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**Return of Organization Exempt From Income Tax**

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

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year period beginning and ending

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending

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

**D** Employer identification number: **52-1584951**

**E** Telephone number: **202-635-2556**

**F** Accounting method:  Cash  Accrual  Other (specify)

**G** Web site: **http://www.cliniclegal.org/**

**J** Organization type (check only one):  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **6,484,155.**

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN: **▶**  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	554,103.		
	b	Indirect public support	1b	2,588,000.		
	c	Government contributions (grants)	1c	1,818,839.		
	d	Total (add lines 1a through 1c) (cash \$ 4,960,942. noncash \$ )	1d	4,960,942.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	516,032.		
	3	Membership dues and assessments	3	50,918.		
	4	Interest on savings and temporary cash investments	4	29,180.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	Less rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a			
		868,745.	8a			
		(B) Other	8b			
		857,063.	8b			
8c	Gain or (loss) (attach schedule)	8c	11,682.			
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	11,682.			
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11	58,338.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,627,092.			
Expenses	13	Program services (from line 44, column (B))	13	4,592,565.		
	14	Management and general (from line 44, column (C))	14	707,681.		
	15	Fundraising (from line 44, column (D))	15	118,061.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	5,418,307.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	208,785.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,399,665.		
	20	Other changes in net assets or fund balances (attach explanation)	20	<19,569.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,588,881.		

Revenue SCANNED JUN 19 '02

RECEIVED JUN 11 2002 OSC

See Statement 2

38

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$1,785,134, noncash \$	1,785,134.	1,785,134.	Statement 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	88,649.	66,868.	18,675.	3,106.
26	Other salaries and wages	2,023,957.	1,526,664.	426,379.	70,914.
27	Pension plan contributions				
28	Other employee benefits	260,467.	196,470.	54,871.	9,126.
29	Payroll taxes	161,975.	122,177.	34,123.	5,675.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	50,093.	45,029.	5,064.	
34	Telephone				
35	Postage and shipping	54,667.	42,852.	11,790.	25.
36	Occupancy	163,120.	123,041.	34,364.	5,715.
37	Equipment rental and maintenance	61,962.	52,687.	9,275.	
38	Printing and publications	58,995.	57,024.	1,971.	
39	Travel	209,283.	187,210.	21,428.	645.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	69,733.	52,599.	14,691.	2,443.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	See Statement 3	430,272.	334,810.	75,050.	20,412.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	5,418,307.	4,592,565.	707,681.	118,061.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?

**SEE ATTACHMENT STATEMENT-PART III-STMT OF PRG SVC**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	<b>PROVIDE PROFESSIONAL LEGAL SUPPORT TO CATHOLIC DIOCESE WITH IMMIGRATION PROGRAMS TO ASSIST IMMIGRANTS IN ATTAINING LAWFUL STATUS IN THE UNITED STATES.</b>	(Grants and allocations \$ _____)	4,592,565.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>4,592,565.</b>

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	178,697.	45 77,995.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 50,422.	
	b Less allowance for doubtful accounts	47b 10,000.	47c 40,422.
	48 a Pledges receivable	48a 232,450.	
	b Less allowance for doubtful accounts	48b	48c 232,450.
	49 Grants receivable	26,448.	49 758,482.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	33,469.	53 20,021.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other	See Statement 5	56 370,075.	
57 a Land, buildings, and equipment: basis	57a 394,696.		
b Less accumulated depreciation	57b 257,243.	57c 137,453.	
58 Other assets (describe <input type="checkbox"/> See Statement 6 )	3,250.	58 857,629.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>1,740,208.</b>	<b>59 3,009,043.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	215,543.	60 245,164.
	61 Grants payable	40,000.	61 583,572.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> See Statement 7 )	85,000.	65 591,426.
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>340,543.</b>	<b>66 1,420,162.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>		
	67 Unrestricted	341,717.	67 462,535.
	68 Temporarily restricted	1,057,948.	68 1,126,346.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	<b>1,399,665.</b>	<b>73 1,588,881.</b>
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>1,740,208.</b>	<b>74 3,009,043.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	5,607,523.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <19,569.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	<19,569.>
c	Line a minus line b	c	5,627,092.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,627,092.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	5,418,307.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	5,418,307.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,418,307.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 8		88,649.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2001)

7570 10 100271

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization UNITED STATES CATHOLIC CONFERENCE (USCC)
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed DC; TX; CA; NY
90 b Number of employees employed in the pay period that includes March 12, 2001

91 The books are in care of CATHOLIC LEGAL IMMIGRATION NETWORK Telephone no 202-635-2556
Located at 415 MICHIGAN AVENUE, NE, WASHINGTON, DC ZIP + 4 20017

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>PROFESSIONAL SRVC FEES</b>					158,204.
b <b>RELIGIOUS CONTRACT REV</b>					235,135.
c <b>TRAINING AND SEMINARS</b>					122,693.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					50,918.
95 Interest on savings and temporary cash investments			14	29,180.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	11,682.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS INCOME</b>					58,338.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		40,862.	625,288.
105 Total (add line 104, columns (B), (D), and (E))					666,150.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

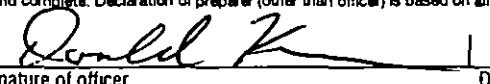
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

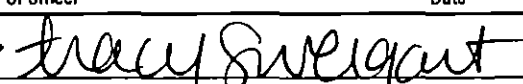
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here:  | 6/7/02 | Donald Kerman, Secretary + E.D.  
Signature of officer | Date | Type or print name and title

Paid Preparer's Use Only:  | 6/5/02 |  self-employed | Preparer's SSN or PTIN: \_\_\_\_\_  
Firm's name (or yours if self-employed), address and ZIP + 4: McQuade Brennan, L.L.P., 1730 Rhode Island Ave, NW, # 800, Washington, DC 20036 | EIN: \_\_\_\_\_ | Phone no: 202-296-3306

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**

Employer identification number

**52 1584951**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JAMES HAGGERTY</u> ----- <u>NEW YORK, NY</u>	DIRECTOR SP	78,793.		
<u>CHARLES WHEELER</u> ----- <u>BERKELEY, CA</u>	DIRECTOR 40	72,478.		
<u>MARK VONSTERNBERG</u> ----- <u>BROOKLYN, NY</u>	ATTORNEY 40	70,521.		
<u>JEFFREY CHENOWETH</u> ----- <u>WASHINGTON, DC</u>	DIR CONSORTIA 40	62,735.		
<u>DONALD PITCOCK</u> ----- <u>BURKE, VA</u>	DIR OF ADMIN 40	60,535.		
Total number of other employees paid over \$50,000 ▶	8			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>None</u> ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) <b>See Statement 10</b>		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
  - 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,599,046.	3,609,390.	4,561,502.	4,391,873.	16,161,811.
16 Membership fees received	33,275.	28,775.	7,000.	8,593.	77,643.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	506,390.	364,325.	601,167.	659,653.	2,131,535.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,703.	21,641.	43,151.	55,458.	147,953.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	43,107.	23,124.	44,981.	18,891.	130,103.
23 Total of lines 15 through 22	4,209,521.	4,047,255.	5,257,801.	5,134,468.	18,649,045.
24 Line 23 minus line 17	3,703,131.	3,682,930.	4,656,634.	4,474,815.	16,517,510.
25 Enter 1% of line 23	42,095.	40,473.	52,578.	51,345.	
26 Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a N/A</p> <p>26b N/A</p> <p>26c N/A</p> <p>26d N/A</p> <p>26e N/A</p> <p>26f N/A %</p>
27 Organizations described on line 12	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:</p> <p>(2000) 1,959,600. (1999) 1,917,186. (1998) 1,831,355. (1997) 1,796,139.</p> <p><b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</p> <p>(2000) 0. (1999) 0. (1998) 0. (1997) 0.</p> <p><b>c</b> Add: Amounts from column (e) for lines 15 <u>16,161,811.</u> 16 <u>77,643.</u> 17 <u>2,131,535.</u> 20 _____ 21 _____</p> <p><b>d</b> Add: Line 27a total <u>7,504,280.</u> and line 27b total _____ 0.</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <u>18,649,045.</u></p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 18,370,989.</p> <p>27d 7,504,280.</p> <p>27e 10,866,709.</p> <p>27g 58.2695%</p> <p>27h .7934%</p>
28 Unusual Grants	<p>For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.</p> <p style="text-align: center;">None</p>				

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500 000	20% of the amount on line 40		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
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 other means			
i Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see Instructions)

OMB No 1545-0047

**2001**

Name of organization

**CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**

Employer identification number

**52-1584951**

Organization type (check one)

- | Filers of          | Section  |
|--------------------|--|
| Form 990 or 990 EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

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

**Special Rules-**

- For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

**CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**

**52-1584951**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 8,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

52-1584951

## Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>175,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ <u>561,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ <u>13,958.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>10</u>		\$ <u>1,242,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>12</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Name of organization

Employer identification number

**CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**

**52-1584951**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16		\$ 2,588,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

# Application for Extension of Time To File an Exempt Organization Return

**COPY**  
OMB No 1545-1709

▶ File a separate application for each return

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

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

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

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

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until August 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [Handwritten Signature] Title ▶ \_\_\_\_\_ Date ▶ 6/14/02

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

**McQUADE BRENNAN, L L P.**  
CERTIFIED PUBLIC ACCOUNTANTS  
AND CONSULTANTS  
1730 RHODE ISLAND AVE, NW #800  
WASHINGTON, DC 20036  
52-1223909

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Form 990                      Gain (Loss) From Publicly Traded Securities                      Statement    1

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Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
SALE OF INVESTMENTS	868,745.	857,063.	0.	11,682.
To Form 990, Part I, line 8	868,745.	857,063.	0.	11,682.

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Form 990                      Other Changes in Net Assets or Fund Balances                      Statement    2

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Description	Amount
UNREALIZED LOSS ON INVESTMENTS	<19,569.>
Total to Form 990, Part I, line 20	<19,569.>

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Form 990                      Other Expenses                      Statement    3

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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PROFESSIONAL SVCS AND CONSULTANT EXPS	196,443.	163,668.	14,775.	18,000.
INSURANCE	50,984.	42,429.	8,555.	
SUBSCRIPTION & REFERENCE MATERIALS	26,330.	24,071.	1,237.	1,022.
STAFF DEVELOPMENT	18,390.	8,774.	8,539.	1,077.
LICENSES & FEES	15,860.	12,979.	2,606.	275.
COMMUNICATION CHARGES	80,314.	70,679.	9,597.	38.
MISCELLANEOUS	17,350.	2,328.	15,022.	
BANK CHARGES	4,879.	1,059.	3,820.	
BUILDING MAINTENANCE AND UTILITIES	431.	431.		
TRAINING	906.	906.		
PROMOTIONAL	9,413.	7,486.	1,927.	
LOSS ON DISPOSAL	8,972.		8,972.	
Total to Fm 990, ln 43	430,272.	334,810.	75,050.	20,412.

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Form 990	Cash Grants and Allocations			Statement 4
Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
LEGAL & IMMIGRATION SERVICES	AMERICAN FRIENDS SERVICE COMMITTEE	15 RUTHERFORD PLACE, NEW YORK, NY 10003	None	27,000.
LEGAL & IMMIGRATION SERVICES	HEBREW IMMIGRANT AID SOCIETY	333 SEVENTH AVE., 17TH FLOOR, NEW YORK, NY 10001	None	27,000.
LEGAL & IMMIGRATION SERVICES	CATHOLIC COMMUNITY SRVCS OF NEWARK	171 CLIFTON AVENUE, NEWARK, NJ 07104	None	58,060.
LEGAL & IMMIGRATION SERVICES	THE AHA REFUGEE ASSISTANCE PROGRAM	4250 S. MEAD, SEATTLE, WA 98118	None	24,000.
LEGAL & IMMIGRATION SERVICES	THE ARCHDIOCESE OF DETROIT	1234 WASHINGTON BLVD, DETROIT, MI 48226	None	32,500.
LEGAL & IMMIGRATION SERVICES	ARCHDIOCESE OF WASHINGTON	5001 EASTERN AVE., HYATTSVILLE, MD 20017	None	29,332.
LEGAL & IMMIGRATION SERVICES	DIOCESE OF DALLAS	3725 BLACKBURN STREET, DALLAS, TX 75219	None	57,500.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF LA	1531 JAMES M. WOOD BLVD, LOS ANGELES, CA 90015	None	32,500.
LEGAL & IMMIGRATION SERVICES	HOGAR HISPANO	216 GOVERNOR BURKE RD., HILLSBOROUGH, NC 27278	None	45,832.
LEGAL & IMMIGRATION SERVICES	ASSOCIATED CATHOLIC CHARITIES	2900 LOUISIANA ST., HOUSTON, TX 77266	None	16,500.
LEGAL & IMMIGRATION SERVICES	CATHOLIC SOCIAL SERVICES	1825 W. NORTHERN AVE., PHOENIX, ARIZONA 85021	None	32,500.
LEGAL & IMMIGRATION SERVICES	CATHOLIC SOCIAL SERVICES OF LINCOLN	123 N. 25TH ST., LINCOLN, NE 68503	None	32,500.

LEGAL & IMMIGRATION SERVICES	ARCHDIOCESE OF NEW YORK	1011 FIRST AVENUE, NEW YORK, NY 10022	None	90,322.
LEGAL & IMMIGRATION SERVICES	DIOCESE OF DES MOINES	601 GRAND AVE., DES MOINES, IA 50309	None	8,750.
LEGAL & IMMIGRATION SERVICES	SPANISH CATHOLIC CENTER	WASHINGTON, DC	None	13,332.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF BOSTON	75 KEENELAND STREET, BOSTON, MA 02111	None	10,000.
LEGAL & IMMIGRATION SERVICES	DIOCESE OF VENICE	1000 PINEBROOK RD., VENICE, FL 34292	None	40,500.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF ORLANDO	1771 N. SEMORAN BLVD, ORLANDO FL 32807	None	149,610.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF SAN DIEGO	349 CEDAR ST, SAN DIEGO, CA 92101	None	32,500.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF ST PETERSBURG	1213 16TH ST, NW, ST. PETERSBURG, FL 33705	None	478,110.
LEGAL & IMMIGRATION SERVICES	CENTRAL AMERICAN RESOURCE CENTER	1245 ALABAMA ST., SAN FRANCISCO, CA 94110	None	12,500.
LEGAL & IMMIGRATION SERVICES	DIOCESAN MIGRANT & REFUGEE SERVICES	1117 N. STANTON, EL PASO, TX 79902	None	5,750.
LEGAL & IMMIGRATION SERVICES	DIOCESE OF RICHMOND	811 CATHEDRAL PLACE, RICHMOND, VA 23220	None	5,000.
LEGAL & IMMIGRATION SERVICES	IMMIG. LAW ENFORCEM. MONITOR. PROJ.	HOUSTON, TX	None	5,000.
LEGAL & IMMIGRATION SERVICES	THE WORKPLACE PROJECT	91 N. FRANKLIN ST. # 207, HEMPSTEAD, NY 11550	None	6,250.
LEGAL & IMMIGRATION SERVICES	LUTHERAN SOCIAL SERVICE OF NE FL	421 W. CHURCH ST. #322, JACKSONVILLE, FL	None	129,120.

LEGAL & IMMIGRATION SERVICES	ARCHDIOCESAN HOUSING AUTHORITY	4250 S. MEAD, SEATTLE, WA 98118	None	8,500.
LEGAL & IMMIGRATION SERVICES	AUSTIN INTERFAITH SPONSORING COMM.	AUSTIN, TX	None	7,500.
LEGAL & IMMIGRATION SERVICES	CAMDEN CTR FOR LAW & SOCIAL JUSTICE	NORTH CAMDEN, NJ	None	47,166.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES COUNSELING - NY	1011 FIRST AVENUE, NEW YORK, NY 10022	None	5,000.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES LEGAL SVC-MIAMI	7101 BISCAYNE BLVD., MIAMI, FL 33138	None	73,590.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF AMITYVILLE	143 SCHEIGEL BLVD., AMITYVILLE, NY 11701	None	5,000.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF PENSACOLA	222 EAST GOVERNMENT ST., PENSACOLA, FL	None	22,200.
LEGAL & IMMIGRATION SERVICES	CATHOLIC CHARITIES OF W. PALM BEACH	900 54TH ST., W.PALM BEACH, FL 33407	None	82,710.
LEGAL & IMMIGRATION SERVICES	CATHOLIC IMMIGRATION LAW PROJECT	3700 LINDEL BLVD., ST. LOUIS, MO 63108	None	32,500.
LEGAL & IMMIGRATION SERVICES	COALITION FOR HUMANE IMMIG. RIGHTS	1521 WILSHIRE BLVD, LOS ANGELES, CA 90017	None	10,000.
LEGAL & IMMIGRATION SERVICES	COLONIAS DEVELOPMENT COUNCIL	121 WYATT DR. #5, LAS CRUCES, NM 88005	None	7,500.
LEGAL & IMMIGRATION SERVICES	CONTRA COSTA INTERFAITH SUPP. COMM.	RICHMOND, CA	None	10,000.
LEGAL & IMMIGRATION SERVICES	DIGNITY & AMNESTY FOR IMMIGRANTS	251 WEST 14TH ST., NEW YORK, NY 10011	None	6,250.
LEGAL & IMMIGRATION SERVICES	DIOCESE OF METUCHEN	146 METLARS LN., PISCATAWAY, NJ 08854	None	5,000.

LEGAL & IMMIGRATION SERVICES	EL BUEN SAMARITANO	1919 S. 1ST ST., AUSTIN, TX 78704-4253	None	10,000.
LEGAL & IMMIGRATION SERVICES	FARM WORKERS HELP, INC.	37240 LOCK ST., DADE CITY, FL 33523	None	5,000.
LEGAL & IMMIGRATION SERVICES	IMMIGRATION LAW PROJECT	3700 LINDEL BLVD., ST. LOUIS, MO 63108	None	8,000.
LEGAL & IMMIGRATION SERVICES	NALEO EDUCATION FUND	5800 S. EASTERN AVE. #365, LOS ANGELES, CA 90040	None	10,000.
LEGAL & IMMIGRATION SERVICES	SUNFLOWER COMMUNITY ACTIONS, INC.	1540 N. BROADWAY #103, WICHITA, KS 67214	None	5,000.
LEGAL & IMMIGRATION SERVICES	TENANTS' AND WORKERS SUPPORT COMM.	P.O. BOX 2327, ALEXANDRIA, VA 22301	None	5,000.
LEGAL & IMMIGRATION SERVICES	VOZ WORKERS RIGHTS EDUCATION PROJ.	330 SE 11TH AVE., PORTLAND, OR 97214	None	6,250.
LEGAL & IMMIGRATION SERVICES	WIND OF THE SPIRIT IMMIGRANT RESOUR	12 COLUMBA ST., MORRISTOWN, NJ 07960	None	5,000.
LEGAL & IMMIGRATION SERVICES	VARIOUS < \$5,000		None	6,000.
Total Included on Form 990, Part II, line 22				<u>1785134.</u>

Form 990	Other Investments	Statement	5
Description		Valuation Method	Amount
LONG TERM CASH INVESTMENTS		Market Value	884,591.
Total to Form 990, Part IV, line 56, Column B			<u>884,591.</u>

Form 990	Other Assets	Statement	6
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Description	Amount
SECURITY DEPOSIT	3,250.
RESTRICTED CASH	413,697.
RECEIVABLE FROM SUB-GRANTEES	440,682.
Total to Form 990, Part IV, line 58, Column B	857,629.

Form 990	Other Liabilities	Statement	7
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Description	Amount
CONTRIBUTIONS PAYABLE	140,916.
REFUNDABLE ADVANCES	450,510.
Total to Form 990, Part IV, line 65, Column B	591,426.



Form 990                      Part V - List of Officers, Directors, Trustees and Key Employees                      Statement 8

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
MOST REVEREND THOMAS G. WENSKI 9401 BISCAYNE BOULEVARD MIAMI, FL 33138	CHAIRMAN 0.	0.	0.	0.
MOST REVEREND GEORGE V. MURRY 29A PRINCESSE GADE ST. THOMAS, VI 00802	TREASURER 0.	0.	0.	0.
MOST REVEREND NICHOLAS DIMARZIO 631 MARKET STREET CAMDEN, NJ 08102	DIRECTOR 0.	0.	0.	0.
JANE GOLDEN BELFORD, ESQ P.O. BOX 29260 WASHINGTON, DC 20017-0260	DIRECTOR 0.	0.	0.	0.
MR. MARK FRANKEN 3211 FOURTH STREET, NE WASHINGTON, DC 20017	DIRECTOR 0.	0.	0.	0.
SR. RAYMONDA DUVALL 349 CEDAR STREET SAN DIEGO, CA 92101-3197	DIRECTOR 0.	0.	0.	0.
MOST REVEREND JOHN H. RICARD, SSJ 11 NORTH B STREET PENSACOLA, FL 32501	DIRECTOR 0	0.	0.	0.
MOST REVEREND STEPHEN E. BLAIRE 1105 NORTH LINCOLN STREET STOCKTON, CA 95204-02337	VICE-PRESIDENT 0.	0.	0.	0.
AUSTIN T. FRAGOMEN 515 MADISON AVENUE NEW YORK, NY 10022	DIRECTOR 0	0.	0.	0.
MOST REVEREND EMILIO ALLUE 327 GORHAM STREET LOWELL, MA 01852	DIRECTOR 0.	0.	0.	0.
MOST REVEREND MICHAEL P. DRISCOLL 303 FEDERAL WAY BOISE, ID 83705	DIRECTOR 0	0.	0.	0.

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

52-1584951

MOST REVEREND THOMAS J. FLANAGAN P.O. BOX 28410 SAN ANTONIO, TX 78228-0410	DIRECTOR 0	0.	0.	0.
MOST REVEREND THOMAS J. OLMSTED 424 N. BROADWAY WICHITA, KS 67202	DIRECTOR 0	0.	0.	0.
SR. M. LOURDES SHEEHAN, RSM 3211 FOURTH STREET, NE WASHINGTON, DC 20017	DIRECTOR 0	0.	0.	0.
MOST REVEREND JAMES A. TAMAYO 1901 CORPUS CHRISTI STREET LAREDO, TX 78044	DIRECTOR 0	0.	0.	0.
MARGARET K. HATTON 4200 CATHEDRAL AVENUE, NW WASHINGTON, DC 20016	DIRECTOR 0	0.	0.	0.
LILY GUTIERREZ 2544 ANISE STREET EL PASO, TX 79936	DIRECTOR 0	0.	0.	0.
DONALD KERWIN 415 MICHIGAN AVENUE, NE WASHINGTON, DC 20017	COO 40	88,649.	0.	0.
Totals Included on Form 990, Part V		88,649.	0.	0.

Form 990 Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes Statement 9

Line	Explanation of Relationship of Activities
93A	FEES FOR LEGAL RESOURCES PROVIDED TO LOW INCOME IMMIGRANTS, CHARGED ON A SLIDING SCALE BASED ON FEDERAL POVERTY GUIDELINES.
93B	INCOME FROM HOURLY CHARGES FOR REPRESENTING PRIESTS AND OTHER RELIGIOUS/CHURCH INDIVIDUALS IN LEGAL CITIZENSHIP ISSUES.
93C	CHARGES FOR PROVIDING TRAINING AND MATERIALS TO PARTNER AGENCIES IN DEALING WITH IMMIGRATION ISSUES.
94	DUES PAID BY DIOCESE TO ENABLE CATHOLIC LEGAL IMMIGRATION NETWORK, INC TO PROVIDE LEGAL RESOURCES TO LOW INCOME IMMIGRANTS.
103A	MISCELLANEOUS REVENUE RECEIVED IN PROVIDING LEGAL RESOURCES TO LOW INCOME IMMIGRANTS.

Schedule A	Statement Regarding Activities with Substantial Contributors, Trustees, Directors, Creators, Key Employees, Etc., Part III, Line 2	Statement 10
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DONALD KERWIN - CHIEF OPERATING OFFICER - COMPENSATION \$88,649

Schedule A	Other Income	Statement 11
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Description	2000 Amount	1999 Amount	1998 Amount	1997 Amount
MISCELLANEOUS INCOME	43,107.	23,124.	44,981.	18,891.
Total to Schedule A, line 22	43,107.	23,124.	44,981.	18,891.

**CATHOLIC LEGAL IMMIGRATION NETWORK, INC.**  
**EIN #52-1584951**

**ATTACHMENT TO 2001 FORM 990**  
**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

**TO BECOME A NATIONAL SUPPORT AND RESOURCE CENTER TO DIOCESAN ORGANIZATIONS IN THE FIELD OF IMMIGRATION AND NATIONALITY AND TO FACILITATE THE PROVISION OF IMMIGRATION AND NATIONALITY SERVICES MAINLY TO THE LOW AND INDIGENT POPULATION THROUGH DIOCESAN AFFILIATES**

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.  
EIN #52-1584951

ATTACHMENT TO 2001 FORM 990  
PART IV - BALANCE SHEETS  
LAND, BUILDINGS, AND EQUIPMENT

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>ADDITIONS</u>	<u>RETIREMENTS</u>	<u>END OF YEAR</u>
<b>BASIS:</b>				
EQUIPMENT	406,391	44,126	(165,097)	285,420
FURNITURE/FIXTURES	61,197	2,292		63,489
LEASEHLD IMPR	<u>45,787</u>	<u>          </u>	<u>          </u>	<u>45,787</u>
<b>TOTAL</b>	<b><u>513,375</u></b>	<b><u>46,418</u></b>	<b><u>(165,097)</u></b>	<b><u>394,696</u></b>
 <b>ACCUMULATED DEPRECIATION:</b>				
EQUIPMENT	263,976	61,444	(156,125)	169,295
FURNITURE/FIXTURES	41,621	6,075		47,696
LEASEHLD IMPR	<u>38,038</u>	<u>2,214</u>	<u>          </u>	<u>40,252</u>
<b>TOTAL</b>	<b><u>343,635</u></b>	<b><u>69,733</u></b>	<b><u>(156,125)</u></b>	<b><u>257,243</u></b>