

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

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

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.		D Employer identification number 52-1584951
	Doing business as CLINIC		E Telephone number 301-565-4800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,809,646.
	8757 GEORGIA AVE.	850	
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JEANNE M. ATKINSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.CLINICLEGAL.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMBRACE THE GOSPEL VALUE OF WELCOMING THE STRANGER BY PROMOTING THE DIGNITY AND PROTECTING THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	37
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,307,025.	Current Year 6,731,842.
	9 Program service revenue (Part VIII, line 2g)	2,396,447.	2,972,351.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,162.	176,442.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,932,634.	9,880,635.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,163,948.	991,410.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,963,340.	4,526,827.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 394,461.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,409,388.	1,426,716.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,536,676.	6,944,953.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	395,958.	2,935,682.
	20 Total assets (Part X, line 16)	Beginning of Current Year 9,598,079.	End of Year 12,767,172.
	21 Total liabilities (Part X, line 26)	877,622.	977,218.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,720,457.	11,789,954.

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.

Sign Here	Signature of officer <i>Jeanne M. Atkinson</i>	Date 7/18/18			
	JEANNE M. ATKINSON, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID JONES	Preparer's signature <i>David Jones</i>	Date 7/8/18	Check if self-employed <input type="checkbox"/>	PTIN P01361002
	Firm's name JONES MARESCA & MCQUADE PA	Firm's EIN 52-1853933	Phone no. 202-296-3306		
Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMBRACE THE GOSPEL VALUE OF WELCOMING THE STRANGER BY PROMOTING THE DIGNITY AND PROTECTING THE RIGHTS OF IMMIGRANTS IN PARTNERSHIP WITH A DEDICATED NETWORK OF CATHOLIC AND COMMUNITY LEGAL IMMIGRATION PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,614,173. including grants of \$ 991,410.) (Revenue \$ 1,016,874.) EDUCATION AND NETWORK GROWTH: THIS PROGRAM WAS ESTABLISHED TO GUIDE NONPROFIT ORGANIZATION LEADERS TO BEGIN OR EXPAND CHARITABLE IMMIGRATION LEGAL SERVICES, EQUIP NONPROFIT IMMIGRATION LEGAL REPRESENTATIVES WITH TRAINING ON IMMIGRATION LAW AND PROGRAM MANAGEMENT SKILLS, AND MANAGE PROJECTS SERVING VULNERABLE IMMIGRANTS DELIVERED BY LOCAL NONPROFIT ORGANIZATIONS BENEFITING FROM CLINIC'S STRUCTURE AND OVERSIGHT.

4b (Code:) (Expenses \$ 1,153,169. including grants of \$) (Revenue \$ 1,295,412.) DIRECT REPRESENTATION: THIS PROGRAM CONSISTS OF LEGAL SERVICES PROVIDED TO CLIENTS BEFORE THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES, IMMIGRATION COURT, THE BOARD OF IMMIGRATION APPEALS, AND IN FEDERAL COURT.

4c (Code:) (Expenses \$ 1,142,772. including grants of \$) (Revenue \$ 660,065.) ADVOCACY AND COMMUNITY ENGAGEMENT: THIS PROGRAM EDUCATES THE PUBLIC ON IMMIGRATION ISSUES, ENGAGES GOVERNMENT ON IMMIGRATION, INDIVIDUAL, AND POLICY RELATED MATTERS, AND PROMOTE POSITIVE RESOLUTIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,910,114.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions.

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

Section 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 in Schedule O.		
	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 25		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AR, CA, CT, DC, FL, GA, HI, IL, MD, MA, MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 301-565-4800**
8757 GEORGIA AVE., NO. 850, SILVER SPRING, MD 20910

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REVEREND KEVIN W. VANN CHAIRMAN	1.31	X		X				0.	0.	0.
(2) MOST REVEREND MARTIN D. HOLLEY VICE PRESIDENT	0.37	X		X				0.	0.	0.
(3) SR. SALLY DUFFY, SC TREASURER	1.45	X		X				0.	0.	0.
(4) MOST REVEREND NICHOLAS DIMARZIO DIRECTOR	0.62	X						0.	0.	0.
(5) MSGR J. BRIAN BRANSFIELD DIRECTOR	0.00	X						0.	0.	0.
(6) SR. RAYMONDA DU VALL, CHS DIRECTOR	1.70	X						0.	0.	0.
(7) MOST REVEREND EUSEBIO ELIZONDO DIRECTOR	0.26	X						0.	0.	0.
(8) MOST REVEREND RICHARD GARCIA DIRECTOR	0.26	X						0.	0.	0.
(9) MARGUERITE HARMON DIRECTOR	1.24	X						0.	0.	0.
(10) MOST REVEREND EDGAR M DA CUNHA DIRECTOR,	0.55	X						0.	0.	0.
(11) MOST REVEREND GERALD KICANAS DIRECTOR	0.52	X						0.	0.	0.
(12) WILLIAM CANNY DIRECTOR	0.63	X						0.	0.	0.
(13) FRANCIS J. MULCAHY DIRECTOR	1.20	X						0.	0.	0.
(14) MOST REVEREND JOSEPH A. PEPE DIRECTOR	0.26	X						0.	0.	0.
(15) VINCENT PITTA DIRECTOR	0.14	X						0.	0.	0.
(16) MOST REVEREND GREGORY HARTMAYER DIRECTOR	0.66	X						0.	0.	0.
(17) MOST REVEREND MARK J. SEITZ DIRECTOR	0.78	X						0.	0.	0.

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MOST REVEREND JAIME SOTO DIRECTOR	0.41	X					0.	0.	0.	
(19) MR. D. TAYLOR DIRECTOR	0.74	X					0.	0.	0.	
(20) MOST REVEREND THOMAS G. WENSKI DIRECTOR	0.84	X					0.	0.	0.	
(21) MR JAVIER PALOMAREZ DIRECTOR	0.14	X					0.	0.	0.	
(22) MOST REVEREND THOMAS J. RODI DIRECTOR	0.48	X					0.	0.	0.	
(23) EMILIO GONZALES DIRECTOR	0.00	X					0.	0.	0.	
(24) MOST REVEREND JOE S. VASQUEZ DIRECTOR	0.74	X					0.	0.	0.	
(25) MS. CARMEN M VAZQUEZ DIRECTOR	0.06	X					0.	0.	0.	
(26) JEANNE M. ATKINSON EXECUTIVE DIRECTOR	50.00 0.08			X			153,600.	0.	4,960.	
1b Sub-total							153,600.	0.	4,960.	
c Total from continuation sheets to Part VII, Section A							220,993.	0.	45,481.	
d Total (add lines 1b and 1c)							374,593.	0.	50,441.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	332,400.				
	c Fundraising events	1c	182,535.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	481,404.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,735,503.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,731,842.				
	Program Service Revenue	2 a PROFESSIONAL SERVICE FEES	Business Code 900099	1,295,412.	1,295,412.		
b RELIGIOUS CONTRACT REVENUE		900099	1,016,874.	1,016,874.			
c TRAINING AND SEMINARS		900099	660,065.	660,065.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,972,351.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,676.			70,676.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		4,915,298.			
		c Gain or (loss)		105,766.			
	d Net gain or (loss)		105,766.			105,766.	
	8 a Gross income from fundraising events (not including \$ 182,535. of contributions reported on line 1c). See Part IV, line 18	a	13,713.				
		b Less: direct expenses	b	13,713.			
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		9,880,635.	2,972,351.	0.	176,442.		

**CATHOLIC LEGAL IMMIGRATION
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	974,675.	974,675.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,735.	16,735.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	158,560.	131,234.	16,928.	10,398.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,492,548.	2,892,448.	371,392.	228,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,641.	89,965.	11,505.	7,171.
9 Other employee benefits	495,676.	406,976.	60,011.	28,689.
10 Payroll taxes	271,402.	226,344.	27,921.	17,137.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,000.		16,000.	
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 O.)	158,252.	147,007.	8,726.	2,519.
12 Advertising and promotion	136,212.	132,547.	1,352.	2,313.
13 Office expenses	90,817.	66,916.	15,593.	8,308.
14 Information technology	67,834.	62,535.	2,485.	2,814.
15 Royalties				
16 Occupancy	294,488.	230,426.	39,873.	24,189.
17 Travel	146,852.	119,982.	19,845.	7,025.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	169,518.	131,532.	16,068.	21,918.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,601.	56,660.	9,296.	8,645.
23 Insurance	33,003.	28,641.	2,348.	2,014.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL AND MA	87,270.	71,363.	7,115.	8,792.
b TRAINING & PROGRAM MATE	66,134.	64,583.	1,479.	72.
c STAFF DEVELOPMENT	41,099.	30,620.	8,503.	1,976.
d LICENSES AND FEES	20,477.	16,455.	609.	3,413.
e All other expenses	24,159.	12,470.	3,329.	8,360.
25 Total functional expenses. Add lines 1 through 24e	6,944,953.	5,910,114.	640,378.	394,461.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CATHOLIC LEGAL IMMIGRATION
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	751,512.	1	900,244.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	537,876.	3	1,679,414.	
	4 Accounts receivable, net	16,203.	4	138,304.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	77,497.	9	103,763.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 593,242.			
	b Less: accumulated depreciation	10b 348,904.	311,739.	10c	244,338.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	7,903,252.	12	9,701,109.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,598,079.	16	12,767,172.		
Liabilities	17 Accounts payable and accrued expenses	523,216.	17	625,638.	
	18 Grants payable		18		
	19 Deferred revenue	103,920.	19	138,388.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	250,486.	25	213,192.	
	26 Total liabilities. Add lines 17 through 25	877,622.	26	977,218.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,054,160.	27	9,547,734.	
	28 Temporarily restricted net assets	1,666,297.	28	2,242,220.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	8,720,457.	33	11,789,954.		
34 Total liabilities and net assets/fund balances	9,598,079.	34	12,767,172.		

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Part 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	9,880,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,944,953.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,935,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,720,457.
5	Net unrealized gains (losses) on investments	5	147,528.
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 in Schedule O)	9	-13,713.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,789,954.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

CATHOLIC LEGAL IMMIGRATION

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4716570.	4880250.	6568308.	4307025.	6731842.	27203995.
2 Tax revenues levied for the organization'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	4716570.	4880250.	6568308.	4307025.	6731842.	27203995.
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)						4717704.
6 Public support. Subtract line 5 from line 4.						22486291.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4716570.	4880250.	6568308.	4307025.	6731842.	27203995.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	83,218.	93,368.	34,682.	53,196.	70,102.	334,566.
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.)						
11 Total support. Add lines 7 through 10						27538561.
12 Gross receipts from related activities, etc. (see instructions)					12	12,019,878.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	81.65 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	86.09 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. 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 qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. 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 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 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						
11 Net income from unrelated business activities not included in 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.			
b Did the activities described in (a) 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 (a) and (b) 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? 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.			
2a			
2b			
3a			
3b			

CATHOLIC LEGAL IMMIGRATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

CATHOLIC LEGAL IMMIGRATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

CATHOLIC LEGAL IMMIGRATION

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.

Employer identification number

52-1584951

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 or 990-EZ), 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, II, and III.

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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,323,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>2,005,996.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>198,941.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>144,808.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 137,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
-------------------------------------------------------------------------	-----------------------------------------------------

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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
-------------------------------------------------------------------------	-----------------------------------------------------

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
-------------------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

CATHOLIC LEGAL IMMIGRATION

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	184.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,045.													
c	Total lobbying expenditures (add lines 1a and 1b)	1,229.													
d	Other exempt purpose expenditures	6,549,263.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,550,492.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	477,525.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	119,381.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	417,358.	515,976.	476,834.	477,525.	1,887,693.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,831,540.
c Total lobbying expenditures	2,333.			1,229.	3,562.
d Grassroots nontaxable amount	104,340.	128,994.	119,209.	119,381.	471,924.
e Grassroots ceiling amount (150% of line 2d, column (e))					707,886.
f Grassroots lobbying expenditures				184.	184.

CATHOLIC LEGAL IMMIGRATION

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2017

Open to Public Inspection

Name of the organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC. **Employer identification number** 52-1584951

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	701,786.	669,409.	673,476.	641,606.	551,570.
b Contributions					
c Net investment earnings, gains, and losses	94,448.	39,697.	2,882.	38,692.	98,217.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,736.	7,320.	6,949.	6,822.	8,181.
f Administrative expenses					
g End of year balance	788,498.	701,786.	669,409.	673,476.	641,606.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100.00 %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		352,301.	157,801.	194,500.
d Equipment		240,941.	191,103.	49,838.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				244,338.

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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 market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	902,519.	END-OF-YEAR MARKET VALUE
(B) POOLED MUTUAL FUNDS	6,844,466.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET FUNDS	1,954,124.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,701,109.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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 market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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) DEFERRED RENT AND LEASE INCENTIVE	213,192.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	213,192.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	10,481,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	147,528.	
b	Donated services and use of facilities	2b	453,029.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		600,557.
3	Subtract line 2e from line 1	3		9,880,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,880,635.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,411,695.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	453,029.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	13,713.	
e	Add lines 2a through 2d	2e		466,742.
3	Subtract line 2e from line 1	3		6,944,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,944,953.

Part XIII Supplemental Information.

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 V, LINE 4:

CLINIC HAS ESTABLISHED A BOARD-DESIGNATED ENDOWMENT WHICH INCLUDES FUNDS SET ASIDE BY THE BOARD OF DIRECTORS TO PROVIDE GENERAL OPERATING SUPPORT TO CLINIC.

PART X, LINE 2:

THE ORGANIZATION HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS (2014-2016), OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S 2017 TAX RETURN. THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF

Part XIII Supplemental Information *(continued)*

UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE
MONTHS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 13,713.

CATHOLIC LEGAL IMMIGRATION

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TAYLOR RECEPTION (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	196,248.			196,248.
	2 Less: Contributions	182,535.			182,535.
	3 Gross income (line 1 minus line 2)	13,713.			13,713.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	987.			987.
	7 Food and beverages	8,748.			8,748.
	8 Entertainment				
	9 Other direct expenses	3,978.			3,978.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,713.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization **CATHOLIC LEGAL IMMIGRATION NETWORK, INC.** Employer identification number **52-1584951**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF CENTRAL TEXAS - 1625 RUTHERFORD LANE - AUSTIN, TX 78754	74-2928450	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES OF DALLAS, INC. 9461 LBJ FREEWAY, SUITE 100 DALLAS, TX 75243	75-2745221	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI - 25 SE 2ND AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES OF EAST TENNESSEE - 119 DAMERON AVE. - KNOXVILLE, TN 37917	62-1377551	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC SOCIAL & COMMUNITY SVCS, INC. - 1790 POPPS FERRY RD - BILOXI, MS 39532	64-0598426	501C(3)	5,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES - DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 506 - ARLINGTON, VA 22203	54-0515706	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Schedule I (Form 990)

52-1584951

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES FORT WORTH, INC. - P.O BOX 15610 - FORT WORTH, TX 76119	75-0808769	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES, INC. - DIOC. OF JACKSON - 850 E. RIVER PL, SUITE 300 - JACKSON, MS 39202	64-0466850	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
JUST NEIGHBORS 5827 COLUMBIA PIKE, SUITE 320 FALLS CHURCH, VA 22041	54-1820633	501C(3)	5,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	58-1237316	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501C(3)	5,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
SAN ANTONIO REGION JUSTICE FOR OUR NEIGHBORS - 1707 W WOODLAWN AVE. - SAN ANTONIO, TX 78201	46-0629304	501C(3)	4,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
SOUTH FLORIDA JUSTICE FOR OUR NEIGHBORS - P. O. BOX 160538 - MIAMI, FL 33116	20-2889185	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S. CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501C(3)	5,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC CHARITIES BUREAU, INC. 134 E. CHURCH STREET JACKSONVILLE, FL 32202	59-0862770	501C(3)	4,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &

Schedule I (Form 990)

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Schedule I (Form 990)

52-1584951

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ATLANTA 2305 PARKLAKE DRIVE, STE: 150 ATLANTA, GA 30345	58-1097003	501C(3)	10,000.	0.			SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT &
CATHOLIC MIGRATION SERVICES OF BROOKLYN - 191 JORALEMON STREET, 4TH FLOOR - BROOKLYN, NY 11201	11-2634818	501C(3)	64,000.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI - 25 SE 2ND AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501C(3)	121,985.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES OF DALLAS, INC. 9461 LBJ FREEWAY, SUITE 100 DALLAS, TX 75243	75-2745221	501C(3)	112,500.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES OF GALVESTON-HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501C(3)	59,750.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES OF LOS ANGELES 1530 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	95-1690973	501C(3)	47,000.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD. SUITE 800 MIAMI, FL 33137	20-2123833	501C(3)	43,142.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA - 227 NORTH 18TH STREET - PHILADELPHIA, PA 19103	23-1352063	501C(3)	3,763.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE STREET ST. PAUL, MN 55104	41-0909036	501C(3)	3,750.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH

Schedule I (Form 990)

**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S. CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501C(3)	24,891.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX - 1825 W. NORTHERN AVENUE - PHOENIX, AZ 85021-5298	86-0223999	501C(3)	15,347.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES - DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 506 - ARLINGTON, VA 22203	54-0515706	501C(3)	20,000.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES OF ATLANTA 2305 PARKLAKE DRIVE, STE: 150 ATLANTA, GA 30345	58-1097003	501C(3)	10,500.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	58-1237316	501C(3)	26,667.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE, SUITE ATLANTA, GA 30345	30-0130066	501C(3)	15,000.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA - 5530 CHESTER AVENUE - PHILADELPHIA, PA 19143	23-3012024	501C(3)	5,017.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
HIAS PENNSYLVANIA 2100 ARCH STREET, #3 PHILADELPHIA, PA 19103	23-1405597	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
CATHOLIC CHARITIES BUREAU, INC. 134 E. CHURCH STREET JACKSONVILLE, FL 32202	59-0624375	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DIOCESE RALEIGH - 7200 STONEHENGE DR. - RALEIGH, NC 27613	56-0529943	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC CHARITIES OF JACKSON, MISSISSIPPI - 850 E. RIVER PL, SUITE 300 - JACKSON, MS 39202	64-0466850	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE., SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
HOLY CROSS MINISTERIO HISPANO 616 S. CHERRY ST. KERNERSVILLE, NC 27284	56-1280841	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC CHARITIES OF ATLANTA 2305 PARKLAKE DRIVE, STE: 150 ATLANTA, GA 30345	58-1097003	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC SOCIAL & COMMUNITY SVCS, INC. - 1790 POPPS FERRY RD - BILOXI, MS 39532	64-0598426	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
HISPANIC INTEREST COALITION OF ALABAMA - P.O. BOX 190299 - BIRMINGHAM, AL 35219	63-1225764	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC CHARITIES OF ARKANSAS 2500 N. TYLER; PO. BOX 7565 LITTLE ROCK, AR 72217	71-0236871	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC SERVICES COUNCIL 2902 N. ARMENIA AVENUE, SUITE 201 TAMPA, FL 33607	59-3198934	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
MAXWELL STREET LEGAL CLINIC 201 E. MAXWELL STREET LEXINGTON, KY 40508	61-0909545	501C(3)	12,500.	0.			TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION
CATHOLIC CHARITIES OF DALLAS, INC. 9461 LBJ FREEWAY, SUITE 100 DALLAS, TX 75243	75-2745221		37,000.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES OF CENTRAL TEXAS - 1625 RUTHERFORD LANE - AUSTIN, TX 78754	74-2928450	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1511 LAS VEGAS BOULEVARD, NORTH - LAS VEGAS, NV 89101	88-0059425	501C(3)	4,168.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA - 140 WEST SPEEDYWAY BLVD., SUITE 230 - TUSCON, AZ 85705	80-0100880	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CAMPEINOS SIN FRONTERAS PO. BOX 423 SOMERTON, AZ 85350	86-0944114	501C(3)	13,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX - 1825 W. NORTHERN AVENUE - PHOENIX, AZ 85021-5298	86-0223999	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING

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**CATHOLIC LEGAL IMMIGRATION
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DIOCESE RALEIGH - 7200 STONEHENGE DR. - RALEIGH, NC 27613	56-0529943	501C(3)	6,000.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES OF ST. PETERSBURG - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705	59-0875805	501C(3)	7,500.	0.			TO INCREASE THE NUMBER OF MEXICAN LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING
CATHOLIC CHARITIES OF CENTRAL COLORADO - 228 N. CASCADE AVE - COLORADO SPRINGS, CO 80903	84-0586169	501C(3)	2,500.	0.			TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING
CATHOLIC CHARITIES ARCHDIOCESE OF DENVER - 4045 PECOS STREET - DENVER, CO 80211	84-0686679	501C(3)	2,500.	0.			TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING
CATHOLIC CHARITIES DIOCESE OF PUEBLO - 429 W 10TH ST - PUEBLO, CO 81003	84-0471001	501C(3)	2,500.	0.			TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING
CATHOLIC CHARITIES SOUTHWESTERN OHIO - 7162 READING ROAD, SUITE 600 - CINCINNATI, OH 45237	31-0536968	501C(3)	2,500.	0.			TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING
OTHER AFFILIATE AGENCIES		501C(3)	7,695.	0.			MEXICAN SCREENING

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**CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	17	6,345.	0.		
GRANT: TO QUALITATIVELY EVALUATE THE EFFECTIVENESS OF THE COMMITTEE IMMIGRATION REFORM IMPLEMENTATION (CIRI).	2	10,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CAPACITY BUILDING PROJECT GRANTS ARE MONITORED BY NARRATIVE REPORTS DUE SEMI-ANNUALLY AND ONGOING MENTORING AND NEEDS ASSESSMENTS. CAPACITY BUILDING EXPANSION IMMIGRATION PROGRAMS ARE MONITORED BY SITE VISITS AND QUARTERLY NARRATIVE AND STATISTICAL REPORTS FOR THE PROJECT. GRANTS TO EXPAND HUMAN RIGHTS UNDERSTANDING IN IMMIGRANT COMMUNITIES ARE MONITORED THROUGH THE PREPARATION OF REPORTS ON FINDINGS AND RESEARCH. GRANTS TO PROMOTE CITIZENSHIP EDUCATION AND IMMIGRANT INTEGRATION BY EXPANDING CITIZENSHIP SERVICES ARE MONITORED THROUGH QUARTERLY NARRATIVE AND

Part IV Supplemental Information

STATISTICAL REPORTS FOR THE PROJECT. GRANTS TO ESTABLISH A NATIONAL,
COORDINATED PROGRAM FOR CUSTODIANS OF UNACCOMPANIED CHILDREN ARE MONITORED
THROUGH THE COLLECTION OF DATA RELATING TO THE PROJECT ACTIVITIES. GRANTS
FOR THE RAIDS PREPAREDNESS AND RESPONSE PROJECT ARE MONITORED THROUGH
SEMI-ANNUAL ACTIVITY REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF CENTRAL TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DALLAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF EAST TENNESSEE

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL & COMMUNITY SVCS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES - DIOCESE OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES FORT WORTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES, INC. - DIOC. OF JACKSON

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT: JUST NEIGHBORS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

REDLANDS CHRISTIAN MIGRANT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

SAN ANTONIO REGION JUSTICE FOR OUR NEIGHBORS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH FLORIDA JUSTICE FOR OUR NEIGHBORS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED
IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND
SUBMIT KEY DATA POINTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES BUREAU, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: SCREEN & IDENTIFY UNAUTHORIZED IMMIGRANTS WITH ELIGIBILITY FOR AN IMMIGRATION BENEFIT & COLLECT AND SUBMIT KEY DATA POINTS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC MIGRATION SERVICES OF BROOKLYN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DALLAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND

Part IV Supplemental Information

ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF GALVESTON-HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA IMMIGRANT COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LAW CENTER OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES - DIOCESE OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

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NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NEW AMERICAN PATHWAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: HIAS PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND

Part IV Supplemental Information

ESTABLISH AND STRENGTHEN CITIZENSHIP COLLABORATIVE IN THE NEW AMERICANS
CAMPAIGN (NAC) FUNDED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES BUREAU, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DIOCESE RALEIGH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF JACKSON, MISSISSIPPI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: HOLY CROSS MINISTERIO HISPANO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &

Part IV Supplemental Information

SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION & SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL & COMMUNITY SVCS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION & SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

REDLANDS CHRISTIAN MIGRANT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION & SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

HISPANIC INTEREST COALITION OF ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION & SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ARKANSAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &

Part IV Supplemental Information

SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: HISPANIC SERVICES COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: MAXWELL STREET LEGAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN CLINIC AFFILIATES TO
BETTER RESPOND TO CURRENT DEMANDS FOR IMMIGRATION LEGAL REPRESENTATION &
SUCCESSFULLY IMPLEMENT ADMINISTRATIVE RELIEF WHEN POSSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DALLAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP
APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF CENTRAL TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP
APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SOUTHERN NEVADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP

Part IV Supplemental Information

APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP

APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP

APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT: CAMPESINOS SIN FRONTERAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP

APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP

APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF DIOCESE RALEIGH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP
APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ST. PETERSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF MEXICAN
LEGAL PERMANENT RESIDENTS TO NATURALIZE AS US CITIZENS USING TARGETED
OUTREACH & EFFICIENT, BEST PRACTICES, CHIEFLY NATURALIZATION GROUP
APPLICATION WORKSHOPS AS THE PRIMARY SERVICE DELIVERY MODEL

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF CENTRAL COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN DEDICATION TO
INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING COMMUNITY
THROUGH TARGETED OUTCOME DEVELOPMENT, AND IMPROVE THE LIVES OF THE
NEWCOMER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES ARCHDIOCESE OF DENVER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN DEDICATION TO
INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING COMMUNITY
THROUGH TARGETED OUTCOME DEVELOPMENT, AND IMPROVE THE LIVES OF THE
NEWCOMER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES DIOCESE OF PUEBLO

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING COMMUNITY THROUGH TARGETED OUTCOME DEVELOPMENT, AND IMPROVE THE LIVES OF THE NEWCOMER COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES SOUTHWESTERN OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN DEDICATION TO INTEGRATION-RELATED WORK, CHANGE THE BEHAVIOR OF THE RECEIVING COMMUNITY THROUGH TARGETED OUTCOME DEVELOPMENT, AND IMPROVE THE LIVES OF THE NEWCOMER COMMUNITY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CATHOLIC LEGAL IMMIGRATION NETWORK, INC.** Employer identification number **52-1584951**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

CATHOLIC LEGAL IMMIGRATION
NETWORK, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEANNE M. ATKINSON EXECUTIVE DIRECTOR	(i)	153,600.	0.	0.	3,000.	1,960.	158,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number	52-1584951
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 RIGHTS OF IMMIGRANTS IN PARTNERSHIP WITH A DEDICATED NETWORK OF
 CATHOLIC AND COMMUNITY LEGAL IMMIGRATION PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE DRAFT OF THE FORM 990 IS FIRST REVIEWED BY THE MANAGEMENT TEAM AND THE
 FINANCE COMMITTEE. THE 990 IS FORWARDED TO THE FULL BOARD OF DIRECTORS
 BEFORE IT IS SIGNED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
 BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN THAT THEY HAVE RECIEVED A
 COPY OF THE POLICY, AND REPORT ANY CONFLICTS OR POTENTIAL CONFLICTS OF
 INTEREST. THE EXECUTIVE DIRECTOR FOLLOWS UP TO ENSURE COMPLETION AND
 ENFORCEMENT OF THE POLICY AND LAST RECEIVED ALL THE SIGNED CONFLICT OF
 INTEREST POLICIES IN MARCH 2018.

FORM 990, PART VI, SECTION B, LINE 15:
 THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY CLINIC'S BOARD
 OF DIRECTORS AFTER A REVIEW OF COMPARABLE NON-PROFIT ORGANIZATIONS. CLINIC
 HIRED A PROFESSIONAL CONSULTANT AGENCY, BDO FOR COMPENSATION MARKET DATA
 ANALYSIS IN 2014 WHICH WAS SHARED WITH THE EXECUTIVE COMMITTEE OF THE
 BOARD. ON JUNE 3, 2015, THE COMMITTEE DISCUSSED THE DATA ANALYSIS IN
 CONJUNCTION WITH THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, THEN BROUGHT A
 SALARY RECOMMENDATION TO THE FULL BOARD FOR A VOTE ON JUNE 9, 2015. IN
 2016, THE ED WAS EVALUATED THROUGH A PERFORMANCE MANAGEMENT FEEDBACK FORM
 AND A DECISION ON THE SALARY WAS TAKEN IN THE NOVEMBER 2016 BOARD MINUTES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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FOR THE UPCOMING YEAR, 2017.

THE BOARD SENT A PERFORMANCE EVALUATION TO ALL BOARD MEMBERS. THE BOARD RETURNED THEIR INPUT TO EITHER THE CHAIR OF THE BOARD OR THE CHAIR OF THE FINANCE COMMITTEE OR BOTH. THE RESULTS WERE COMPILED. THE RESULTS WERE SHARED AT A MEETING ON MARCH 15, 2018 WITH THE ED AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE FINANCE COMMITTEE. THE BOARD MET TO REVIEW THE RESULTS AND AUTHORIZED A MERIT INCREASE CONSISTENT WITH HER PERFORMANCE AND THE INCREASE FOR OTHER EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AR, CA, CT, DC, FL, GA, HI, IL, MD, MA, MI, MN, MS, NH, OR, PA, RI, SC, UT, VA, WV, WI, NM, KY
ME

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
DIRECT FUNDRAISING EXPENSES -13,713.

FORM 990, PART XII, LINE 2C
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **CATHOLIC LEGAL IMMIGRATION NETWORK, INC.** Employer identification number **52-1584951**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CATHOLIC IMMIGRATION NETWORK, INC. - 26-2808223, 8757 GEORGIA AVE. SUITE 850, SILVER SPRING, MD 20910	IMMIGRATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CATHOLIC LEGAL IMMIGRATION NETWORK	X	

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

