

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

A For the **2019** calendar year, or tax year beginning and ending

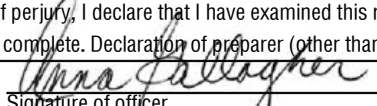
B Check if applicable:	C Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC. Doing business as CLINIC	D Employer identification number 52-1584951
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8757 GEORGIA AVE. 850	E Telephone number (301) 565-4800
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910	G Gross receipts \$ 10,474,064.
<input type="checkbox"/> Initial return	F Name and address of principal officer: ANNA MARIE GALLAGHER SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input checked="" type="checkbox"/> Amended return	J Website: ▶ WWW.CLINICLEGAL.ORG	H(c) Group exemption number ▶
<input type="checkbox"/> Application pending	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1988 M State of legal domicile: DC


Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	79
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,376,520.	Current Year 4,940,298.
	9 Program service revenue (Part VIII, line 2g)	3,945,566.	4,667,630.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	401,345.	650,721.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	25,491.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,723,431.	10,284,140.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,460,985.	1,630,885.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,245,354.	5,752,398.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 321,342.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,679,503.	1,964,712.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,385,842.	9,347,995.	
19 Revenue less expenses. Subtract line 18 from line 12	1,337,589.	936,145.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,026,196.	End of Year 15,659,207.
	21 Total liabilities (Part X, line 26)	1,425,041.	1,316,749.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,601,155.	14,342,458.

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	Date 11/9/2020
	ANNA MARIE GALLAGHER, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature 	Date 11/9/2020	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008		Phone no. (301) 951-9090	
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 5,181,518. including grants of \$ 1,630,885.) (Revenue \$ 3,445,396.) EDUCATION AND NETWORK GROWTH - GUIDES NONPROFIT ORGANIZATION LEADERS TO BEGIN OR EXPAND CHARITABLE IMMIGRATION LEGAL SERVICES. EQUIP NONPROFIT IMMIGRATION LEGAL REPRESENTATIVES WITH TRAINING ON IMMIGRATION LAW AND PROGRAM MANAGEMENT SKILLS. MANAGE PROJECTS SERVING VULNERABLE IMMIGRANTS DELIVERED BY LOCAL NONPROFIT ORGANIZATIONS BENEFITTING FROM CLINIC'S STRUCTURE, OVERSIGHT AND COMMITMENT TO CATHOLIC SOCIAL TEACHING.

4b (Code:) (Expenses \$ 1,411,101. including grants of \$) (Revenue \$ 1,222,234.) DIRECT REPRESENTATION AND LITIGATION - LEGAL SERVICES PROVIDED TO CLIENTS BEFORE THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES, IMMIGRATION COURT, THE BOARD OF IMMIGRATION APPEALS, AND IN FEDERAL COURT.

4c (Code:) (Expenses \$ 1,177,259. 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 7,769,878.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 "Yes," 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 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	N/A		
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		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	N/A		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	N/A		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		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 investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REV. KEVIN VANN CHAIRMAN	1.58	X		X				0.	0.	0.
(2) MOST REV. MARK SEITZ VICE-PRESIDENT	0.82	X		X				0.	0.	0.
(3) SR. SALLY DUFFY, SC TREASURER	1.90	X		X				0.	0.	0.
(4) MOST REV NICHOLAS DIMARZIO DIRECTOR	0.39	X						0.	0.	0.
(5) MOST REV. EUSEBIO ELIZONDO DIRECTOR	0.22	X						0.	0.	0.
(6) SR. RAYMONDA DUVAL, CHS DIRECTOR	1.94	X						0.	0.	0.
(7) MARGUERITE HARMON DIRECTOR	1.20	X						0.	0.	0.
(8) MSGR. BRIAN BRANSFIELD DIRECTOR	0.27	X						0.	0.	0.
(9) BISHOP ROY CAMPBELL DIRECTOR	0.37	X						0.	0.	0.
(10) FRANCIS MULCAHY DIRECTOR	1.09	X						0.	0.	0.
(11) MOST REV. GERALD KICANAS DIRECTOR	0.17	X						0.	0.	0.
(12) MOST REV JOSEPH A. PEPE DIRECTOR	0.65	X						0.	0.	0.
(13) VINCENT F. PITTA DIRECTOR	0.24	X						0.	0.	0.
(14) MOST REV. THOMAS J. RODI DIRECTOR	0.30	X						0.	0.	0.
(15) MOST REV. JAIME SOTO DIRECTOR	0.60	X						0.	0.	0.
(16) MOST REV THOMAS G. WENSKI DIRECTOR	0.95	X						0.	0.	0.
(17) MOST REV. JOE S. VASQUEZ DIRECTOR	0.26	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) D. TAYLOR DIRECTOR	0.10	X						0.	0.	0.
(19) WILLIAM CANNY DIRECTOR	0.64	X						0.	0.	0.
(20) MOST REV. GREGORY HARTMAYER DIRECTOR	0.59	X						0.	0.	0.
(21) CARMEN M. VAZQUEZ DIRECTOR	1.13	X						0.	0.	0.
(22) ANNA MARIE GALLAGHER EXECUTIVE DIRECTOR (FROM 2/2019)	48.00			X				151,916.	0.	10,963.
(23) JEANNE M. ATKINSON EXECUTIVE DIRECTOR (UNTIL 2/2019)	45.00			X				33,254.	0.	4,146.
(24) JEFFREY G. CHENOWETH SECTION DIRECTOR	42.00				X			115,040.	0.	22,667.
(25) CHARLES WHEELER SECTION DIRECTOR	40.00				X			114,338.	0.	22,367.
(26) SUSAN SCHREIBER MANAGING ATTORNEY	40.00				X			101,237.	0.	16,433.
1b Subtotal								515,785.	0.	76,576.
c Total from continuation sheets to Part VII, Section A								100,436.	0.	10,811.
d Total (add lines 1b and 1c)								616,221.	0.	87,387.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	88,337.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	335,965.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,515,996.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,937.				
	h Total. Add lines 1a-1f			4,940,298.			
	Program Service Revenue	2 a PROFESSIONAL SERVICE FEES	Business Code	900099	2,277,184.	2,277,184.	
b RELIGIOUS CONTRACTS			900099	1,222,234.	1,222,234.		
c TRAINING AND SEMINARS			900099	761,862.	761,862.		
d MEMBERSHIP DUES			900099	406,350.	406,350.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				4,667,630.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			177,543.		177,543.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			22,097.		22,097.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	663,102.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		189,924.			
	c Gain or (loss)	7c		473,178.			
d Net gain or (loss)			473,178.		473,178.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code	900099	3,394.		3,394.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,394.			
12 Total revenue. See instructions			10,284,140.	4,667,630.	0.	676,212.	

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments. See Part IV, line 21	1,630,885.	1,630,885.		
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, trustees, and key employees	200,279.		200,279.	
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	4,416,276.	3,776,513.	499,994.	139,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,684.	100,643.	24,547.	3,494.
9 Other employee benefits	654,055.	509,136.	127,244.	17,675.
10 Payroll taxes	353,104.	288,904.	53,508.	10,692.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,500.		17,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,615.		15,615.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	596,477.	403,352.	128,051.	65,074.
12 Advertising and promotion	15,251.	14,808.	119.	324.
13 Office expenses	173,881.	143,116.	23,247.	7,518.
14 Information technology				
15 Royalties				
16 Occupancy	347,674.	239,567.	85,040.	23,067.
17 Travel	180,338.	171,825.	4,611.	3,902.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	204,998.	163,081.	20,611.	21,306.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,048.	45,030.	18,012.	9,006.
23 Insurance	48,709.	43,792.	3,575.	1,342.
24 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 O.)				
a STAFF DEVELOPMENT	72,027.	40,683.	24,954.	6,390.
b EQUIP. RENTAL & MAINT.	65,835.	55,780.	6,462.	3,593.
c TRAINING & PROG. MAT.	61,286.	61,286.		
d SUBS/BOOKS/REF. MAT.	52,415.	51,037.	605.	773.
e All other expenses	40,658.	30,440.	2,801.	7,417.
25 Total functional expenses. Add lines 1 through 24e	9,347,995.	7,769,878.	1,256,775.	321,342.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	475,013.	1	1,570,039.
	2 Savings and temporary cash investments		2	5,023,923.
	3 Pledges and grants receivable, net	1,588,516.	3	726,859.
	4 Accounts receivable, net	57,534.	4	146,896.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	119,394.	9	132,865.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 695,887.		
	b Less: accumulated depreciation	10b 488,891.	279,578.	10c 206,996.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	11,499,117.	12	7,840,282.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,044.	15	11,347.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,026,196.	16	15,659,207.	
Liabilities	17 Accounts payable and accrued expenses	1,136,477.	17	986,136.
	18 Grants payable		18	
	19 Deferred revenue	113,420.	19	193,517.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	175,144.	25	137,096.
	26 Total liabilities. Add lines 17 through 25	1,425,041.	26	1,316,749.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,890,155.	27	12,631,678.
	28 Net assets with donor restrictions	1,711,000.	28	1,710,780.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,601,155.	32	14,342,458.
33 Total liabilities and net assets/fund balances	14,026,196.	33	15,659,207.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,284,140.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,347,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	936,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,601,155.
5	Net unrealized gains (losses) on investments	5	805,158.
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	14,342,458.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,568,308.	4,307,025.	6,731,842.	5,381,327.	4,940,298.	27,928,800.
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	6,568,308.	4,307,025.	6,731,842.	5,381,327.	4,940,298.	27,928,800.
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)						2,064,878.
6 Public support. Subtract line 5 from line 4.						25,863,922.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,568,308.	4,307,025.	6,731,842.	5,381,327.	4,940,298.	27,928,800.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	34,682.	53,196.	70,102.	128,890.	199,640.	486,510.
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.	3,394.
11 Total support. Add lines 7 through 10						28,418,704.
12 Gross receipts from related activities, etc. (see instructions)					12	16,292,611.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	91.01 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	85.93 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number

52-1584951

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>657,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>182,339.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>153,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,946,587.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	153.													
c	Total lobbying expenditures (add lines 1a and 1b)	153.													
d	Other exempt purpose expenditures	9,347,842.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,347,995.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	617,400.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	154,350.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a	Lobbying nontaxable amount	476,834.	477,525.	550,399.	617,400.	2,122,158.
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,183,237.
c	Total lobbying expenditures		1,229.	269.	153.	1,651.
d	Grassroots nontaxable amount	119,209.	119,381.	137,600.	154,350.	530,540.
e	Grassroots ceiling amount (150% of line 2d, column (e))					795,810.
f	Grassroots lobbying expenditures		184.			184.

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	702,881.	788,498.	701,786.	669,409.	673,476.
b Contributions					
c Net investment earnings, gains, and losses	451,400.	-55,701.	94,448.	39,697.	2,882.
d Grants or scholarships					
e Other expenditures for facilities and programs	32,653.	29,916.	7,736.	7,320.	6,949.
f Administrative expenses					
g End of year balance	1,121,628.	702,881.	788,498.	701,786.	669,409.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		352,301.	229,882.	122,419.
d Equipment		63,200.	59,767.	3,433.
e Other		280,386.	199,242.	81,144.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				206,996.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED MUTUAL FUNDS	7,840,282.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,840,282.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	137,096.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	137,096.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,394,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 805,158.		
b	Donated services and use of facilities	2b 320,570.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,125,728.
3	Subtract line 2e from line 1		3	10,268,525.
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 15,615.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	15,615.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,284,140.

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

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

1	Total expenses and losses per audited financial statements		1	9,652,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 320,570.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	320,570.
3	Subtract line 2e from line 1		3	9,332,380.
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 15,615.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	15,615.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,347,995.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, 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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Employer identification number

52-1584951

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	1	PROGRAM SERVICE ACTIVITIES	IN-COUNTRY WORK AT SHELTERS AND COMMUNITY SPACES	14,458.
3 a Subtotal	0	1			14,458.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			14,458.

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

Schedule F (Form 990) 2019

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 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 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 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes 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 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 No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC MIGRATION SERVICES OF BROOKLYN - 191 JORALEMON STREET, 4TH FLOOR - BROOKLYN, NY 11201	11-2634818	501(C)(3)	32,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI - 25 SE 2ND AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501(C)(3)	69,565.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF DALLAS, INC. 9461 LBJ FREEWAY, SUITE 100 DALLAS, TX 75243	75-2745221	501(C)(3)	52,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF GALVESTON-HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	35,250.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF LOS ANGELES 1530 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	95-1690973	501(C)(3)	27,950.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF ST. PETERSBURG - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705	59-0875805	501(C)(3)	17,848.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **79.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENSHIP PROJECT 710 W LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	88-0488760	501(C)(3)	48,167.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD. SUITE 800 MIAMI, FL 33137	20-2123833	501(C)(3)	34,985.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA - 227 NORTH 18TH STREET - PHILADELPHIA, PA 19103	23-1352063	501(C)(3)	7,525.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE STREET ST. PAUL, MN 55104	41-0909036	501(C)(3)	6,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX - 1825 W. NORTHERN AVENUE - PHOENIX, AZ 85021-5298	86-0223999	501(C)(3)	57,707.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES - DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 506 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	9,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF ATLANTA 2305 PARKLAKE DRIVE, STE: 150 ATLANTA, GA 30345	58-1097003	501(C)(3)	5,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE, SUITE ATLANTA, GA 30345	30-0130066	501(C)(3)	10,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA - 5530 CHESTER AVENUE - PHILADELPHIA, PA 19143	23-3012024	501(C)(3)	10,033.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIAS PENNSYLVANIA 2100 ARCH STREET, #3 PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	16,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CAMPEINOS SIN FRONTERAS PO. BOX 423 SOMERTON, AZ 85350	86-0944114	501(C)(3)	15,167.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
WORLD RELIEF OF FORT WORTH 4059 BRYAN AVENUE FORT WORTH, TX 76110	23-6393344	501(C)(3)	5,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES DIOCESE OF PUEBLO - 429 W 10TH ST - PUEBLO, CO 81003	84-0471001	501(C)(3)	5,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES ARCHDIOCESE OF DENVER - 4045 PECOS STREET - DENVER, CO 80211	84-0686679	501(C)(3)	13,750.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
ARKANSAS JUSTICE COLLECTIVE PO BOX 8799 2811 SPRINGDALE, AVE, SPRINGDALE, AR 72764	81-3148063	501(C)(3)	8,750.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA - 5530 CHESTER AVENUE - PHILADELPHIA, PA 19143	23-3012024	501(C)(3)	10,033.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CAMPEINOS SIN FRONTERAS PO. BOX 423 SOMERTON, AZ 85350	86-0944114	501(C)(3)	16,667.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF GALVESTON-HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	35,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX - 1825 W. NORTHERN AVENUE - PHOENIX, AZ 85021-5298	86-0223999	501(C)(3)	62,917.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES - DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 506 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	10,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S. CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)(3)	20,376.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI - 25 SE 2ND AVENUE STE. 220 - MIAMI, FL 33131	65-0804650	501(C)(3)	64,147.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF DALLAS, INC. 9461 LBJ FREEWAY, SUITE 100 DALLAS, TX 75243	75-2745221	501(C)(3)	41,166.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF LOS ANGELES 1530 JAMES M. WOOD BLVD. LOS ANGELES, CA 90015	95-1690973	501(C)(3)	29,750.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF ST. PETERSBURG - 1213 16TH STREET NORTH - ST. PETERSBURG, FL 33705	59-0875805	501(C)(3)	13,883.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC CHARITIES OF ATLANTA 2305 PARKLAKE DRIVE, STE: 150 ATLANTA, GA 30345	58-1097003	501(C)(3)	5,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CATHOLIC MIGRATION SERVICES OF BROOKLYN - 191 JORALEMON STREET, 4TH FLOOR - BROOKLYN, NY 11201	11-2634818	501(C)(3)	32,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA - 227 NORTH 18TH STREET - PHILADELPHIA, PA 19103	23-1352063	501(C)(3)	7,525.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
CITIZENSHIP PROJECT 710 W LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	88-0488760	501(C)(3)	49,167.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD. SUITE 800 MIAMI, FL 33137	20-2123833	501(C)(3)	29,563.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE STREET ST. PAUL, MN 55104	41-0909036	501(C)(3)	7,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
LATIN AMERICAN ASSOCIATION 2750 BUFORD HIGHWAY NE ATLANTA, GA 30324	58-1237316	501(C)(3)	7,500.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE, SUITE ATLANTA, GA 30345	30-0130066	501(C)(3)	10,000.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
HIAS PENNSYLVANIA 2100 ARCH STREET, #3 PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	39,250.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
WORLD RELIEF OF FORT WORTH 4059 BRYAN AVENUE FORT WORTH, TX 76110	23-6393344	501(C)(3)	6,666.	0.			ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP
AMERICAN FRIENDS SERVICE COMMITTEE IOWA - 4211 GRAND AVE - DES MOINES, IA 50312	23-1352010	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF PUEBLO - 429 W 10TH ST - PUEBLO, CO 81003	84-0471001	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
CATHOLIC CHARITIES OF NORTHERN KANSAS, INC. - 1500 S. 9TH, PO BOX 1366 - SALINA, KS 67402	48-0676263	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
CATHOLIC CHARITIES OF SOUTHERN NEW MEXICO - 125 WEST MOUNTAIN AVENUE - LAS CRUCES, NM 88005	20-1144913	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
CHICANOS POR LA CAUSA, INC 1112 EAST BUCKEYE RD. PHOENIX, AZ 85034	86-0227210	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
CHURCH WORLD SERVICE 28606 PHILLIPS STREET) ELKHART, IN 46515	13-4080201	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
LA CASA HOGAR 106 S GTH STREET YAKIMA, WA 98901	94-3070007	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
SOAR IMMIGRATION LEGAL SERVICES 7931 NE HALSEY ST., STE.302 PORTLAND, OR 97213	93-0625359	501(C)(3)	10,000.	0.			THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2)
CATHOLIC CHARITIES OF ORANGE COUNTY - 1820 E. 16TH STREET - SANTA ANA, CA 92701	95-3031389	501(C)(3)	24,675.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, SUITE 201 - SAN JOSE, CA 95134	94-2762269	501(C)(3)	20,025.	0.			MX SCREENING PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGING THE GAP 2100 PARKLAKE DR, SUITE H ATLANTA, GA 30345	58-2266200	501(C)(3)	7,875.	0.			MX SCREENING PROJECT
PROYECTO IMMIGRANTE ICS, INC 6850 MANHATTAN BLVD, SUITE 200 FORT WORTH, TX 76120	20-4157357	501(C)(3)	12,075.	0.			MX SCREENING PROJECT
CENTRO DE AYUDA LEGAL PARA INMIGRANTES OF MOUNTAIN VIEW - 1056 W. EVELYN AVE, SUITE 30 - SUNNYVALE, CA 94086	45-3589057	501(C)(3)	24,900.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF ALBUQUERQUE/SANTAFE - 2010 BRIDGE BLVD SW - ALBUQUERQUE, NM 87105	85-0110070	501(C)(3)	15,900.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF DALLAS 1421 W. MOCKINGBIRD LN. DALLAS, TX 75247	53-0196617	501(C)(3)	67,650.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES IMMIGRATION SERVICES ARCHDIOCESE OF DENVER (CCDENVER) - 6240 SMITH RD, - DENVER, CO 80216	84-0686679	501(C)(3)	15,300.	0.			MX SCREENING PROJECT
ARIZONA JUSTICE FOR OUR NEIGHBORS 6740 S. SANTA CLARA AVE TUCSON, AZ 85756	82-3785502	501(C)(3)	5,550.	0.			MX SCREENING PROJECT
SOAR IMMIGRATION LEGAL SERVICES 7931 NE HALSEY ST, SUITE 302 PORTLAND, OR 97213	93-0625359	501(C)(3)	8,925.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DR. - RALEIGH, NC 27613	56-0529943	501(C)(3)	24,825.	0.			MX SCREENING PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN BERNARDINO COMMUNITY SERVICE CENTER, INC. - 788 N ARROWHEAD AVE - SAN BERNARDINO, CA 92401	33-0968298	501(C)(3)	5,400.	0.			MX SCREENING PROJECT
ERIE NEIGHBORHOOD HOUSE 1701 W SUPERIOR ST. CHICAGO, IL 60622	36-3043253	501(C)(3)	26,700.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF THE DIOCESE OF MONTEREY - 922 HILBY AVENUE, SUITE C - SEASIDE, CA 93955	77-0042961	501(C)(3)	15,225.	0.			MX SCREENING PROJECT
IACO IMMIGRATION & AMERICAN CITIZENSHIP ORGANIZATION - 647 MAIN AVE, SUITE 205 - PASSAIC, NJ 07055	22-3687930	501(C)(3)	66,525.	0.			MX SCREENING PROJECT
HOLY CROSS MINISTRIES OF UTAH 860 E. 4500 SOUTH, SUITE 204 SALT LAKE CITY, UT 84107	87-0359324	501(C)(3)	5,925.	0.			MX SCREENING PROJECT
LATIN AMERICAN COALITION 4938 CENTRAL AVE, SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)(3)	8,625.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF NORTHERN NEVADA - 500 E. FOURTH ST - RENO, NV 89512	88-0339754	501(C)(3)	12,075.	0.			MX SCREENING PROJECT
IMMIGRATION SERVICES OF MOUNTAIN VIEW - 1056 W. EVELYN AVE, SUITE 30 - SUNNYVALE, CA 94086	23-3100607	501(C)(3)	9,900.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF CENTRAL COLORADO INC. - 228 N. CASCADE AVE - COLORADO SPRINGS, CO 80903	84-0586169	501(C)(3)	12,075.	0.			MX SCREENING PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF PUEBLO - 429 WEST 10TH ST. - PUEBLO, CO 81003	84-0471001	501(C)(3)	8,475.	0.			MX SCREENING PROJECT
APOSTLE IMMIGRANT SERVICES 81 SALTONSTALL AVENUE NEW HAVEN, CT 06513	27-1023812	501(C)(3)	5,025.	0.			MX SCREENING PROJECT
CATHOLIC SOCIAL SERVICES - PHILADELPHIA - 227 N. 18TH STREET - PHILADELPHIA, PA 19103	23-1352063	501(C)(3)	10,950.	0.			MX SCREENING PROJECT
ANGKOR RESOURCE CENTER P.O. BOX 962733 RIVERDALE, GA 30296	45-5122434	501(C)(3)	10,500.	0.			MX SCREENING PROJECT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY - 1232 N. CLASSEN BLVD - OKLAHOMA CITY, OK 73106	73-0636561	501(C)(3)	14,625.	0.			MX SCREENING PROJECT
EL CONCILIO FAMILY SERVICES 301 SOUTH C STREET OXNARD, CA 93030	95-3792795	501(C)(3)	7,800.	0.			MX SCREENING PROJECT
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 N OLD WORLD ST #420 - MILWAUKEE, WI 53203	39-0806350	501(C)(3)	8,025.	0.			MX SCREENING PROJECT
JUSTICE FOR OUR NEIGHBORS - HOUSTON - 2220 BROADWAY STREET - HOUSTON, TX 77012	47-2079630	501(C)(3)	2,175.	0.			MX SCREENING PROJECT
OPENING DOORS INTERNATIONAL SERVICES, INC. - 2200 NORTH BELL AVENUE - DENTON, TX 76209	26-3514324	501(C)(3)	8,850.	0.			MX SCREENING PROJECT

Schedule I (Form 990)

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):

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC MIGRATION SERVICES OF BROOKLYN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF GALVESTON-HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF LOS ANGELES

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

Part IV Supplemental Information

NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CITIZENSHIP PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA IMMIGRANT COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LAW CENTER OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES - DIOCESE OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW AMERICAN PATHWAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER

Part IV Supplemental Information

OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER
OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: HIAS PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER
OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CAMPESINOS SIN FRONTERAS

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER
OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: WORLD RELIEF OF FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER
OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH
NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED
COMMUNITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES DIOCESE OF PUEBLO

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES ARCHDIOCESE OF DENVER

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ARKANSAS JUSTICE COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CAMPESINOS SIN FRONTERAS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF GALVESTON-HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES COMMUNITY SERVICES OF PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES - DIOCESE OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF CHARLOTTE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES LEGAL SERVICES - ARCH. OF MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

Part IV Supplemental Information

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC MIGRATION SERVICES OF BROOKLYN

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC SOCIAL SERVICES, ARCHDIO OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CITIZENSHIP PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA IMMIGRANT COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LAW CENTER OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: LATIN AMERICAN ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW AMERICAN PATHWAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: HIAS PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED

Part IV Supplemental Information

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: WORLD RELIEF OF FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ILRC - NAC - TO INCREASE THE NUMBER OF PEOPLE WHO APPLY FOR AND OBTAIN UNITED STATES CITIZENSHIP THROUGH NATURALIZATION AND ESTABLISH A CITIZENSHIP COLLABORATIVE IN NAC FUNDED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN FRIENDS SERVICE COMMITTEE IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4) PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES DIOCESE OF PUEBLO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4) PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF NORTHERN KANSAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE

Part IV Supplemental Information

TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4) PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING PERMANET AND POSITIVE CHARGE.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF SOUTHERN NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4) PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: CHICANOS POR LA CAUSA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4) PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH WORLD SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4)

Part IV Supplemental Information

PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING
PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: LA CASA HOGAR

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE
TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE
LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE
LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4)
PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING
PERMANENT AND POSITIVE CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: SOAR IMMIGRATION LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVES OF THIS PROJECT ARE
TO 1) BUILD GRASSROOTS IMMIGRANT-LED ORGANIZING CAPACITY; 2) PROMOTE
LEADERSHIP DEVELOPMENT TO EMPOWER LOCAL IMMIGRANT LEADERS; 3) ENGAGE
LEADERS AND OTHER IMMIGRANTS IN GRASSROOTS ORGANIZING CAMPAIGNS; AND 4)
PROMOTE SELF-SUFFICIENCY AND SELF-DETERMINATION FOR THOSE SEEKING
PERMANENT AND POSITIVE CHANGE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Questions Regarding Compensation

	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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	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	

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNA MARIE GALLAGHER EXECUTIVE DIRECTOR (FROM 2/2019)	(i)	151,916.	0.	0.	0.	10,963.	162,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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 NOVEMBER 2019.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY CLINIC'S BOARD OF DIRECTORS AFTER A REVIEW OF COMPARABLE NON-PROFIT ORGANIZATIONS. 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 2015, CLINIC HIRED BDO TO CONDUCT THIS ANALYSIS. IN 2018, CLINIC HIRED MARCUM TO CONDUCT THIS ANALYSIS. RESULTS ARE SHARED WITH CLINIC'S BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE. THE BOARD REVIEWS THE INFORMATION, AND USES THE RESULTS TO DETERMINE THE EXECUTIVE DIRECTOR'S SALARY IN CONJUNCTION WITH HER PERFORMANCE EVALUATION, WHICH IS 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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	Employer identification number 52-1584951
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BUDGET WITH INCLUDES STANDARD STAFF COMPENSATION ADJUSTMENTS. CLINIC HIRED A NEW EXECUTIVE DIRECTOR ON FEBRUARY 4, 2019. THE BOARD BEGAN THE RECRUITMENT PROCESS IN SEPTEMBER OF 2018. THE BOARD FORMED A SEARCH AND HIRING COMMITTEE TO OVERSEE THIS PROCESS, AND THE COMMITTEE HIRED THE REID GROUP TO MANAGE THE PROCESS. A NEW SALARY WAS NEGOTIATED FOR THIS POSITION, AND WAS IN RANGE WITH THE 2018 COMPENSATION ANALYSIS CONDUCTED BY MARCUM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AR, CA, FL, GA, HI, IL, KY, MA, MI, MN, MS, NH, NM, OR, 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 - AMENDED RETURN:
THIS RETURN IS BEING AMENDED TO CORRECT THE SCHEDULE F REGION OF FOREIGN PROGRAMMATIC ACTIVITIES TO "NORTH AMERICA". IT PREVIOUSLY INADVERTENTLY LISTED "SOUTH AMERICA".

Related Organizations and Unrelated Partnerships

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

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

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

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CATHOLIC IMMIGRATION NETWORK, INC. - 26-2808223, 8757 GEORGIA AVE, SUITE 850, SILVER SPRING, MD 20910	IMMIGRATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CATHOLIC LEGAL IMMIGRATION NETWORK, INC.	X	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.