? | ² | | | | | | | | | | |
| | 0 | 512 | co. e | Yes | | | | | | | | | | |
| [| <u>E</u> | Percentage | ownership | | | | | | | | | | | |
| 1 | | Share of | | 22202 | | | | | | | | | | |
| ş | Đ | Sha | income | | | | | | | | | | | |
| 3 | (e) | Type of entity | (C corp, S corp, | 0 1 1 2 2 | | | | | | | | | | |
| 1 | © | Direct controlling | entity | | | | | | | | | | | |
| | (၁) | Legal domicile | (state or foreign | country) | | | | | | | | | | |
| ייוש נויס נמא אָסמוּ: | (g) | Primary activity | | | | | | | | | | | | |
| organizations incured as a solptimism of their day of the | (a) | Name, address, and EIN | of related organization | | | | | | | | | | | |

Schedule R (Form 990) 2022

232162 09-14-22

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | S |
|--|----------------------------|-----------------------------|--|------------|--------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more rel | ated organizations listed i | n Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | λ. | | | 1 a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 10 | | × |
| | | | | 9 | | × |
| Loans or loan quarantees by related organization(s) | | | | 1 | | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | # | | × |
| g Sale of assets to related organization(s) | | | | 19 | | × |
| Purchase of assets from related organization(s) | | | | 4 | | × |
| | | | | = | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | Έ | | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | | × |
| | anization(s) | | | = | × | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | ınization(s) | | | Ę | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ion(s) | | | 두 | | × |
| | | | | 9 | | × |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | | × |
| Reimbursement paid by related organization(s) for expenses | | | | 19 | | × |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | + | | × |
| (s) | | | | 1s | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | vho must complete thi | s line, including covered r | elationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved | | |
| (1) ACACIA CENTER FOR JUSTICE | ī | 644,238. | FMV OF SERVICES PROVIDED | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 232163 09-14-22 | | | Schedule R (Form 990) 2022 | R (Form | 990) 2 | 120 |

COALITION

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h) (i) v. Code V-UBI General or Percentage funcations? of Schedule K-1 partner? Ownership Ves No (Form 1065) Yes No end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income pa (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)