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

Ider section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.

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

Form **990**

Department of the Treasury Internal Revenue Service OMB No. 1545-0047
2020
Open to Public
Inspection

A F	or the	e 2020 calendar year, or tax year beginning and ending	1		
Bca	heck if	e: C Name of organization	D Em	ployer identifie	cation number
	Addre chang	CATHOLIC LEGAL IMMIGRATION NETWORK, INC.		0 15040	F 4
	chang	Doing business as CLINIC		2-15849	
	return _Final _return	Number and street (or P.0. box if mail is not delivered to street address)Room/8757 GEORGIA AVE.850		phone number 301)565	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	10,929,063.
	Amen	ded SILVER SPRING, MD 20910	H(a) Is	this a group re	eturn
		IF Name and address of principal officer; GNNG MGALE GALLAGHER		r subordinates	
	pendi	¹⁹ SAME AS C ABOVE			
11	ſax-ex	empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If	"No," attach a	list. See instructions
J١	Nebsi	te: > WWW.CLINICLEGAL.ORG	H(c) G	roup exemption	n number 🕨
KF	orm of	organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🍉 🛛 L			State of legal domicile; DC
Pa	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: SEE PARS	'III,	LINE 1.	
Governance					
rna	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25	5% of its net as	sets.
ove		Number of voting members of the governing body (Part VI, line 1a)		- E 3	16
C) N	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es s		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			77
Activities &		Total number of volunteers (estimate if necessary)		41	
Ceti	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				r Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)	4,9	40,298.	6,190,461.
nuś		Program service revenue (Part VIII, line 2g)	4,6	67,630.	2,822,484.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	50,721.	1,726,950.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,491.	26,793.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,2	84,140.	10,766,688.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,6	30,885.	1,846,945.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,7	52,398.	6,180,986.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) > 322,823.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,9	64,712.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,995.	9,742,246.
	19	Revenue less expenses. Subtract line 18 from line 12	9	36,145.	1,024,442.
Ces				of Current Year	End of Year
Net Assets o Fund Balance	20	Total assets (Part X, line 16)		59,207.	17,374,709.
AS	21	Total liabilities (Part X, line 26)		16,749.	2,329,428.
Part	22	Net assets or fund balances. Subtract line 21 from line 20	14,3	42,458.	15,045,281.
Pa	art II	Signature Block			
		atties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any	knowledge.	
		Inna Hallagher		5/17/	2021

0.	Signature of officer	, cert	Date	5/1//2021
Sign Here	ANNA MARIE GALLAGHER, Type or print name and title	EXECUTIVE DIRECTOR	Date	5-17-2021
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	RICHARD J. LOCASTRO, CPA	Richard h. Locustr	5/17/2021	if self-employed P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBER	RG & FREEDMAN	Firm	s EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 800N		
	BETHESDA, MD 208	314-2930	Pho	ne no.(301) 951-9090
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951 Pag t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses 5,699,565. including grants of 1,846,945.) (Revenue 1,733,684 EDUCATION AND NETWORK GROWTH - GUIDES NONPROFIT ORGANIZATION LEADERS T
	BEGIN OR EXPAND CHARITABLE IMMIGRATION LEGAL SERVICES, EQUIP NONPROFIT
	IMMIGRATION LEGAL REPRESENTATIVES WITH TRAINING ON IMMIGRATION LAW AND
	PROGRAM MANAGEMENT SKILLS, MANAGE PROJECTS SERVING VULNERABLE
	IMMIGRANTS DELIVERED BY LOCAL NONPROFIT ORGANIZATIONS BENEFITTING FROM
	CLINIC'S STRUCTURE, OVERSIGHT AND COMMITMENT TO CATHOLIC SOCIAL
	TEACHING.
	CLIENTS BEFORE THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES, IMMIGRATION COURT, THE BOARD OF IMMIGRATION APPEALS, AND IN FEDERAL COURT.
4c	(Code:) (Expenses \$ 940,777. including grants of \$) (Revenue \$
	ADVOCACY AND COMMUNITY ENGAGEMENT - EDUCATES THE PUBLIC ON IMMIGRATION
	ISSUES, ENGAGES GOVERNMENT ON IMMIGRATION, INDIVIDUAL AND POLICY
	RELATED MATTERS, AND PROMOTE POSITIVE RESOLUTIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,942,824.
	Form 990 (2
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Part IV Checklist of Required Schedules

CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Δ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			_
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
0	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
8	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
	"Yes," complete Schedule L, Part IV	28c		x
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		x
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28			
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0	X	
2000	(gambling) winnings to prize winners?	Eorm	990	(2020)
,2004	12-23-20 4	1 UII	, 550	رحانحان
40	517 745960 05087 2020.03042 CATHOLIC LEGAL IMMIGRATION	05	087	_1

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Part V Statements F	Regarding Othe	er IRS Fili	ngs and Tax Com	pliance (continue	ed)		

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			103	
	filed for the calendar year ending with or within the year covered by this return	2a	77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	€Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		nts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any sent tile time to the sent tile time 2.			0		x
h	any contributions that were not tax deductible as charitable contributions?			6a		
D			•	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			dð		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		х
b				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					
	to file Form 8282?		·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ict?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	zation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by tl				
			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A			
a	Did the sponsoring organization make any taxable distributions under section 4966?		77/7	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/ A	9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	_100	1			
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 10 41	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		/ -			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
C 140	Enter the amount of reserves on hand	13c		14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		- 27
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			140		
10	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inc	ome?	16		х
	If "Yes," complete Form 4720, Schedule O.					
				_	202	

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Form 990	(2020)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

			16		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		16			
	Enter the number of voting members included on line 1a, above, who are independent	1b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	•		0		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		- 23
3	of officers, directors, trustees, or key employees to a management company or other person?	-		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
- 5	Did the organization make any significant changes to its governing documents since the prior rom. Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization set of the organization set of a significant diversion of the organization set of the organizat			6		X
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or a			-		
1a	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			-74		
D.	persons other than the governing body?		•	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		
	The governing body?	-	-	8a	x	
a b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
			- /		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		х
	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 arrange	ment with a	L			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				
	exempt status with respect to such arrangements?	<u></u>	<u></u>	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		Section 501(c)(3)s only	/) avai	able
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n on Schedu	ıle O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of int	erest policy, ar	id fina	ncial	
	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 be	ooks and re	cords 🕨			
	ANNA MARIE GALLAGHER - (301)565-4800					
	8757 GEORGIA AVE., NO. 850, SILVER SPRING, MD 209	910				
32006	5 12-23-20			Form	1 990	(2020)
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Part VII	Compensation of Officers, Directors, T	rustees, Key Employees,	Highest Compensated
	Employees, and Independent Contractor	ors	

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.

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

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

Name and title Average hours per location of the other metric observed at stream of the organization below Description of the other metric below Reportable comparisation from related organizations Estimated amount of other comparisation from related organizations (1) ANNA MARIE GALLAGHER 52.00 X 164,269 0. 25,646. (2) JEFFREY G. CHENOWETH 41.00 X 117,044. 0. 29,367. (3) CHARLES MHEELER 40.00 X 116,811. 0. 29,264. (4) MILTING CLOMERA 50.000 X 103,512. 0. 20,716. (3) CHARLES MHEELER 40.00 X 102,941. 0. 12,901. (4) MILTING CLOMERA 50.000 X X 0. 0. 0. (5) SUBAN SCHREIBER 40.00 X 102,941. 0. 12,901. (7) MOST REV. JAIME SOTO 2.000 X X 0. 0. 0. (3) GRALES MHEELER 40.00 X 0. 0. 0. 0. (4) MILTING CLOMERA 20.00 X 0.	(A)	(B)			(C		11001	iout	(D)	(E)	(F)
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		1.00	.,,							^	<u>^</u>
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7 2020.03042 CATHOLIC LEGAL IMMIGRATION Form 990 (2020)

	LEGAL	IM	MIC	GRZ	AT:	101	1	NETWORK, INC	. 52-1	584	951	Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	Posi heck ss per nd a d	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) timate	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer D		Highest compensated		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizati d relate anizatio	e ion ed
(18) MOST REV. THOMAS J. RODI DIRECTOR	1.00	x						0.		0.			0.
(19) D. TAYLOR DIRECTOR	1.00	x						0.		0.			0.
(20) MOST REV. THOMAS G. WENSKI DIRECTOR	1.00	x						0.		0.			0.
(21) MSGR. BRIAN BRANSFIELD DIRECTOR (UNTIL 11/2020)	1.00	x						0.		0.			0.
(22) MOST REV. EUSEBIO ELIZONDO DIRECTOR	1.00	x						0.		0.			0.
(23) MARGUERITE HARMON DIRECTOR	2.00	x						0.		0.			0.
(24) MOST REV. NICHOLAS DIMARZIO DIRECTOR (UNTIL 3/2020)	1.00	x						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								725,215.		0.	13	6,2	$\frac{36}{0}$
d Total (add lines 1b and 1c)								725,215.		0.	13	6,2	
2 Total number of individuals (including but compensation from the organization	not limited to tr	lose	liste	ed al	0006	e) wr	no r	eceived more than \$100	0,000 of reportab	le			7
3 Did the organization list any former officer										I		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3	77	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services		4	X	v
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son .					5		X
1 Complete this table for your five highest c the organization. Report compensation for	-									Ipens	ation f	rom	
(A) Name and busines			ONI					(B) Description of s		c	(C Compe		
	A A A												
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li:)	stec	d above) who received r	nore than		F .	000 /-	
											⊢orm	990 (2	2020)

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Form	ı 99	0 (2	2020) CA	гнс	DLIC 1	LEGA	L IMMIGR	ATION NETW	ORK, INC.	52-1584	951 Page 9
Pa				ever	nue						
			Check if Schedule O	cont	ains a res	ponse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1:	1	144,516.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b	•				
S, G			Fundraising events			>		1			
Gift lar			Related organizations			ł]			
imi imi			Government grants (cont			•]			
rion S		f	All other contributions, gifts,	, gran	ts, and			1			
ibu			similar amounts not included	d abo	ve 11		6,045,945.				
ndr d O		g	Noncash contributions included in	n lines	1a-1f 1) \$	5,201.				
au		h	Total. Add lines 1a-1f				►	6,190,461.			
							Business Code				
ice	2	а	RELIGIOUS CONTRACTS				900099	1,088,800.			
erv		b	PROFESSIONAL SERVIC		EES		900099	728,853.	,		
n S /eni		С	TRAINING AND SEMINA	ARS			900099	600,531.	600,531.		
grar Rev		d	MEMBERSHIP DUES				900099	404,300.	404,300.		
Program Service Revenue		е									
"			All other program service				<u> </u>	0.000.404			
			Total. Add lines 2a-2f					2,822,484.			
	3		Investment income (inclu					155 134			155 134
	4		other similar amounts) Income from investment					155,134.			155,134
	4 5					-		24,735.			24,735
	5		Royalties		(i) R		(ii) Personal	21,,00			
	6	2	Gross rents	6a				1			
	Ŭ		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	_\ <u></u>			>				
	7		Gross amount from sales of	·	(i) Secu		(ii) Other				
			assets other than inventory		1,734	1,191.					
		b	Less: cost or other basis								
anı			and sales expenses	7b	162	2,375.					
evenue		с	Gain or (loss)	7c	1,573	L,816.					
Re		d	Net gain or (loss)			<u></u>	►	1,571,816.			1,571,816
Other R	8	а	Gross income from fundrais	ing ev	/ents (not						
ō			including \$								
	contributions reported on line 1c). See										
			Part IV, line 18					-			
			Less: direct expenses								
	~		Net income or (loss) from				>				
	9	а	Gross income from gamir	•							
		F	Part IV, line 19 Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory,				/				
	10	u				10:					
		h	and allowances 10a Less: cost of goods sold 10b								
			Net income or (loss) from			··					
		-					Business Code				
Miscellaneous Revenue	11	а	OTHER				900099	2,058.			2,058
ane	2	b						· · ·			
sell: eve		с									
Alisc R		d	All other revenue								
~			Total. Add lines 11a-11d					2,058.			
	12		Total revenue. See instructi					10,766,688.	2,822,484.	٥.	1,753,743
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CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951 Page 10 Form 990 (2020) 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 respons	/ /			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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	1,846,945.	1,846,945.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	189,915.		189,915.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		2 011 200		001 564
7	Other salaries and wages	4,730,165.	3,811,309.	717,292.	201,564
8	Pension plan accruals and contributions (include	164,880.	126,433.	32,720.	5 7 7 7
~	section 401(k) and 403(b) employer contributions)	725,865.	576,271.	123,492.	<u>5,727</u> 26,102
9	Other employee benefits	370,161.	287,634.	67,716.	14,811
0 1	Payroll taxes Fees for services (nonemployees):	570,101.	207,034.	07,710.	14,011
	Management Legal				
	Accounting	33,304.		33,304.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	21,104.		21,104.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	796,900.	642,840.	137,019.	17,041 1
2	Advertising and promotion	2,037.	2,033.	3.	1
3	Office expenses	130,719.	109,812.	13,802.	7,105
4	Information technology				
5	Royalties		0.00 011	CA 220	04 000
6	Occupancy	357,341.	268,911. 38,096.	64,338.	24,092 331
7		39,941.	30,090.	1,514.	221
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials Conferences, conventions, and meetings	7,717.	6,011.	1,003.	703
9 0		.,,,,,,,	0,0110	1,0001	, 00
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	57,739.	34,696.	16,628.	6,415
3	Insurance	29,763.	28,284.	879.	600
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIP. RENTAL & MAINT.	90,745.	68,418.	15,691.	6,636
b	STAFF DEVELOPMENT	55,128.	17,333.	36,629.	1,166
С	SUBS/BOOKS/REF. MAT.	39,209.	37,245.	297.	1,667
d	LICENSES & FEES	29,670.	25,796.	1,165.	2,709
е	All other expenses	22,998.	14,757.	2,088.	6,153
5	Total functional expenses. Add lines 1 through 24e	9,742,246.	7,942,824.	1,476,599.	322,823
6	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)				

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5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 177,299. 132,865. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 695,887. basis. Complete Part VI of Schedule D _____ 10a 546,630. 206,996. 149,257. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 7,840,282. 9,094,676. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 11,347. 11,347. Other assets. See Part IV, line 11 15 15 15,659,207. 17,374,709. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 986,136. 1,029,373. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 122,307. 193,517. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 1,078,700. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 137,096. 99,048. 25 of Schedule D 1,316,749. 2,329,428. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 13,667,120. 12,631,678. Net assets without donor restrictions 27 27 1,710,780. 1,378,161. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 14,342,458. 15,045,281. Total net assets or fund balances 32 32 15,659,207. 17,374,709. 33 33 Total liabilities and net assets/fund balances ...

52-1584951 Page 11 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

(A)

Beginning of year

1,570,039.

5,023,923.

726,859.

146,896.

1

2

3

4

X

(B)

End of year

2,390,455.

5,142,585.

60,654.

348,436.

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1

2

3

4

Assets

-iabilities

Net Assets or Fund Balances

Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

	990 (2020) CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	52-	1584951	Ра	ge 12		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,76				
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,74				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,02				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,34	2,4	58. 19.		
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	15,04	5,2	81.		
Par	t 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Si	ngle Auc	dit				
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				

Form **990** (2020)

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|--|

Department of the Treasury

Internal Revenue Service

1	(Form	990	or	990-	FZ
л		550	0	550	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Newser		- do to www.ii 3.gov			ic latest i	mormation.	Emerilaria	identification number			
Name o	f the organization			NTT3/017.7		TNO		identification number			
David			IMMIGRATION			INC.		2-1584951			
Part I		=					1S.				
The orga	anization is not a private found										
1 🖳	A church, convention of ch	nurches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).					
2	A school described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).					
4	A medical research organiz	zation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
	city, and state:	·									
5	An organization operated f	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit descrit	ped in			
•	section 170(b)(1)(A)(iv). (0			a or opera							
6	A federal, state, or local go	• •	nental unit described in	section 17	70(6)(1)(1)	(1)					
7 X							the general	public described in			
/	6		initial part of its support i	ion a you	errineritai		ne general				
a 🗆	section 170(b)(1)(A)(vi). (C										
8	A community trust describe										
9 🗆	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
	university:										
10 📖	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
_	_ See section 509(a)(2). (Co	mplete Part III.)									
11 📙	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to c	arry out the	e purposes of one or			
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in			
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving			
	the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trust	ees of the s	supporting			
	organization. You must of	complete Part IV, Se	ections A and B.								
ь	Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	aving			
	control or management of					•		-			
	organization(s). You mus										
с [Type III functionally inte	-		in connec	tion with	and functiona	Illy integrat	ed with			
•	its supported organizatio						ing integration				
d [Type III non-functionally						rted organi	ization(s)			
u	that is not functionally in					• •	•				
	•			•		-	u an alleni	1001005			
- T	requirement (see instruct		-								
e L	Check this box if the organized to the organized by the					а турет, туре	п, туре п				
	functionally integrated, o		nally integrated support	ing organiz	zation.						
	nter the number of supported										
g Pi	ovide the following information (i) Name of supported	n about the supporte	d organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonotony	(vi) Amount of other			
	organization		(described on lines 1-10	in your governi	ing document?	support (see ii		support (see instructions)			
	olganzation		above (see instructions))	Yes	No						
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 2

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

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,307,025.	6,731,842.	5,381,327.	4,940,298.	6,190,461.	27,550,953.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	4,307,025.	6,731,842.	5,381,327.	4,940,298.	6,190,461.	27,550,953.
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)						436,238.
6	Public support. Subtract line 5 from line 4.						27,114,715.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,307,025.	6,731,842.	5,381,327.	4,940,298.	6,190,461.	27,550,953.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	53,196.	70,102.	128,890.	199,640.	179,869.	631,697.
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.)				3,394.	2,058.	5,452.
11	Total support. Add lines 7 through 10						28,188,102.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 16	,804,478.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I					14	96.19 %
	Public support percentage from 2019						91.01 %
16a	33 1/3% support test - 2020. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		•				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
t	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
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 5 years. If the Form 990 is for th	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (line 8, column (f),	divided by line 13	, column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve)			
	Investment income percentage for 20		•			17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
۲	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		T GIG HOL CHECK A				edule A (Form 99	
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Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
с	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

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		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

No

No

Yes

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 6 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.

Sectio	n A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 1	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 3	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	see instructions).	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 1	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	Enter 0.85 of line 1.	2		
3 N	Inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 I	ncome tax imposed in prior year	5		
6 [Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy inteor	ated Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC.52-1584951 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		<u>_</u>	Current Year					
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns :	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	4	5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which t	he organization is responsive	e						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6		9	9					
10	Line 8 amount divided by line 9 amount		10	0					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
C	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
d	Excess from 2019								
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	Supplemental	Information.	Provide the expl	anations requ	ired by Part II,	line 10; Part I	K , INC • 52 – 1 I, line 17a or 17b; Par	t III, line 12;
	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c tion D, lines 2 and	, 4b, 4c, 5a, 6, 9a d 3; Part IV, Secti	., 9b, 9c, 11a, on E, lines 1c	11b, and 11c; , 2a, 2b, 3a, an	Part IV, Secti d 3b; Part V, I	on B, lines 1 and 2; P ine 1; Part V, Section any additional inform	art IV, Section C, B, line 1e; Part V
	(See instructions.)	o, and o, and r a						
32028 01-25-2	1						Schedule A (Form	1 990 or 990-EZ)
					20			

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2020

umber

Name of the organizat	ion	Employer identification n					
	CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	52-1584951					
Organization type (ch	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
Chook if your organiza	tion is covered by the General Rule or a Special Rule.						
• •	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.					
General Rule							
	ization filing Form 000, 000 FZ, or 000 DF that reactived, during the year, contributions totali	a fe 000 at mate (in manay a					

🔟 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

X 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.

 \perp For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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)	(2020)
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Name of organization

Page **2**

Employer identification number

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

52-1584951

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$629,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$ <u>167,556.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$250,236.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$1,180,587.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>2,776,334</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

22 2020.03042 CATHOLIC LEGAL IMMIGRATION 05087_1

16040517 745960 05087

Name of organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

Employer identification number

52-1584951

16040517 745960 05087

2020.03042 CATHOLIC LEGAL IMMIGRATION

05087__1

art III E	C LEGAL IMMIGRATION N			
f	Evolucivoly religious, cheritable, etc., contribu			52-1584951
c	from any one contributor. Complete columns (a	a) through (e) and the following line	entry For organizati	(8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year. (Er	ıter this info. once.) 🏲 💲
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
— <u>-</u>				
_		(e) Transfer of		
			jiit	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
-				
a) No.		<u></u>	<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
— <u>-</u>				
		(-) T urne for a f	:0	
		(e) Transfer of	JIIT	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
-				
a) No.		<u></u>		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
		(e) Transfer of		
		(e) transfer of	jiit	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
-				
a) No.			<u> </u>	
a) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
		(e) Transfer of		
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
_				
454 11-25-20		I		Schedule B (Form 990, 990-EZ, or 990-

SCHEDULE C	Political Campaign and Lobbying Activities					OMB No. 1545-0047
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2020
		if the organization is describe				LULU
Department of the Treasury Internal Revenue Service		To to www.irs.gov/Form990 for			990-EZ.	Open to Public Inspection
						-
-		n Form 990, Part IV, line 3, or Fo		ne 46 (Political Cam	paign Act	ivities), then
	-	nplete Parts I-A and B. Do not co	•	Do not complete D		
 Section 501(c) (other Section 527 organiz 		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	art I-B.	
0		1 Form 990, Part IV, line 4, or F o	orm 990_E7 Part VI li	ine 47 (Lobbying Ac	tivitios) tl	hon (
		have filed Form 5768 (election ur				
	-	have NOT filed Form 5768 (elect	())	•		
		n Form 990, Part IV, line 5 (Prox				-
Tax) (See separate inst						
 Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.				
Name of organization						r identification number
		C LEGAL IMMIGRAT				52-1584951
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section	527 orga	anization.
		zation's direct and indirect politic				
		ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Dout L D Compl	oto if the ore	anization is exempt und	or agotion E01(a)	(2)		
-		•		.,	▶\$	
		incurred by the organization unc incurred by organization manage				
		n 4955 tax, did it file Form 4720				Yes No
b If "Yes," describe in						
		panization is exempt und	er section 501(c)	, except section	501(c)(3).
1 Enter the amount of	irectly expended	d by the filing organization for se	ction 527 exempt func	tion activities	►\$	
2 Enter the amount of	f the filing organ	ization's funds contributed to ot	her organizations for se	ection 527		
exempt function ac	tivities				▶\$	
3 Total exempt funct	ion expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	,		
					► \$	
		1120-POL for this year?				Yes No
		nployer identification number (El				
	-	tion listed, enter the amount paid omptly and directly delivered to a				
		additional space is needed, prov	1 1 0	,	separate s	egregated fund of a
		(b) Address			from	(e) Amount of political
(a) Name	5	(b) Address	(c) EIN	(d) Amount paid filing organizatio		ntributions received and
				funds. If none, en	ter -0	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. LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

	LIC LEGAL IMMIGRATION NETWOR								
	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under						
section 501(h)).									
A Check ▶ └── if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,						
expenses, and share of excess lobbying expenditures).									
B Check ▶ ☐ if the filing organization check	ed box A and "limited control" provisions apply.								
Limits on Lob (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals							
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	0.							
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	0.							
c Total lobbying expenditures (add lines 1a an	d 1b)	0.							
	,	9,742,246.							
	s 1c and 1d)	9,742,246.							
f Lobbying nontaxable amount. Enter the amo		637,112.							
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% o	f line 1f)	159,278.							
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.							
i Subtract line 1f from line 1c. If zero or less, e	nter -0	0.							
j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_							
reporting section 4911 tax for this year?		L	Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount	477,525.	550,399.	617,400.	637,112.	2,282,436.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,423,654.				
c Total lobbying expenditures	1,229.	269.	153.	0.	1,651.				
d Grassroots nontaxable amount	119,381.	137,600.	154,350.	159,278.	570,609.				
e Grassroots ceiling amount (150% of line 2d, column (e))					855,914.				
f Grassroots lobbying expenditures	184.	0.	0.	0.	184.				

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990 EZ) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC 52-1584951 Page 3

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)).

For e	"Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		a)	(b)	
of the	lobbying activity.	Yes	No	Amo	ount
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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	III-A, lin	e 3, is
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).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and r				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
_	t IV Supplemental Information				
Provi	de 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 I	I-A, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

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SCHEDULE D)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	CATHOLIC LEGAL IMM		-	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Othe	r Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor adv	ised 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	d funds
	are the organization's property, subject to the organization's	s exclusive legal contro	ol?	YesNo
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or fo	r any other purpose co	onferring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "	Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that app	ly).	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a l	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 qual	ified conservation con	tribution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not	on a historic structure	e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			organization during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located 🕨		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements	it holds?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations	, and enforcing conser	rvation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and	enforcing conservatio	on easements during the year
	\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requiren	nents 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 conservat	tion easements in its re	evenue and expense st	tatement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization	on's financial statemen	ts that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	•	Freasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its	revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, educat	ion, or research in furth	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its reve	nue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, educatior	n, or research in further	rance 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 tre	easures, or other simila	ar assets for financial g	jain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to the	ese items:	
а	Revenue included on Form 990, Part VIII, line 1			• •
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020
	12-01-20			
		28		

2020.03042 CATHOLIC LEGAL IMMIGRATION 05087_1

Sche		C LEGAL IM			-		52-15			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasu	ires, or Oth	er Simi	lar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any o	the follow	ing that make	significan	t use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan o	exchange	e program					
b	Scholarly research	е	U Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they furt	her the org	ganization's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,			-		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organi	zation ans	wered "Yes" or	n Form 99	0, Part IV,	line 9, o	·	
1a	Is the organization an agent, trustee, custodi		liary for contrib	utions or o	other assets no	t included	1			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-			ine thin ignored					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has l	peen provi	ded on Part XII					
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" o	on Form 99	90, Part IV, line	10.				
		(a) Current year	(b) Prior yea	ır (c) ⊺	wo years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	1,121,628.	702,8	381.	788,498.		701,786.		669,	409.
b	Contributions									
с	Net investment earnings, gains, and losses	451,651.	451,4	100.	-55,701.		94,448.		39,	697.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	28,883.	32,6	553.	29,916.		7,736.		7,	320.
f	Administrative expenses									
g	End of year balance	1,544,396.	1,121,6		702,881.		788,498.		701,	786.
2	Provide the estimated percentage of the curr		e (line 1g, colui	nn (a)) held	d as:					
	Board designated or quasi-endowment	100.0000	_%							
	Permanent endowment .0000	%								
с	Term endowment ► .0000 g									
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and ad	ministered for	the organ	ization	1	<u>v</u>	
	by:							2-(1)	Yes	No X
	(i) Unrelated organizations							3a(i) 3a(ii)		X
h	(ii) Related organizations	tions listed as requir	od on Schodul					3b		
4	Describe in Part XIII the intended uses of the			en:				30		
<u> </u>	t VI Land, Buildings, and Equipm		wittent fullus.							
	Complete if the organization answered) Part IV line 1	1a. See Fo	orm 990 Part X	line 10				
	Description of property	(a) Cost or of		Cost or oth		Accumulat	ed	(d) Boo	k value	e
		basis (investn		asis (other)		preciation		(_, 500		-
	Land			· ···						
	Buildings									
	Leasehold improvements			352,3	01.	264,0	45.	8	8,2	56.
	Equipment			63,2		60,7			2,4	
	Other			280,3		221,8		5	8,5	73.
	Add lines 1a through 1e. (Column (d) must ed		X, column (B), I	-		-			9,2	
							Schedule			

	GAL IMMIGRATI	ON NETWORK,	INC. 52-1584951 Page 3
Part VII Investments - Other Securities.	on Form 000, Port IV, line f	11b Soo Form 000 Port	V line 10
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		tion: Cost or end-of-year market value
(4) =		(e) method of value	
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A) POOLED MUTUAL FUNDS	9,094,676.	END-OF-YEA	R MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	9,094,676.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	9,094,070•		
Complete if the organization answered "Yes" of	on Form 990 Part IV line -	11c See Form 990 Part	X line 13
(a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line -	11d Soo Form 000 Part	X line 15
	Description	11d. See 1 6111 990, 1 art	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes" of	on Form 000 Part IV line -	110 or 11f Son Form 00	0 Part X line 25
I. (a) Description of liability	on ronn 990, Fait IV, inte	The of Thi. See Form 39	(b) Book value
(1) Federal income taxes			(*) = = = = = = = = = = = = = = = = = = =
(2) DEFERRED RENT			99,048.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			•
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footr	note has been provided in Part XIII X

Schedule D (Form 990) 2020

032053 12-01-20

_	edule D (Form 990) 2020 CATHOLIC LEGAL IMMIGRATION							1 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents W	/ith Re	evenue	per R	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.						
1	Total revenue, gains, and other support per audited financial statements					1	21,243	3,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	. 2a	-	321,6	519.			
b	Donated services and use of facilities	. 2b	10,	819,9	919.			
с	Recoveries of prior year grants	. 2c						
d	Other (Describe in Part XIII.)	_ 2d						
е	Add lines 2a through 2d					2e	10,498	
3	Subtract line 2e from line 1					3	10,745	5,584.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b			21,1	L04.			
b	Other (Describe in Part XIII.)	. 4b					_	
С	Add lines 4a and 4b					4c		1,104.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	10,766	6,688.
_						_	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents \				Retu	irn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents \ 	Nith E	xpense	s per			
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents \ 	Nith E	xpense	s per	Retu 1		1,061.
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents \ 	Nith E	xpense	s per			1,061.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents \ 	Nith E	xpense	s per			1,061.
1 2	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents \ 	Nith E	xpense	s per			1,061.
1 2 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Nith E	xpense	s per			1,061.
1 2 a b c	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1. 2a 2b 2c	Nith E	xpense	s per		20,542	
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	With E	xpense 819,9	s per		20,542	9,919.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	With E	xpense 819,9	s per 919.	1	20,542	
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	With E	xpense 819,9	919.	1 2e	20,542	9,919.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	With E	xpense 819,9	919.	1 2e	20,542	9,919.
1 2 3 4 3 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	With E	xpense 819,9	919.	1 2e	20,543 10,819 9,723	9,919. 1,142.
1 2 b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	With E	xpense 819,9 21,1	919.	1 2e	20,541 10,819 9,721	9,919. 1,142. 1,104.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	With E	xpense 819,9 21,1	919.	1 2e 3	20,541 10,819 9,721	9,919. 1,142.

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:

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, CLINIC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

032054 12-01-20

Schedule D (Form 990) 2020	CATHOLIC LEGA	L IMMIGRATION	NETWORK,	INC.52-1584951	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (continued)				
				Schedule D (Form	990) 2020
032055 12-01-20					5507 2020
		32			

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0	047
(Form 990)			n answered "Yes" on Form 990, Part			2020]
Department of the Treasury			Attach to Form 990.			Open to Public	
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		Inspection	
Name of the organization					Employer	identification nur	mber
CATHOLIC LEGAL					52-15		
		Activities Out	tside the United States. Comple	ete if the orgar	nization answ	vered "Yes" on	
Form 990, Part I	,						
			ds to substantiate the amount of its gr the selection criteria used to award the			🗌 Yes 🗌	No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistar	nce outside the	
3 Activities per Region. (T	he following Parl	t I, line 3 table ca	an be duplicated if additional space is	needed.)			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in		
	offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service e specific typ	·	
	In the region	independent contractors	recipients located in the region)		(s) in the reg	ion investme	
		in the region			(-,	in the reg	gion
				TN COUNTRY	MODE AM		
				IN-COUNTRY SHELTERS AN		my l	
NORTH AMERICA	0	1	PROGRAM SERVICE ACTIVITIES	SPACES	ND COMMONI		.683.
				DINCID			
3 a Subtotal	0	1	•			45,	,683.
b Total from continuation							
sheets to Part I	0	C					٥.
c Totals (add lines 3a							
and 3b)	0	1				45,	,683.

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

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Schedule F (Form 990) 2020

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

52-1584951

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the				1	1
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sec		quivalency letter	>		

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

52-1584951

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🗌 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

16040517 745960 05087

	(Form 990) 2020	CATHOLIC	LEGAL	IMMIGRA	TION	NETWORK,	INC.	52-1584	1951 Pag
Part V		nation required by							
		xpenditures per reperted of recipients), as							
32075 12-03-	20							Schedule	F (Form 990) 2
					37				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organizatio Go to www.ir	nd Individual	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
		IIGRATION NE	TWORK, IN	С.			52-1584951
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records		•		• •			
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	. –				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more than		1	· ·		(f) Method of		
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							INCREASE THE NUMBER OF
AFRICAN CULTURAL ALLIANCE OF NORTH							PEOPLE WHO APPLY FOR
AMERICA - 5530 CHESTER AVENUE -							UNITED STATES CITIZENSHIP
PHILADELPHIA, PA 19143	23-3012024	501(C)(3)	22,534.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
ARKANSAS JUSTICE COLLECTIVE							PEOPLE WHO APPLY FOR
PO BOX 8799/2811 SPRINGDALE, AVE, U	J						UNITED STATES CITIZENSHIP
SPRINGDALE, AR 72764	81-3148063	501(C)(3)	25,000.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CAMPESINOS SIN FRONTERAS							PEOPLE WHO APPLY FOR
PO. BOX 423							UNITED STATES CITIZENSHIP
SOMERTON, AZ 85350	86-0944114	501(C)(3)	29,334.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CANOPY OF NORTHWEST ARKANSAS							PEOPLE WHO APPLY FOR
2592 GREGG AVE. SUITE #40							UNITED STATES CITIZENSHIP
FAYETTEVILLE, AR 72703	81-1305235	501(C)(3)	6,000.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC CHARITIES - DIOCESE OF							PEOPLE WHO APPLY FOR
ARLINGTON - 200 N. GLEBE ROAD,							UNITED STATES CITIZENSHIP
SUITE 506 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	18,000.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC CHARITIES ARCHDIOCESE OF							PEOPLE WHO APPLY FOR
DENVER - 4045 PECOS STREET -							UNITED STATES CITIZENSHIP
DENVER, CO 80211	84-0686679	501(C)(3)	22,600.	0.			(CONT. IN PART IV - A)
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	e line 1 table				► <u>56</u> .
3 Enter total number of other organization	s listed in the line	1 table					• 0.
LHA For Paperwork Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2020

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	02-1504951 Pag
(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 COMMUNITY							INCREASE THE NUMBER OF
SERVICES OF PHOENIX - 1825 W.							PEOPLE WHO APPLY FOR
NORTHERN AVENUE - PHOENIX, AZ							UNITED STATES CITIZENSH
85021-5298	86-0223999	501(C)(3)	116,707.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC CHARITIES DIOCESE OF							PEOPLE WHO APPLY FOR
PUEBLO - 429 W 10TH ST - PUEBLO,							UNITED STATES CITIZENSH
CO 81003	84-0471001	501(C)(3)	10,100.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC CHARITIES LEGAL SERVICES							PEOPLE WHO APPLY FOR
- ARCH. OF MIAMI - 25 SE 2ND							UNITED STATES CITIZENSH
AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501(C)(3)	139,130.	0.			(CONT. IN PART IV - A)
,			,				INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF ATLANTA							PEOPLE WHO APPLY FOR
2305 PARKLAKE DRIVE, STE: 150							UNITED STATES CITIZENSH
ATLANTA, GA 30345	58-1097003	501(C)(3)	7,250.	0.			(CONT. IN PART IV - A)
,			, -				INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF DALLAS, INC.							PEOPLE WHO APPLY FOR
9461 LBJ FREEWAY, SUITE 100							UNITED STATES CITIZENSH
, DALLAS, TX 75243	75-2745221	501(C)(3)	105,000.	0.			(CONT. IN PART IV - A)
1							INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF DIOCESE							PEOPLE WHO APPLY FOR
RALEIGH - 7200 STONEHENGE DR							UNITED STATES CITIZENSH
RALEIGH, NC 27613	56-0529943	501(C)(3)	8,000.	0.			(CONT. IN PART IV - A)
,,			.,				INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF							PEOPLE WHO APPLY FOR
GALVESTON-HOUSTON - 2900 LOUISIANA							UNITED STATES CITIZENSH
STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	73,000.	0.			(CONT. IN PART IV - A)
,,,				.			INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF LOS ANGELES							PEOPLE WHO APPLY FOR
1530 JAMES M. WOOD BLVD.							UNITED STATES CITIZENSH
LOS ANGELES, CA 90015	95-1690973	501(C)(3)	47,950.	0.			(CONT. IN PART IV - A)
	23 1030373		1,,550.				INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF ST.							PEOPLE WHO APPLY FOR
PETERSBURG - 1213 16TH STREET							UNITED STATES CITIZENSH
NORTH - ST. PETERSBURG, FL 33705	59-0875805	501(C)(3)	35,696.	0.			(CONT. IN PART IV - A)
NORTH - DI. PEIERDBURG, PE 33/05	39-00/2002	POT(C)(3)	35,090.	U.			(CONT. IN PART IV - A)

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· · · · · · · · · · · · · · · · · · ·		IIGRAIION NE	-				02-1564951 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
							INCREASE THE NUMBER OF
CATHOLIC CHARITIES OF THE DIOCESE							PEOPLE WHO APPLY FOR
OF STOCKTON - 1106 N EL DORADO ST							UNITED STATES CITIZENSHI
- STOCKTON, CA 95202	94-1629114	501(C)(3)	7,020.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC MIGRATION SERVICES OF							PEOPLE WHO APPLY FOR
BROOKLYN - 191 JORALEMON STREET,							UNITED STATES CITIZENSHI
4TH FLOOR - BROOKLYN, NY 11201	11-2634818	501(C)(3)	54,500.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CATHOLIC SOCIAL SERVICES, ARCHDIO							PEOPLE WHO APPLY FOR
OF PHILADELPHIA - 227 NORTH 18TH							UNITED STATES CITIZENSHI
STREET - PHILADELPHIA, PA 19103	23-1352063	501(C)(3)	15,025.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
CITIZENSHIP PROJECT							PEOPLE WHO APPLY FOR
710 W LAKE MEAD BLVD							UNITED STATES CITIZENSHI
NORTH LAS VEGAS, NV 89030	88-0488760	501(C)(3)	90,334.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
FLORIDA IMMIGRANT COALITION							PEOPLE WHO APPLY FOR
2800 BISCAYNE BLVD. SUITE 800							UNITED STATES CITIZENSHI
MIAMI, FL 33137	20-2123833	501(C)(3)	69,970.	Ο.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
HIAS PENNSYLVANIA							PEOPLE WHO APPLY FOR
2100 ARCH STREET, #3							UNITED STATES CITIZENSHI
PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	31,500.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
HISPANIC AFFAIRS PROJECT							PEOPLE WHO APPLY FOR
1010 S. CASCADE AVENUE SUITE A 1							UNITED STATES CITIZENSHI
MONTROSE, CO 81401	27-1276653	501(C)(3)	7,600.	٥.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
IMMIGRANT LAW CENTER OF MINNESOTA							PEOPLE WHO APPLY FOR
450 NORTH SYNDICATE STREET							UNITED STATES CITIZENSHI
ST. PAUL, MN 55104	41-0909036	501(C)(3)	6,000.	٥.			(CONT. IN PART IV - A)
			1				INCREASE THE NUMBER OF
JUSTICE FOR OUR NEIGHBORS HOUSTON							PEOPLE WHO APPLY FOR
2220 BROADWAY STREET							UNITED STATES CITIZENSHI
HOUSTON, TX 77012	47-2079630	501(C)(3)	5,000.	٥.			(CONT. IN PART IV - A)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	irt 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
							INCREASE THE NUMBER OF
LUTHERAN FAMILY SERVICES ROCKY							PEOPLE WHO APPLY FOR
MOUNTAINS - 1600 DOWNING STREET,							UNITED STATES CITIZENSHIP
SUITE 600 - DENVER, CO 80218	84-0775550	501(C)(3)	20,000.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
NEW AMERICAN PATHWAYS							PEOPLE WHO APPLY FOR
2300 HENDERSON MILL ROAD NE, SUITE							UNITED STATES CITIZENSHIP
ATLANTA, GA 30345	30-0130066	501(C)(3)	20,000.	0.			(CONT. IN PART IV - A)
,			, -				INCREASE THE NUMBER OF
PROMISE ARIZONA							PEOPLE WHO APPLY FOR
701 S 1ST ST							UNITED STATES CITIZENSHIP
PHOENIX, AZ 85004	45-2081460	501(C)(3)	14,543.	Ο.			(CONT. IN PART IV - A)
	45 2001400	501(0)(3)	11,515.	· · ·			INCREASE THE NUMBER OF
WORLD RELIEF OF FORT WORTH							PEOPLE WHO APPLY FOR
4059 BRYAN AVENUE							UNITED STATES CITIZENSHIP
	22 6202244	E01/(0)/(2)	E 000	0.			
FORT WORTH, TX 76110	23-6393344	501(C)(3)	5,000.	0.			(CONT. IN PART IV - A)
							INCREASE THE NUMBER OF
WORLD RELIEF SOUTHERN CALIFORNIA							PEOPLE WHO APPLY FOR
13121 BROOKHURST STREET, #H							UNITED STATES CITIZENSHIP
GARDEN GROVE, CA 92843	23-6393344	501(C)(3)	5,975.	0.			(CONT. IN PART IV - A)
							MATCH REUNITED FAMILIES
CATHOLIC CHARITIES LEGAL SERVICES							AND OTHER ASYLUM SEEKERS
- ARCH. OF MIAMI - 25 SE 2ND							WITH LEGAL REPRESENTATION
AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501(C)(3)	12,000.	0.			(CONT. IN PART IV - B)
							MATCH REUNITED FAMILIES
THE NEW YORK LEGAL ASSISTANCE							AND OTHER ASYLUM SEEKERS
GROUP - 7 HANOVER SQUARE - NEW							WITH LEGAL REPRESENTATION
YORK, NY 10004	13-3505428	501(C)(3)	8,000.	0.			(CONT. IN PART IV - B)
							MATCH REUNITED FAMILIES
ALDEA - THE PEOPLE'S JUSTICE							AND OTHER ASYLUM SEEKERS
CENTER - 532 WALNUT STREET -							WITH LEGAL REPRESENTATION
READING, PA 19607	81-3635849	501(C)(3)	16,000.	٥.			(CONT. IN PART IV - B)
,			, ,				MATCH REUNITED FAMILIES
ADVOCATES FOR IMMIGRANT RIGHTS							AND OTHER ASYLUM SEEKERS
1000 S. COOPER ST.							WITH LEGAL REPRESENTATION
MEMPHIS, TN 38104	47-4636795	E01(0)(2)	16,000.	0.			(CONT. IN PART IV - B)

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Part II Continuation of Grants and Other		omestic Organization			edule I (Form 990). Pa		2-1564951 Page
(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
							INCREASE IMMIGRANT
CATHOLIC CHARITIES DIOCESE OF							INTEGRATION AND CIVIC
PUEBLO - 429 W 10TH ST - PUEBLO,							ENGAGEMENT IN SELECT
CO 81003	84-0471001	501(C)(3)	48,000.	Ο.			(CONT. IN PART IV - C)
							INCREASE IMMIGRANT
CATHOLIC CHARITIES OF NORTHERN							INTEGRATION AND CIVIC
ANSAS, INC 1500 S. 9TH, PO							ENGAGEMENT IN SELECT
BOX 1366 - SALINA, KS 67402	48-0676263	501(C)(3)	36,128.	Ο.			(CONT. IN PART IV - C)
							INCREASE IMMIGRANT
CATHOLIC CHARITIES OF SOUTHERN NEW							INTEGRATION AND CIVIC
MEXICO - 125 WEST MOUNTAIN AVENUE							ENGAGEMENT IN SELECT
- LAS CRUCES, NM 88005	20-1144913	501(C)(3)	48,000.	0.			(CONT. IN PART IV - C)
,			, -				INCREASE IMMIGRANT
CHICANOS POR LA CAUSA, INC							INTEGRATION AND CIVIC
1112 EAST BUCKEYE RD.							ENGAGEMENT IN SELECT
PHOENIX, AZ 85034	86-0227210	501(C)(3)	48,000.	0.			(CONT. IN PART IV - C)
							INCREASE IMMIGRANT
CHURCH WORLD SERVICE							INTEGRATION AND CIVIC
28606 PHILLIPS STREET)							ENGAGEMENT IN SELECT
ELKHART, IN 46515	13-4080201	501(C)(3)	48,000.	ο.			(CONT. IN PART IV - C)
ELKAARI, IN 40515	13-4000201	501(0)(3)	40,000.	••			INCREASE IMMIGRANT
LA CASA HOGAR							INTEGRATION AND CIVIC
106 S GTH STREET							
	04 2070007	E01(0)(2)	48 000	0.			ENGAGEMENT IN SELECT
YAKIMA, WA 98901	94-3070007	501(C)(3)	48,000.	υ.			(CONT. IN PART IV - C)
							INCREASE IMMIGRANT
SOAR IMMIGRATION LEGAL SERVICES							INTEGRATION AND CIVIC
7931 NE HALSEY ST., STE.302							ENGAGEMENT IN SELECT
PORTLAND, OR 97213	93-0625359	501(C)(3)	48,000.	0.			(CONT. IN PART IV - C)
							INCREASE IMMIGRANT
AMERICAN FRIENDS SERVICE COMMITTEE							INTEGRATION AND CIVIC
IOWA - 4211 GRAND AVE - DES							ENGAGEMENT IN SELECT
MOINES, IA 50312	23-1352010	501(C)(3)	48,000.	0.			(CONT. IN PART IV - C)
							PROVIDE HOLISTIC LEGAL
CATHOLIC CHARITIES LEGAL SERVICES							REPRESENTATION TO
- ARCH. OF MIAMI - 25 SE 2ND							ASYLUM-SEEKING FAMILIES
AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501(C)(3)	100,000.	Ο.			SEPARATED AT THE BORDER.

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		IIGRATION NE	-				2-1564951 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt 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
							PROVIDE HOLISTIC LEGAL
CATHOLIC CHARITIES OF CENTRAL							REPRESENTATION TO
FLORIDA - 1771 N SEMORAN BLVD -							ASYLUM-SEEKING FAMILIES
ORLANDO, FL 32807	26-0879378	501(C)(3)	100,000.	0.			SEPARATED AT THE BORDER.
							PROVIDE IMMIGRATION
BRIDGING THE GAP PROJECT, INC.							SCREENING TO MEXICAN
2100 PARKLAKE DR. SUITE H							NATIONALS THROUGH (CONT.
ATLANTA, GA 30345	58-2266200	501(C)(3)	5,925.	٥.			IN PART IV - D)
							PROVIDE IMMIGRATION
CATHOLIC CHARITIES IMMIGRATION							SCREENING TO MEXICAN
SERVICES ARCHDIOCESE OF DENVER -							NATIONALS THROUGH (CONT.
6240 SMITH RD - DENVER, CO 80216	84-0686679	501(C)(3)	7,500.	٥.			IN PART IV - D)
							PROVIDE IMMIGRATION
CATHOLIC CHARITIES OF DALLAS							SCREENING TO MEXICAN
1421 W MOCKINGBIRD LN							NATIONALS THROUGH (CONT.
DALLAS, TX 75247	75-2745221	501(C)(3)	14,025.	٥.			IN PART IV - D)
							PROVIDE IMMIGRATION
CATHOLIC CHARITIES OF EASTERN							SCREENING TO MEXICAN
OKLAHOMA - 2450 N. HARVARD AVE -							NATIONALS THROUGH (CONT.
TULSA, OK 74115	73-1171950	501(C)(3)	5,625.	٥.			IN PART IV - D)
· · · · ·							PROVIDE IMMIGRATION
CATHOLIC CHARITIES OF NORTHERN							SCREENING TO MEXICAN
NEVADA - P.O. BOX 5099 - RENO, NV							NATIONALS THROUGH (CONT.
89513	88-0339754	501(C)(3)	7,650.	0.			IN PART IV - D)
							PROVIDE IMMIGRATION
CATHOLIC CHARITIES OF ORANGE							SCREENING TO MEXICAN
COUNTY - 1820 E. 16TH STREET -							NATIONALS THROUGH (CONT.
SANTA ANA, CA 92701	95-3031389	501(C)(3)	5,175.	0.			IN PART IV - D)
·							PROVIDE IMMIGRATION
CATHOLIC CHARITIES OF THE DIOCESE							SCREENING TO MEXICAN
OF RALEIGH - 7200 STONEHENGE DRIVE							NATIONALS THROUGH (CONT.
- RALEIGH, NC 27613	56-0529943	501(C)(3)	7,800.	0.			IN PART IV - D)
			, ,				PROVIDE IMMIGRATION
CATHOLIC CHARITIES, ARCHDIOCESE OF							SCREENING TO MEXICAN
, SANTA FE/ALBUQUERQUE - 2010 BRIDGE							NATIONALS THROUGH (CONT.
BLVD SW - ALBUQUERQUE NM 87105	85-0110070	501(C)(3)	5,625.	0.			IN PART IV - D)

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Schedule I (Form 990) CATHOLIC	LEGAL IMM	ILGRATION NE	NWORK, IN	L.			02-1364931 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
CENTRO DE AYUDA LEGAL PARA							PROVIDE IMMIGRATION
INMIGRANTES OF MOUNTAIN VIEW -							SCREENING TO MEXICAN
1125 BENTON STREET - SANTA CLARA,							NATIONALS THROUGH (CONT.
CA 95050	45-3589057	501(C)(3)	5,850.	٥.			IN PART IV - D)
							PROVIDE IMMIGRATION
EL CONCILIO FAMILY SERVICES							SCREENING TO MEXICAN
301 SOUTH C. STREET							NATIONALS THROUGH (CONT.
OXNARD, CA 93030	95-3792795	501(C)(3)	6,225.	0.			IN PART IV - D)
IACO IMMIGRATION & AMERICAN			, -				PROVIDE IMMIGRATION
CITIZENSHIP ORGANIZATION - 647							SCREENING TO MEXICAN
MAIN AVE, SUITE 205 - PASSIC, NJ							NATIONALS THROUGH (CONT.
07604	22-3687930	501(C)(3)	31,725.	0.			IN PART IV - D)
				- •			PROVIDE IMMIGRATION
OPENING DOORS INTERNATIONAL							SCREENING TO MEXICAN
SERVICES, INC 2200 NORTH BELL							NATIONALS THROUGH (CONT.
AVE - DENTON, TX 76209	26-3514324	501(C)(3)	8,625.	0.			IN PART IV - D)
ST. FRANCES CABRINI CENTER FOR							PROVIDE IMMIGRATION
IMMIGRANT LEGAL ASSISTANCE (CC							SCREENING TO MEXICAN
ARCHDIOCESE O - 2707 NORTH LOOP							NATIONALS THROUGH (CONT.
WEST, SUITE 300 - HOUSTON, TX	74-1109733	501(C)(3)	6,825.	0.			IN PART IV - D)
,							

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Page 2

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

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:

GRANTS ARE MONITORED BY PERIODIC NARRATIVE REPORTS, SITE VISITS, AND

STATISTICAL REPORTS FOR THE PROJECT. STIPENDS ARE AWARDED TO A SMALL NUMBER

OF CLINIC AFFILIATES TO GO TO THE BORDER OR TO DILEY, TEXAS, TO SUPPORT THE

VOLUNTEERS' EFFORTS. MINIMAL MONITORING IS REQUIRED.

PART II, LINE 1, COLUMN (H):

A) INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR UNITED STATES

CITIZENSHIP BY BUILDING NATURALIZATION CAPACITY WITH LOCAL NAC

ORGANIZATIONS.

B) MATCH REUNITED FAMILIES AND OTHER ASYLUM SEEKERS WITH LEGAL

REPRESENTATION AND PROVIDE MENTORING AND LIMITED FUNDING TO SUPPORT

THOSE LEGAL REPRESENTATIVES.

C) INCREASE IMMIGRANT INTEGRATION AND CIVIC ENGAGEMENT IN SELECT RURAL

LOCATIONS AND PROMOTE IMMIGRANT INTEGRATION NATIONALLY.

D) PROVIDE IMMIGRATION SCREENING TO MEXICAN NATIONALS THROUGH

COMPREHENSIVE CONSULTATIONS AND PROVIDING AN ANALYSIS OF EACH CASE.

Schedule I (Form 990)

032291 04-01-20

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete fit the organization answered 'Yes' on Form 990, Part IV, Line 23. Participation Complete fit the organization answered 'Yes' on Form 990, Part IV, Line 23. Complete fit the organization answered 'Yes' on Form 990, Part IV, Line 24. Participation CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Travel for companisation CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Terrestription Complete fit the organization provided any of the following to or for a person listed on Form 990, Part IV, Soction A, line 14. Complete Part II to provide any of the following to or for a person listed on Form 990, Part VII. Soction A, line 14. Complete Part II to provide any of the following to or for a person listed on Form 990, Part VII. Soction A, line 14. Complete Part II to provide any of the following to or for a person listed on Form 990, Part VII. Soction A, line 14. Complete Part II to provide any of the following to or for a person listed on Form 990, Part VII. Soction A, line 14. Complete Part II to provide any of the following to or travel for companions Tax in demonfication and gross up payments Personal services (such as maid, chauffeur, chef) b of any of the boxes on line 14 are checked, did the organization tolow a written opticy regarding payment or reindursmement or provision of all of the expenses described above? If 'No,' complete Part II to explain Di the organization of the CEO/Executive Director, expanding the tems checked on line 14? Define disparation oreganice solution is that apply. Do not check any boxes for methods used by a related organization to establish compensation committee A contexpean payment or change of control payment? Participate in or receive payment trom a supplementatinonqualified referement plan? Compensa	SCHED	OULE J	I	OMB No.	1545-00	47
Complete if the organization areaved? Yes* on Form 980, Part IV, line 23. Attach to Form 990. CATHOLIC LEGAL IMMIGRATION NETWORK, INC. CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Statustification number S2-1584951 Attach to Form 990. Attach	(Form 9			20	20	1
Description Attach to Form 990. Description Description Name of the organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Employer identification number 52 - 158 4951 Yes No. CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Employer identification number 52 - 158 4951 Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Yes No. Fig. 2 - 158 4951 Yes No. Taxue for companions Part No. Fig. 2 - 158 4951 Yes No. Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib State organization for a personal use Personal services (such as maid, chauffeur, chef) Justice Taxue for companiation prorelece aclantition fore somal services (such as maid, chauffeur,	•	Compensated Employees		20	ZU)
	Department (N Attack to Farme 000				
CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951 Part II Questions Regarding Compensation Yes No 10 Check the appropriate box(e3) if the organization provide 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 terms. Yes No Part VII, Section A, line 1a, did the organization provide any relevant information regarding these terms. Pravel for companions Payments for business use of personal residence Tax indemnification and gross up payments Personal services (such as maid, chauffeur, chef) Ib Ib 2 Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CPC/Executive Director, negarding the items checked on line 1a? 2 2 3 Indicate which, if any, of the following the organization used to establish the compensation or the aganization to establish the compensation or the adaption and provide any present instead or companison 2 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 velated organization 2 2 5 Participat		Go to www.irs.gov/Form990 for instructions and the latest information.		•		
Part 1 Questions Regarding Compensation Yes No 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. Yes No Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. The information and gross-up payments Housing allowance or residence for personal use initiation fees Discretionary spending account Personal services (such as maid, chauffeur, ohel) Ib 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. 1b 1b c Did the organization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, tote charup boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain In Part III. 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation or commensation or the CEO/Executive Director, but explain In Part III. 2 2 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 supplemental norqualified retirement plan?	Name of t	-				mber
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. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding the company spending account Image: Section A, line 1a, Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If 'No', 'omplete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If 'No', 'omplete Part III to provide any relevant information require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OE/2/Executive Director, regarding the items checked on line 1a? 1 2 Indicate which, if any, of the following the organization used to establish the compensation or ommittee 1 2 Indicate which, if any, of the organization: 1 1 3 Indicate which any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish compensation committee 2 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizatio			52-15	8495	1	
Image: 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. Image: First-Extra set of the expenses described above? If "No," complete Part III to explain and provide usy relevant box or provide usy relevant of the expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Complete Part III to explain and provide the expenses described above? If "No," complete Part III to explain and provide usy relevant box or provision of all of the expenses described above? If "No," complete Part III to explain and part to reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain and part to restabilish compensation or the organization or all the apply. Do not check any boxes for methods used by a related organization to estabilish compensation or the CEO/Executive Director, but explain in Part III. Image: Compensation explain above? If "No," complete Part III to explain and part to restabilish compensation or the CEO/Executive Director, but explain in Part III. Image: Compensation explain above? If "No," complete Part III to explain and part III. Image: Compensation explain above? If "No," complete Part III to explain and provide the applicable amy boxes or instain for an III. Image: Compensation explain above? If "No," complete Part III to explain and the explain above? If "No," complete Part III. Image: Compensation and the CEO/Executive Director, but explain in Part III. Image: Compensation and the CEO/Executive Director, but explain in Part I	Part I	Questions Regarding Compensation				
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison Content travel First-class or charter travel Housing allowance or residence for personal use for personal section Comparison Complete Part III No. 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. ² complete Part III No. ² 1b c Discretionary spending account The organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustes, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 c Diricete which, if any, of the following the organization used to establish the compensation or substant IX Compensation committee X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a setable organization: 4a X e Participate in or receive payment from an equity-based compensation pay or accrue any compensation committee X f Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5a X d During the year, did any person listed on Form 990, Part VII, Section A, lin					Yes	No
Inst-class or charter travel Inclusing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbusement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b D If the organization require substantiation prior to reimbursing or allowing septenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation of the organization is estabilish compensation committee 2 Compensation committee X Written employment contract Compensation committee X Compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from an equity based compensation arrangement? 4a X Participate in),			
Image: Trave for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 3 Indicate which, If any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X X Mappendent compensation consultant X opproval 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: 4 a Receive a severance payment from a supplemental nonqualified retriement plan? 4a X Charticipate in or receive payment from a supplemental nonqualified retriement plan? 4b X Participate in or receive payment from an equitybased compenesation arrangement? 4a						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract Indicate which, if any, of the following the Organization with policy or a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract Independent compensation of the organization: 3 3 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: 4 X 4 Participate in or receive payment from an equity-based compensation arrangement? 4 X f "Yes' to any of						
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 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. 7 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. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 				OC .		
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 9						
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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. 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 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. 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				63		x
If "Yes" on line 6a or 6b, describe in Part III. 7 7 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 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
 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. 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				55		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 1 1 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X 9 Regulations section 53.4958-6(c)? 9 9						
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 				7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				•		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)?						
				9		
				e J (Forr	n 990)	2020

CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 52-1584951

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANNA MARIE GALLAGHER	(i)	164,269.	0.	0.	0.	25,646.	189,915.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

EMILYNDA CLOMERA RECEIVED A SEVERANCE PAYMENT OF \$65,442.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



CATHOLIC LEGAL IMMIGRATION NETWORK, INC. 5

Employer identification number 52 - 1584951

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

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND THEN REVIEWED BY

THE MANAGEMENT TEAM AND 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 RECEIVED 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 APRIL 2020.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY CLINIC'S BOARD DIRECTORS AFTER A REVIEW OF COMPARABLE NON-PROFIT ORGANIZATIONS. OF EVERY THREE TO FOUR YEARS, CLINIC HIRES A PROFESSIONAL EXTERNAL CONSULTING AGENCY TO CONDUCT A SALARY ANALYSIS OF STAFF COMPENSATION, INCLUDING THE EXECUTIVE DIRECTOR'S. IN 2018, THE RESULTS WERE SHARED WITH CLINIC'S BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE. THE BOARD REVIEWED THE INFORMATION, AND USED THE RESULTS TO DETERMINE THE EXECUTIVE DIRECTOR'S SALARY IN CONJUNCTION WITH HER PERFORMANCE EVALUATION, WHICH WAS LED BY THE BOARD CHAIR. ANY INCREASES TO THE EXECUTIVE DIRECTOR'S SALARY IS VOTED ON BY THE FULL BOARD IN ONE OF TWO WAYS: 1) A VOTE TAKEN SPECIFICALLY ON A SALARY INCREASE FOR THE EXECUTIVE DIRECTOR DUE TO THE COMPENSATION REVIEW OR OTHER FACTORS; OR 2) A VOTE TAKEN BY THE FULL BOARD TO APPROVE THE BUDGET WITH INCLUDES STANDARD STAFF COMPENSATION ADJUSTMENTS. CLINIC HIRED A NEW LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
EXECUTIVE DIRECTOR ON FEBRUARY 4, 2019. THE BOARD BEGAN I	HE RECRUITMENT
PROCESS IN SEPTEMBER OF 2018. THE BOARD FORMED A SEARCH A	ND HIRING
COMMITTEE TO OVERSEE THIS PROCESS, AND THE COMMITTEE HIRE	D THE REID GROUP
TO MANAGE THE PROCESS. A NEW SALARY WAS NEGOTIATED FOR TH	IIS POSITION, AND
WAS IN RANGE WITH THE 2018 COMPENSATION ANALYSIS CONDUCTE	D BY MARCUM.

CLINIC HIRED SPECTRUM HR SOLUTIONS IN MARCH 2021 TO CONDUCT A SALARY ANALYSIS OF STAFF COMPENSATION INCLUDING THE EXECUTIVE DIRECTOR. RESULTS ARE ANTICIPATED ON OR BEFORE AUGUST 2021 AND WILL BE SHARED WITH CLINIC'S BOARD OF DIRECTORS EXECUTIVE COMMITTEE.

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

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 X, LINE 24:

ON APRIL 18, 2020, CLINIC RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$1,078,700 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. CLINIC INTENDS TO USE THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND BELIEVES THAT ITS USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS 002212 11-20-20 51 16040517 745960 05087 2020.03042 CATHOLIC LEGAL IMMIGRATION 05087_1

Name of the organization	EGAL IMMIGRATI		TNC	Employer identif	fication num
FOR FORGIVENESS OF THE LO	DAN. CLINIC IN	ITENDS TO AI	PPLY FOR	FORGIVENES	SS
AFTER COMPLETING THE 24-W	WEEK PERIOD. I	F FORGIVEN	ESS IS GF	RANTED, CLI	INIC
NILL RECORD REVENUE FROM	DEBT EXTINGUI	SHMENTS DUE	RING THE	PERIOD THA	ΥГ
FORGIVENESS WAS APPROVED	_				
	•				
032212 11-20-20		52	Sch	edule O (Form 990	or 990-EZ)
40517 745960 05087	2020.03042	CATHOLIC L	EGAL IMM	IGRATION	05087_

SCH	EDUL	ER

(Form 990)

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.

OMB No. 1545-0047

ZUZU Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

(a)	(b)	(c)	(d)		(e)		(f)	((g)	(I	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, om tax under 5 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in 20 of Sche K-1 (Form 1	BI ^{Ge} box ^m dule <u>p</u>	eneral or nanaging partner?	Percenta ownersh
		country)		sections	512-514)					Yes	No	K-1 (Form 1	065) Y	es No	
	-														
	-														
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t IV Identification of Related Or organizations treated as a co	rganizations Taxable a prporation or trust duri	as a Corpo	pration or Trust. C year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Foi	rm 990, P	I art IV,	l line 34	l, because it	had on	e or m	ore relate
organizations treated as a co	prporation or trust duri	ng the tax	year. (b)	(c)	(d)		(e))	(f))		(g)	(1	h)	(i) Section
organizations treated as a co	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or	-	trolling	(e) Type of (C corp. 5	entity S corp,) of total		(g) Share of end-of-year	(I Perce		(i) Section 512(b)(13 controlled
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(c) Legal domicile	(d) Direct cont	trolling	(e) Type of	entity S corp,	(f) Share c) of total		(g) Share of	(I Perce	h) entage	(i) Section 512(b)(13
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?
organizations treated as a co (a) Name, address, and E	prporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. 5	entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlled entity?

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
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)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.
