

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
 See Specific Instructions.

C Name of organization
CATHOLIC LEGAL IMMIGRATION NETWORK, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
415 MICHIGAN AVE., NE
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20017-1194

D Employer identification number
52-1584951

E Telephone number
202-635-2556

G Gross receipts \$ **6,964,997.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **CLINICLEGAL.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1988** **M State of legal domicile:** **DC**

F Name and address of principal officer: **MARIA ODOM**
ADDRESS: SAME AS C ABOVE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE AND EXPAND DELIVERY OF LEGAL SERVICES TO INDIGENT AND LOW-INCOME IMMIGRANTS PRINCIPALLY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,475,621.	Current Year 3,935,517.
	9 Program service revenue (Part VIII, line 2g)	1,007,355.	1,747,628.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,853.	54,440.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,520,829.	5,737,585.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	650,031.	630,859.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,252,242.	3,721,792.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	380,817.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,344,482.	1,373,766.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,246,755.	5,726,417.
19 Revenue less expenses. Subtract line 18 from line 12	274,074.	11,168.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,235,437.	End of Year 4,632,793.
	21 Total liabilities (Part X, line 26)	440,405.	667,343.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,795,032.	3,965,450.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Maria Odom* Date: **8/3/10**
 Type or print name and title: **MARIA ODOM EXECUTIVE DIRECTOR**

Paid Preparer's Use Only
 Preparer's signature: *Paullette A. Clarke-Mafaloni* Date: **7/26/10** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DROLET & ASSOCIATES, P.L.L.C**
1901 L STREET, NW #250
WASHINGTON, DC 20036
 Preparer's identifying number (see instructions):
 EIN: **202-822-0717**
 Phone no.: **202-822-0717**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO ENHANCE AND EXPAND DELIVERY OF LEGAL SERVICES TO INDIGENT AND LOW-INCOME IMMIGRANTS PRINCIPALLY THROUGH DIOCESAN IMMOGRATION PROGRAMS AND TO MEET THE IMMIGRATION NEEDS IDENTIFIED BY THE CATHOLIC CHURCH IN THE UNITED STATES.

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

Yes No

If "Yes," describe these new services on Schedule O.

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

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,521,671. including grants of \$ 57,562.) (Revenue \$ 105,831.) DIRECT REPRESENTATION CONSISTS OF LEGAL SERVICES PROVIDED TO CLIENTS BEFORE THE IMMIGRATION AND NATURALIZATION SERVICE, IMMIGRATION COURT, THE BOARD OF IMMIGRATION APPEALS AND IN FEDERAL COURT.

4b (Code:) (Expenses \$ 83,563. including grants of \$) (Revenue \$) EMERGENCY POPULATION REPRESENTATION COVERS THE CLINIC'S DIRECT REPRESENTATION AND ADVOCACY ON BEHALF OF DETAINED IMMIGRANTS AND OTHER AT-RISK POPULATIONS.

4c (Code:) (Expenses \$ 3,176,242. including grants of \$ 576,770.) (Revenue \$ 1,641,797.) DIOCESAN SUPPORT INCLUDES TRAINING, LEGAL SUPPORT AND MENTORING OF MEMBER AGENCIES.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,781,476.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
14b			X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a		7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		57
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	5a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		N/A
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	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		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, TN, FL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
THE ORGANIZATION - 202-635-2556
415 MICHIGAN AVE., NE, WASHINGTON, DC 20017-1194

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS DIMARZIO DIRECTOR	1.00	X					0.	0.	0.	
JAMES A. TAMAYO VICE-PRESIDENT	0.90	X		X			0.	0.	0.	
SR. ANNE CURTIS, RSM DIRECTOR	0.80	X					0.	0.	0.	
JAIME SOTO CHAIRMAN	1.50	X		X			0.	0.	0.	
RICHARD GARCIA DIRECTOR	1.00	X					0.	0.	0.	
JOSE GOMEZ DIRECTOR	0.90	X					0.	0.	0.	
MR. VINCENT F. PITTA DIRECTOR	0.80	X					0.	0.	0.	
SR. MAUREEN JOYCE, RSM DIRECTOR	1.00	X					0.	0.	0.	
FRANK J. DEWANE DIRECTOR	0.90	X					0.	0.	0.	
JOSEPH A PEPE DIRECTOR	1.40	X					0.	0.	0.	
NANCY WISDO DIRECTOR	0.80	X					0.	0.	0.	
THOMAS G. WENSKI DIRECTOR	1.00	X					0.	0.	0.	
SR. SALLY DUFFY, SC TREASURER	1.40	X		X			0.	0.	0.	
SR. RAYMONDA DUVALL, CHS DIRECTOR	1.00	X					0.	0.	0.	
JOHN CHARLES WESTER DIRECTOR	1.10	X					0.	0.	0.	
AMBASSADOR JOHNNY YOUNG DIRECTOR	1.30	X					0.	0.	0.	
MARK D FRANKEN EXECUTIVE DIRECTOR/SECRE	37.00	X		X			101,308.	0.	4,678.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY TAYLOR DIRECTOR	0.80	X						0.	0.	0.
MARIA ODOM EXECUTIVE DIRECTOR	41.00			X				34,936.	0.	8,583.
CHARLES H. WHEELER DIRECTOR, TLS	41.00					X		101,631.	0.	25,592.
1b Total								237,875.	0.	38,853.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues	218,227.				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	344,945.				
	f	All other contributions, gifts, grants, and similar amounts not included above	3,372,345.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		3,935,517.			
	Program Service Revenue	2 a	RELIGIOUS CONTRACT REV	900099	1,299,242.	1,299,242.	
b		TRAINING AND SEMINARS	900099	342,555.	342,555.		
c		PROFESSIONAL SRVC FEES	900099	105,831.	105,831.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,747,628.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		61,829.		61,829.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			5,737,585.	1,747,628.	0.	
						54,440.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	630,859.	630,859.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,505.	119,797.	17,783.	11,925.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,710,547.	2,201,656.	300,783.	208,108.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	268,969.	218,471.	29,847.	20,651.
9 Other employee benefits	378,648.	307,559.	42,018.	29,071.
10 Payroll taxes	214,123.	173,922.	23,761.	16,440.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,880.	22,791.	6,498.	3,591.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	242,084.	182,292.	33,940.	25,852.
14 Information technology				
15 Royalties				
16 Occupancy	290,000.	235,554.	32,181.	22,265.
17 Travel	321,356.	304,479.	5,979.	10,898.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,543.	4,185.	1,562.	796.
23 Insurance	27,013.	22,226.	3,013.	1,774.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROF. & CONSULTANT EXPS	168,420.	116,741.	33,285.	18,394.
b EQUIP. RENTAL & MAINT.	81,360.	67,099.	9,965.	4,296.
c COMMUNICATION	63,700.	56,515.	4,859.	2,326.
d STAFF DEVELOPMENT	57,697.	52,128.	5,374.	195.
e SUBSCRIP. & REF. BOOKS	46,691.	44,517.	478.	1,696.
f All other expenses	36,022.	20,685.	12,798.	2,539.
25 Total functional expenses. Add lines 1 through 24f	5,726,417.	4,781,476.	564,124.	380,817.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	927,490.	1	726,728.
	2	Savings and temporary cash investments	156,828.	2	150,921.
	3	Pledges and grants receivable, net	991,745.	3	600,277.
	4	Accounts receivable, net	24,361.	4	102,063.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	99,942.	9	319,080.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 165,369.		
	b	Less: accumulated depreciation	10b 137,009.	26,948.	10c 28,360.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,004,873.	12	2,693,711.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,250.	15	11,653.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,235,437.	16	4,632,793.	
Liabilities	17	Accounts payable and accrued expenses	394,600.	17	620,184.
	18	Grants payable		18	
	19	Deferred revenue	13,180.	19	2,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	32,625.	25	45,159.
	26	Total liabilities. Add lines 17 through 25	440,405.	26	667,343.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,681,129.	27	2,475,783.
	28	Temporarily restricted net assets	2,113,903.	28	1,489,667.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,795,032.	33	3,965,450.	
34	Total liabilities and net assets/fund balances	4,235,437.	34	4,632,793.	

Part XI Financial Statements and Reporting

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3392543.	4781188.	5058556.	4475621.	3935517.	21643425.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	706,456.	743,816.	793,485.	1007355.	1747628.	4998740.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4098999.	5525004.	5852041.	5482976.	5683145.	26642165.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1745894.	1800000.	1800000.	2174397.	2087578.	9607869.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1745894.	1800000.	1800000.	2174397.	2087578.	9607869.
8 Public support (Subtract line 7c from line 6.)						17034296.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	4098999.	5525004.	5852041.	5482976.	5683145.	26642165.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,104.	40,602.	51,765.	48,160.	61,829.	227,460.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,104.	40,602.	51,765.	48,160.	61,829.	227,460.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	40,647.					40,647.
13 Total support (Add lines 9, 10c, 11, and 12.)	4164750.	5565606.	5903806.	5531136.	5744974.	26910272.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	63.30 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	61.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.85 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.82 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

52-1584951

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**52-1584951****Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>11,492.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>332,299.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>18,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>128,318.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>342,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	_____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____	\$ <u>88,805.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	_____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

52-1584951

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number

52-1584951

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	284,612.	616,127.			
b Contributions					
c Net investment earnings, gains, and losses	153,079.	-331,515.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	437,691.	284,612.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		35,515.	7,155.	28,360.
d Equipment		66,365.	66,365.	0.
e Other		63,489.	63,489.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,360.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,737,585.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,726,417.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,168.
4	Net unrealized gains (losses) on investments	4	159,250.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	159,250.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	170,418.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,908,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	11,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	11,500.
3	Subtract line 2e from line 1	3	5,896,835.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-159,250.
c	Add lines 4a and 4b	4c	-159,250.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,737,585.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,737,917.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	11,500.
3	Subtract line 2e from line 1	3	5,726,417.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,726,417.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUND IS TO PROVIDE GENERAL OPERATING

SUPPORT.

PART X: ON JANUARY 1, 2009, CLINIC ADOPTED THE PROVISIONS OF

FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION NO. 48, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 REQUIRES THAT A TAX POSITION

BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD.

THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

Part XIV Supplemental Information (continued)

THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON THE CLINIC'S FINANCIAL STATEMENTS. THE CLINIC DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.

TAX YEARS FROM DECEMBER 31, 2006 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY THE FEDERAL AND STATE TAX AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET UNREALIZED GAIN: \$-159,250

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number
52-1584951

Part I General Information on Grants and Assistance

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

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

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
ARCHDIOCESE OF NEW YORK 1011 FIRST AVE. NEW YORK, NY 10022	13-5562185	501(C)(3)	223,243.	0.			THE NATIONAL ASYLEE INFORMATION AND REFERRAL LINE
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	41,944.	0.			TO PROVIDE LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANES RITA & KATRINA
CATHOLIC CHARITIES OF GALVESTON- HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	2,500.	0.			TO PROTECT THE RIGHTS OF IMMIGRANTS IN US
CATHOLIC CHARITIES OF JACKSON, INC. - 200 N. CONGRESS ST. - JACKSON, MS 39201	38-1368341	501(C)(3)	36,856.	0.			TO PROVIDE LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANES RITA & KATRINA
CATHOLIC COMMUNITY SERVICES OF BATON ROUGE - P.O. BOX 4213 - BATON ROUGE, LA 70821	72-0590685	501(C)(3)	44,592.	0.			TO PROVIDE LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANES RITA & KATRINA
CATHOLIC SOCIAL AND COMMUNITY SERVICES - 1790 POPPS FERRY RD - BILLOXI, MS 39532	64-0598426	501(C)(3)	33,348.	0.			TO PROVIDE LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANE RITA & KATRINA

2 Enter total number of section 501(c)(3) and government organizations **58.**

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REQUIRES MONTHLY GRANT REPORTING FROM THE GRANT RECIPIENTS.

Name of the organization

Employer identification number
52-1584951

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF LAFAYETTE 1408 CARMEL AVENUE LAFAYETTE, LA 70501	72-0437696	501(C)(3)	21,381.	0.			TO PROVIDE LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANES RITA & KATRINA
MOSAICA: THE CENTER OF NONPROFIT 1522 K ST., NW, SUITE 1130 WASHINGTON, DC 20005	52-1872115	501(C)(3)	21,778.	0.			TECHNICAL ASSISTANCE FOR CITIZENSHIP AND CIVIC PARTICIPATION
CATHOLIC CHARITIES OF COLORADO SPRINGS - 228 NORTH CASCADE AVE. - COLORADO SPRINGS, CO 80903	84-0586169	501(C)(3)	15,000.	0.			CAPACITY BUILDING PROJECT
GEORGETOWN UNIVERSITY OFF. OF SPONSORED ACCT. BOX 571164 WASHINGTON, DC 20057	53-0196603	501(C)(3)	14,777.	0.			EXPAND HUMAN RIGHTS UNDERSTANDING IN IMMIGRANT COMMUNITIES
BOSTON COLLEGE 885 CENTRE ST. EW NEWTON, MA 02459	04-2103545	501(C)(3)	5,000.	0.			REVISION AND UPDATE OF TWO IMMIGRATION TRAINING MANUALS
CATHOLIC CHARITIES OF THE DIOCESE OF LAS CRUCES - 1280 MED PARK DR., - LAS CRUCES, NM 88005	85-0303816	501(C)(3)	15,000.	0.			CAPACITY BUILDING PROJECT
CATHOLIC CHARITIES OF TENNESSEE, INC. - 10 SOUTH 6TH STREET - NASHVILLE, TN 37206	62-0679520	501(C)(3)	10,000.	0.			CAPACITY BUILDING PROJECT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CINCINNATI - 100 EAST 8TH ST., - CINCINNATI, OH 45202	31-0536968	501(C)(3)	10,000.	0.			CAPACITY BUILDING PROJECT

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
52-1584951

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SOUTHERN OHIO - 100 EAST 8TH ST., - CINCINNATI, OH 45202	31-0536968	501(C)(3)	2,500.	0.			RAIDS PREPAREDNESS AND RESPONSE PROJECT
ACCULTURATION FOR JUSTICE, ACCESS AND PEACE OUTREACH - 91 CRAWFORD STREET - PITTSBURGH, PA 15219	20-0645829	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF THE DIOCESE OF NORWICH - 331 MAIN STREET - NORWICH, CT 06360	06-0646609	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC DIOCESE OF SAGINAW-CHRISTIAN SERVICE - 5800 WEISS ST., - SAGINAW, MI 8603	38-1358181	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
COMUNIDADES UNIDAS 869 EAST 5400 SOUTH, PMB# 362 SALT LAKE, UT 84107	13-4257724	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
EL CENTRO DE RECURSOS PARA FAMILIAS OF CATHOLIC CHARITIES - 327 S. BROAD STREET - TRENTON, NJ 08608	21-0634494	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
EPISCOPAL COMMUNITY SERVICES OF LONG ISLAND - 135-32 38TH AVENUE, 2ND FLOOR - FLUSHING, NY 11354	11-2035820	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
GAUDALUPE CENTER 511 E 4TH STREET HUNTINGBURG, IN 57542	35-1044322	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number
52-1584951

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA UNION DEL PUEBLOS ENTERO (LUPE) P.O. BOX 188 SAN JUAN, TX 78589	93-1029197	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
PATHSTONE CORPORATION 2453 COUNTY ROAD V LIBERTY CENTER, OH 43532	16-0984913	501(C)(3)	3,182.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
WICHITA DREAM CENTER 2000 S. HILLSIDE WICHITA, KS 67211	20-4580536	501(C)(3)	3,181.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF CORPUS CHRISTI - 1322 COMANCHE STREET - CORPUS CHRISTI, TX 78401	74-2330464	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF DIOCESE OF GALLUP - 506 W. HIGHWAY 66 - GALLUP, NM 87305	85-0225263	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF EAST TENNESSEE, INC. - 119 DAMERON AVENUE - KNOXVILLE, TN 37917	62-1377551	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF DIOCESE OF ALLENTOWN - 2141 DOWNYLAKE LANE - ALLENTOWN, PA 18103	23-1598117	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF DIOCESE OF DES MOINES - 601 GRAND AVENUE - DES MOINES, IA 50303	42-0680464	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number
52-1584951

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF WILMINGTON 2601 WEST 4TH STREET WILMINGTON, DE 19805	51-0065685	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC SOCIAL SERVICES OF SOUTH NEBRASKA - 1313 ELDON DRIVE - LINCOLN, NE 68510	47-0751554	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
JASPER COUNTY NEIGHBORS UNITED, INC. - P.O. BOX 1131 - HARDEVILLE, SC 29927	57-1111959	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
SOUTH EAST GA COMMUNITIES PROJECT 300 S. STATE STREET LYONS, GA 30436	58-2347258	501(C)(3)	2,500.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
CATHOLIC CHARITIES OF YAKIMA 5301 TIETON DRIVE, SUITE C YAKIMA, WA 98908	91-1370404	501(C)(3)	1,667.	0.			CAPACITY BUILDING "EXPANSION" IMMIGRATION PROGRAM
LUTHERAN IMMIGRATION AND REFUGEE SERVICES - 700 LIGHT STREET - BALTIMORE, MD 21230	13-2574854	501(C)(3)	7,500.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
SPRING INSTITUTE FOR INTERCULTURAL LEARNING - 1610 EMERSON STREET - DENVER, CO 80218	84-0788093	501(C)(3)	7,500.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
CATHOLIC SOCIAL SERVICES OF ASHEVILLE - 50 ORANGE ST. - ASHEVILLE, NC 28801	56-1058954	501(C)(3)	5,000.	0.			LILY GUTIERREZ MEMORIAL AWARD

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number
52-1584951

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ST. PETERSBURG - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705	59-0875805	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
INTERFAITH REFUGEE MINISTRY 1233 COLONY DRIVE NEW BERN, NC 28562	56-6049372	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
INTERNATIONAL RESCUE COMMITTEE 5227 N. 7TH STREET PHOENIX, AZ 85014	13-5660870	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
JEWISH VOCATIONAL SEERVICE 1608 BALTIMORE AVENUE KANSAS, MS 64108	44-0545994	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
LUTHERAN IMMIGRATION AND REFUGEE SERVICES OF SOUTH DAKOTA - 1609 W. 11TH ST., - SIOUX FALLS, SD 57104	46-0224731	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
MINNESOTA COUNCIL OF CHURCHES 122 FRANKLIN AVENUE W, SUITE 100 MINNEAPOLIS, MN 55404	41-0693871	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
NATIONALITIES SERVICE CENTER 1216 ARCH STREET, 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT
WORLD RELIEF, MIAMI 2150 SW 8TH STREET, 2ND FLOOR MIAMI, FL 33135	23-6393344	501(C)(3)	4,000.	0.			WORKERS INTEGRATION AND NATURALIZATION PROJECT

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
52-1584951

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIGRATION AND REFUGEE SERVICES OF LAFAYETTE - 1408 CARMEL AVENUE - LAFAYETTE, LA 70501	72-0437696	501(C)(3)	7,127.	0.			LEGAL REPRESENTATION FOR IMMIGRANTS AFFECTED BY HURRICANES RITA AND KATRINA
CATHOLIC CHARITIES OF OMAHA 3300 NORTH 60TH ST., OMAHA, NE 68104	47-0376612	501(C)(3)	2,500.	0.			RAIDS PREPAREDNESS AND RESPONSE PROJECT
CATHOLIC CHARITIES OF SALINA 425 W. IRON AVE. SALINA, KS 67402	48-0676263	501(C)(3)	2,500.	0.			RAIDS PREPAREDNESS AND RESPONSE PROJECT
CATHOLIC CHARITIES OF THE DIOCESE OF IDAHO - 1501 S. FEDERAL HWY, STE 450 - BOISE, ID 83705	82-0200748	501(C)(3)	2,500.	0.			RAIDS PREPAREDNESS AND RESPONSE PROJECT
CATHOLIC CHARITIES OF THE DIOCESE OF PUEBLO - 429 WEST 10TH ST., #101 - PUEBLO, CO 81003	84-0471001	501(C)(3)	2,500.	0.			RAIDS PREPAREDNESS AND RESPONSE PROJECT
CATHOLIC CHARITIES OF THE DIOCESE OF ROCKVILLE CENTER - 143 SCHLIEGEL BLVD - AMITYVILLE, NY 11701	11-1843801	501(C)(3)	4,055.	0.			WORK WITH CLINIC AND ASISTA STAFF
CATHOLIC CHARITIES OF SAN DIEGO - IMMIGRANT SERVICE - 241-A THIRD STREET - CHULA VISTA, CA 91910	23-7334012	501(C)(3)	2,272.	0.			TO CO-PRESENT THE TRAINING ENTITLED "THE LEGAL ADVOCATE'S PERSPECTIVE"
SEARAC 1628 16TH STREET, NW - 3RD FLOOR WASHINGTON, DC 20009	52-1161473	501(C)(3)	1,500.	0.			SPONSORSHIP: BEYOND MEKONG

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

Schedule I-1 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number

52-1584951

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH DIOCESAN IMMIGRATION PROGRAMS AND TO MEET THE IMMIGRATION NEEDS
IDENTIFIED BY THE CATHOLIC CHURCH IN THE UNITED STATES.

FORM 990, PART VI, SECTION B, LINE 11: THE MANAGEMENT OF THE ORGANIZATION
REVIEWS THE DRAFT 990 AND FORWARDS IT TO THE BOARD OF DIRECTORS BEFORE
FILING.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE EXECUTIVE
DIRECTOR AND OTHER EMPLOYEES IS DETERMINED BASED ON AN EVALUATION USING HR
MATRIX INCREMENTS WHICH RANGE FROM 1% TO 5%.

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

FORM 990, PART XI, LINE 2C:

THE BOARD ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION OF THE
INDEPENDENT ACCOUNTANT AND THIS PROCESS HAS NOT CHANGED FROM PRIOR
YEAR.

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.
FIXED ASSETS SCHEDULE
12/31/09

Description	2009
Furniture and equipment	\$ 129,854
Leasehold improvements	35,515
Accumulated depreciation and amortization	(137,009)
Fixed assets, net	\$ 28,360

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 415 MICHIGAN AVE., NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20017-1194	

Check type of return to be filed(file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **415 MICHIGAN AVE., NE - WASHINGTON, DC 20017-1194**
Telephone No. ▶ **202-635-2556** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.