

Form **990**  
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)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

## A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
KNIGHTS OF COLUMBUS

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
ONE COLUMBUS PLAZA

City or town, state or province, country, and ZIP or foreign postal code  
NEW HAVEN, CT 065103326

**D** Employer identification number  
06-0416470

**E** Telephone number  
(203) 752-4000

**G** Gross receipts \$ 4,690,261,926

**F** Name and address of principal officer  
MICHAEL J O'CONNOR  
ONE COLUMBUS PLAZA  
NEW HAVEN, CT 065103326

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 8 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW KOFC ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1882

**M** State of legal domicile CT

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
A CATHOLIC FRATERNAL ORGANIZATION DEDICATED TO PROMOTING AND CONDUCTING EDUCATIONAL, CHARITABLE, RELIGIOUS AND SOCIAL WELFARE WORKS, RENDERING MUTUAL AID ASSISTANCE TO SICK AND NEEDY MEMBERS AND THEIR FAMILIES, AND PROVIDING INSURANCE PRODUCTS AND ANNUITIES TO BENEFIT MEMBERS, WIVES AND CHILDREN

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	3,504
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,929,000
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	12,008,221
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	1,728,181

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	1,232,583,748	1,289,382,982
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	946,867,765	941,826,817
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,649,564	56,340,382
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,234,101,077	2,287,550,181
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,750,809	40,477,336
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,726,654,415	1,775,397,570
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	150,571,766	146,516,840
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,264,668	236,461,568
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,165,241,658	2,198,853,314
<b>19</b> Revenue less expenses Subtract line 18 from line 12	68,859,419	88,696,867

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	22,224,514,537	23,634,780,746
<b>21</b> Total liabilities (Part X, line 26)	20,377,559,753	21,679,570,652
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,846,954,784	1,955,210,094

## 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: MICHAEL J O'CONNOR SUPREME SECRETARY  
Date: 2017-11-01

**Paid Preparer Use Only**

Print/Type preparer's name: THOMAS F LYDEN  
Preparer's signature: THOMAS F LYDEN  
Date: [blank]  
Check  if self-employed  
PTIN: P01215353  
Firm's name: SEWARD AND MONDE CPA'S  
Firm's EIN: 06-0530830  
Firm's address: 296 STATE STREET  
Phone no: (203) 248-9341  
NORTH HAVEN, CT 064732165

**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

KNIGHTS OF COLUMBUS IS A CATHOLIC FRATERNAL ORGANIZATION DEDICATED TO PROMOTING AND CONDUCTING EDUCATIONAL, CHARITABLE, RELIGIOUS AND SOCIAL WELFARE WORKS, RENDERING MUTUAL AID AND ASSISTANCE TO SICK AND NEEDY MEMBERS AND THEIR FAMILIES, AND PROVIDING INSURANCE PRODUCTS AND ANNUITIES TO BENEFIT MEMBERS, WIVES AND CHILDREN

**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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,775,397,570 including grants of \$ ) (Revenue \$ 1,273,919,463 )  
See Additional Data

**4b** (Code ) (Expenses \$ 382,978,408 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 40,477,336 including grants of \$ 40,477,336 ) (Revenue \$ 5,048,422 )  
See Additional Data

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

**4e Total program service expenses** ▶ 2,198,853,314

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .	<b>4</b>	
<b>5</b> 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> . . . . .	<b>5</b>	No
<b>6</b> 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> 🗑️ . . . . .	<b>6</b>	No
<b>7</b> 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> 🗑️ . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .	<b>8</b>	No
<b>9</b> 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> 🗑️ . . . . .	<b>9</b>	Yes
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> 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> 🗑️ . . . . .	<b>11a</b>	Yes
<b>b</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> 🗑️ . . . . .	<b>11b</b>	Yes
<b>c</b> 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> 🗑️ . . . . .	<b>11c</b>	No
<b>d</b> 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> 🗑️ . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	<b>11e</b>	Yes
<b>f</b> 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> 🗑️ . . . . .	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	<b>12a</b>	Yes
<b>b</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> 🗑️ . . . . .	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	Yes
<b>b</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> . . . . . 🗑️	<b>14b</b>	Yes
<b>15</b> 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> . . . . . 🗑️	<b>15</b>	Yes
<b>16</b> 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> . . . . . 🗑️	<b>16</b>	Yes
<b>17</b> 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> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> 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> . . . . .	<b>18</b>	No
<b>19</b> 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> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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>	Yes	
<b>23</b> 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>	Yes	
<b>24a</b> 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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		
<b>b</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>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>	Yes	
<b>34</b> 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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL J O'CONNOR SUPREME SECRETARY ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326 (203) 752-4822

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

**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 dotted 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				
See Additional Data Table											

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	8,162,053	0	656,716

**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 ► 154

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

**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
EBIX INC PO BOX 740209 ATLANTA, GA 30374	PMO SUPPORT, IMAGING WORKFLOW & NETWORKS	6,399,550
ST JOSEPH PRINTING LTD 50 MACINTOSH BLVD CONCORD, ONTARIO L4K 4P3 CA	PRINTING SERVICES	3,475,652
COMPUTER SCIENCES CORPORATION 200 WEST CESAR CHAVEZ ST AUSTIN, TX 78701	IT SERVICES	2,930,956
CORE RESOURCE GROUP INC 222 MAIN STREET SUITE 293 FARMINGTON, CT 06032	IT CONSULTING SERVICES	2,809,672
EXAMONE WORLD WIDE INC PO BOX 201392 DALLAS, TX 75320	ACQUISITION & INSPECTION SERVICES	1,517,781

**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 ► 393



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> PREMIUM INCOME		524113	1,218,320,221	1,207,905,124	10,415,097
	<b>b</b> SUPPLEMENTARY CONTRACT		524113	45,048,947	45,048,947	
	<b>c</b> INTEREST MAINT RESERVE		524113	16,624,243	16,624,243	
	<b>d</b> MEMBERSHIP DUES		900099	3,081,641	3,081,641	
	<b>e</b> MEMBERSHIP ASSESSMENTS		900099	1,966,781	1,966,781	
	<b>f</b> All other program service revenue			4,341,149	4,341,149	
<b>g Total.</b> Add lines 2a-2f . . . . .			1,289,382,982			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			924,355,617		1,593,124
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .			17,471,200		17,471,200
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>				
<b>11a</b> CERTIFICATE LOANS		524113	46,967,165		46,967,165	
<b>b</b> MORTGAGE LOANS		524113	9,373,217		9,373,217	
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			56,340,382			
<b>12 Total revenue.</b> See Instructions . . . . .			2,287,550,181	1,278,967,885	12,008,221	996,574,075

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	31,594,934	31,594,934		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	212,746	212,746		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	8,669,656	8,669,656		
<b>4</b> Benefits paid to or for members.	1,775,397,570	1,775,397,570		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	7,117,276	7,117,276		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	63,196,792	63,196,792		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,309,282	10,309,282		
<b>9</b> Other employee benefits.	54,059,175	54,059,175		
<b>10</b> Payroll taxes.	11,834,315	11,834,315		
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	3,591,699	3,591,699		
<b>c</b> Accounting.	1,493,864	1,493,864		
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	7,051,632	7,051,632		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,663,701	6,663,701		
<b>12</b> Advertising and promotion.	2,859,180	2,859,180		
<b>13</b> Office expenses.	16,084,880	16,084,880		
<b>14</b> Information technology.	12,182,589	12,182,589		
<b>15</b> Royalties.				
<b>16</b> Occupancy.	6,100,405	6,100,405		
<b>17</b> Travel.	6,662,188	6,662,188		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	4,148,134	4,148,134		
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	2,820,078	2,820,078		
<b>23</b> Insurance.	3,057,534	3,057,534		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMISSIONS ON PREMIUM	113,971,294	113,971,294		
<b>b</b> SUNDRY GENERAL EXPENSE	19,336,355	19,336,355		
<b>c</b> BENEVOLENCE PROGRAMS	15,323,972	15,323,972		
<b>d</b> MEDICAL EXAMINATION FEE	6,988,056	6,988,056		
<b>e</b> All other expenses	8,126,007	8,126,007		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,198,853,314	2,198,853,314	0	0
<b>26</b> 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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	41,906,616	<b>1</b>	31,132,412	
	<b>2</b> Savings and temporary cash investments . . . . .	599,351,829	<b>2</b>	511,127,334	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	85,520,341			
	<b>b</b> Less accumulated depreciation	45,622,885	40,735,333	<b>10c</b>	39,897,456
	<b>11</b> Investments—publicly traded securities . . . . .	19,682,239,744	<b>11</b>	20,951,352,283	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,637,537,404	<b>12</b>	1,870,815,901	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11 . . . . .	222,743,611	<b>15</b>	230,455,360	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	22,224,514,537	<b>16</b>	23,634,780,746		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	32,257,374	<b>17</b>	22,965,007	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	1,560,488	<b>21</b>	1,648,422	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> 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	20,343,741,891	<b>25</b>	21,654,957,223	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	20,377,559,753	<b>26</b>	21,679,570,652	
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>		
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	1,846,954,784	<b>32</b>	1,955,210,094	
	<b>33</b> Total net assets or fund balances . . . . .	1,846,954,784	<b>33</b>	1,955,210,094	
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	22,224,514,537	<b>34</b>	23,634,780,746	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,287,550,181
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,198,853,314
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	88,696,867
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,846,954,784
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	63,460,941
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-43,902,498
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,955,210,094

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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			
<b>2a</b> 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	<b>2a</b>		No
<b>b</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	<b>2b</b>	Yes	
<b>c</b> 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 in Schedule O	<b>2c</b>	Yes	
<b>3a</b> 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?	<b>3a</b>		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0416470

**Name:** KNIGHTS OF COLUMBUS

Form 990 (2016)

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### Form 990, Part III, Line 4a:

PROGRAMS FOR THE PAYMENT OF IRC SEC 501(C)(8) BENEFITS TO MEMBERS, WIVES AND THEIR DEPENDENTS KNIGHTS OF COLUMBUS IS A CATHOLIC FAMILY FRATERNAL SERVICE ORGANIZATION WITH OVER 1.9 MILLION MEMBERS, FOUNDED IN 1882 FOR THE FOLLOWING PURPOSES: (A) RENDERING AID TO ITS MEMBERS, THEIR FAMILIES AND BENEFICIARIES OF MEMBERS AND THEIR FAMILIES, (B) RENDERING MUTUAL AID AND ASSISTANCE TO ITS SICK, DISABLED AND NEEDY MEMBERS AND THEIR FAMILIES, (C) PROMOTING SOCIAL WORK AMONG ITS MEMBERS AND THEIR FAMILIES, AND (D) PROMOTING AND CONDUCTING EDUCATIONAL, CHARITABLE, RELIGIOUS SOCIAL WELFARE, WAR RELIEF AND WELFARE AND PUBLIC RELIEF WORK TO MORE EFFECTIVELY CARRY OUT ITS PURPOSES. THE CORPORATION, A CONNECTICUT SPECIALLY CHARTERED CORPORATION WITHOUT CAPITAL STOCK, PROVIDES COVERAGE FOR LIFE INSURANCE, ACCIDENT AND HEALTH, LONG TERM CARE AND ANNUITY BENEFITS TO MEMBERS, WIVES, WIDOWS AND MINOR CHILDREN PRINCIPALLY IN THE UNITED STATES AND CANADA. THE TOTAL IRC SEC 501(C)(8) BENEFITS ACCRUED TO MEMBERS OF \$1,775,397,570 WERE INCURRED FOR THE PURPOSE FOR WHICH THE ORGANIZATION IS EXEMPT. IN 2016, 19,158 DEATH CLAIMS WERE INCURRED. THE AVERAGE SIZE OF A LIFE INSURANCE CERTIFICATE IS \$56,771. THE AVERAGE AGE OF A CERTIFICATE HOLDER IS 49.

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**Form 990, Part III, Line 4b:**

PROGRAMS FOR EXPENSES INCURRED NECESSARY IN THE KNIGHTS OF COLUMBUS INSURANCE AND FRATERNAL ENDEAVORS

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**Form 990, Part III, Line 4c:**

PROGRAMS OF ASSISTANCE TO OTHER SOCIAL ACTION, EDUCATIONAL, CHARITABLE, BENEVOLENT, MORAL AND RELIGIOUS ENDEAVORS

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CARL A ANDERSON ..... DIRECTOR/SUPREME KNIGHT	45 00 ..... 15 00	X		X				1,235,495	0	42,136
MICHAEL G CONRAD ..... DIRECTOR	5 00 ..... 0 00	X						32,340	0	0
VIRGIL C DECHANT ..... DIRECTOR	3 00 ..... 5 00	X						23,482	0	0
SCOTT A FLOOD ..... DIRECTOR	5 00 ..... 0 00	X						32,340	0	0
MICHAEL T GILLIAM ..... DIRECTOR	5 00 ..... 0 00	X						34,740	0	0
TOMMY C HARGER ..... DIRECTOR	5 00 ..... 0 00	X						32,340	0	0
ARTHUR J HARRIS ..... DIRECTOR	5 00 ..... 0 00	X						35,540	0	0
PATRICK E KELLY ..... DIRECTOR/VP PUBLIC POLICY	25 00 ..... 30 00	X						249,645	0	40,945
LARRY W KUSTRA ..... DIRECTOR	5 00 ..... 0 00	X						32,875	0	0
PAUL J LAMBERT ..... DIRECTOR	5 00 ..... 0 00	X						34,740	0	0





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JAMES R SCROGGIN ..... DIRECTOR	5 00 ..... 0 00	X						32,340	0	0
BRIAN W SIMER ..... DIRECTOR	5 00 ..... 0 00	X						35,540	0	0
THOMAS P SMITH JR ..... DIRECTOR/EXECUTIVE VP INS	50 00 ..... 5 00	X		X				841,645	0	42,572
KENNETH E STOCKWELL ..... DIRECTOR	5 00 ..... 0 00	X						35,540	0	0
THOMAS M WEGENER ..... DIRECTOR	5 00 ..... 0 00	X						33,940	0	0
MICHAEL L WILLS ..... DIRECTOR	5 00 ..... 0 00	X						34,740	0	0
CHARLES E MAURER JR ..... PAST DIRECTOR/SUPREME SECRETARY	50 00 ..... 5 00	X		X				275,727	0	21,936
ALONSO L TAN ..... PAST DIRECTOR	5 00 ..... 0 00	X						21,940	0	0
MARC A BRUNET ..... SENIOR VP/ACTUARY	45 00 ..... 0 00			X				250,972	0	32,216
MICHAEL C CONFORTI MD ..... MEDICAL DIRECTOR	45 00 ..... 0 00			X				353,778	0	33,940

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ANTHONY V MINOPOLI ..... INTERIM CFO/SENIOR VP INVESTMENTS	50 00 ..... 5 00			X				588,684	0	42,802	
RONALD J TRACZ ..... ASST SUPREME SECRETARY	50 00 ..... 5 00			X				247,216	0	28,706	
TERRENCE T LESCOE ..... PAST CHIEF FINANCIAL OFFICER	50 00 ..... 5 00			X				222,664	0	14,013	
RONALD D FRANZLUEBBERS ..... CHIEF ACTUARY	45 00 ..... 0 00				X			390,363	0	42,802	
WILLIAM M BROWN JR ..... CHIEF COMPLIANCE OFFICER	45 00 ..... 0 00					X		288,906	0	41,301	
JOHN BURKHARD ..... SENIOR VP FIELD MANAGEMENT	45 00 ..... 0 00					X		297,655	0	41,193	
BETH ELFREY ..... SENIOR VP/DEPUTY GEN COUNSEL	45 00 ..... 0 00					X		314,375	0	42,688	
E NEILL JORDAN ..... SENIOR VP FIXED INCOME	45 00 ..... 0 00					X		339,679	0	42,802	
JOSE L MARTINEZ ..... VP AGENCIES	45 00 ..... 0 00					X		264,911	0	27,983	

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
KNIGHTS OF COLUMBUS

**Employer identification number**  
06-0416470

**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?  Yes  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?  Yes  No

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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 in 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 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
<b>1a</b> Land . . . . .		14,902,885		14,902,885
<b>b</b> Buildings		50,996,048	27,027,008	23,969,040
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		18,914,211	17,888,680	1,025,531
<b>e</b> Other . . . . .		707,197	707,197	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				39,897,456

**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) CERTIFICATE LOANS AND LIENS	1,037,725,655	C
(B) OTHER INVESTED ASSETS	634,986,863	C
(C) MORTGAGE LOANS	198,103,383	C
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	1,870,815,901	

**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)		
<b>Total.</b> (Column (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	21,654,957,223

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,261,263,758
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	300,559	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	300,559
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,260,963,199
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	24,620,512	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	1,966,470	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	26,586,982
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	2,287,550,181

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,172,266,332
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,172,266,332
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	24,620,512	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	1,966,470	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	26,586,982
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	2,198,853,314

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0416470

**Name:** KNIGHTS OF COLUMBUS

### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
RESERVE UNDER LIFE CERTIFICATES	13,186,499,376
RESERVE UNDER ACCIDENT AND HEALTH CERTIFICATES	452,368,948
LIABILITY FOR DEPOSIT-TYPE CONTRACT FUNDS	6,746,480,485
UNPAID CLAIMS - LIFE	58,434,261
DIVIDENDS DUE AND UNPAID	1,071,336
DIVIDENDS APPORTIONED FOR PAYMENT IN THE FOLLOWING YEAR	249,088,858
PREMIUMS RECEIVED IN ADVANCE	7,185,971
AMOUNTS WITHHELD AS TRUSTEE	2,248,398
AMOUNTS HELD FOR FIELDWORKERS' ACCOUNT	169,495
REMITTANCES AND ITEMS NOT ALLOCATED	14,734,716

**Form 990, Schedule D, Part X, - Other Liabilities**

1 (a) Description of Liability	(b) Book Value
LIABILITY FOR BENEFITS FOR EMPLOYEES AND RETIREES	259,944,900
INTEREST MAINTENANCE RESERVE	64,807,557
ASSET VALUATION RESERVE	340,336,290
UNPRESENTED CHECKS AND DUE TO REINSURERS	2,056,037
ADVANCE PAYMENTS FOR COUNCIL SUPPLIES	20,034
FUNDS HELD IN ESCROW - FOURTH DEGREE FUND	2,117
DUE TO AFFILIATES	439,329
UNPAID CLAIMS - A AND H	462,404
COLLATERAL LIABILITY ON LOANED SECURITIES	268,606,711

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	MEMBER ASSESSMENT THAT WILL BE USED FOR MATTERS CONCERNING LIFE, FAMILY, MARRIAGE, AND SIMILAR PRIORITIES IN BUILDING A CULTURE OF LIFE

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 1,966,781 COST-PROMOTIONAL GOODS -311

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 1,966,781 COST-PROMOTIONAL GOODS -311

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THERE IS NO FIN 48 NOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

Name of the organization  
KNIGHTS OF COLUMBUS

**Employer identification number**  
06-0416470

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	451			248,235,528
<b>b</b> Total from continuation sheets to Part I	0	0			4,423,298,102
<b>c</b> Totals (add lines 3a and 3b)	1	451			4,671,533,630





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) STIPENDS IN SUPPORT OF WORLD YOUTH DAY	EUROPE	31	30,503	CHECK AND WIRE TRANSFER			
( 2 ) STIPENDS	NORTH AMERICA	12	18,737	CHECK			
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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)*  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)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE ORGANIZATION VERIFIES THAT ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATUS TO A 501(C)(3) ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY INDIVIDUALS ELIGIBLE TO APPLY ARE FROM A LARGE POOL OF INDIVIDUALS AND ARE CHOSEN OBJECTIVELY BY A PANEL OF INDEPENDENT PERSONS

Return Reference	Explanation
PART IV, QUESTION 3	LESS THAN 10% OWNERSHIP INTERESTS IN FOREIGN CORPORATIONS DO NOT REQUIRE FILING OF FORM 5471

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0416470

**Name:** KNIGHTS OF COLUMBUS

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	445	PROGRAM SERVICES	PROGRAMS FOR INSURANCE AND FRATERNAL ENDEAVORS	218,457,004
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	GRANTMAKING	1,852,036
EAST ASIA AND THE PACIFIC	0	0	GRANT TO RECIPIENT	GRANTMAKING	144,600

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	6	GRANTS TO RECIPIENTS	GRANTMAKING	6,378,020
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT TO RECIPIENT	GRANTMAKING	25,000
SOUTH AMERICA	0	0	GRANT TO RECIPIENT	GRANTMAKING	125,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS INVESTMENTS	GRANTMAKING	145,000
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		21,108,868
SOUTH ASIA	0	0	INVESTMENTS		5,000,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		141,927,989
EUROPE	0	0	INVESTMENTS		1,201,763,985
NORTH AMERICA	0	0	INVESTMENTS		2,871,403,240



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		149,114,321
SOUTH AMERICA	0	0	INVESTMENTS		54,088,567

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT YOUTH CAMP IN MEXICO	15,000	CHECKS			
		SUB-SAHARAN AFRICA	SUPPORT ORPHANS WITH AIDS LIVING IN AFRICA	25,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY IN KRAKOW, POLAND IN JULY 2016	503,800	WIRE TRANSFER			
		EUROPE	SUPPORT 2016/2017 SCHOLARSHIP - FR ANDRIY VUS	13,000	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT OF PAPAL BROADCAST OF EASTER MASS	10,000	CHECK			
		NORTH AMERICA	SUPPORT "RISE UP" NATIONAL CONFERENCE IN CALGARY, CANADA	14,261	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	26,500	WIRE TRANSFER			
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	633,947	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	HUMANITARIAN RELIEF	75,000	WIRE TRANSFER			
		NORTH AMERICA	DONATION FOR PAPAL VISIT	25,000	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	80,904	CHECK			
		NORTH AMERICA	SUPPORT FOR DOCUMENTARY DEVELOPMENT	23,718	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	98,549	WIRE TRANSFER			
		EUROPE	SUPPORT FORUM OF INTERNATIONAL CATHOLIC INSPIRED ORGANIZATIONS	100,000	WIRE TRANSFER			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SPONSOR OF NATIONAL MARCH OF LIFE IN OTTAWA, CANADA	38,900	CHECK			
		NORTH AMERICA	PRO-LIFE ADVOCACY AGAINST EUTHANASIA AND PHYSICIAN ASSISTED SUICIDE	46,681	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT MAINTENANCE OF PLAYGROUNDS AND PROGRAMS IN ROME, ITALY	1,403,383	WIRE TRANSFER			
		EUROPE	DONATION OF EARNINGS FROM THE VICARIUS CHRISTI FUND	1,650,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SUPPORT PROTECTION AND PRESERVATION OF CHRISTIANS IN THE MIDDLE EAST	25,000	CHECK			
		NORTH AMERICA	SUPPORT MASTER PLAN FOR NEW FACILITIES	267,000	CHECK AND WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	DISTRIBUTION OF EARNINGS FROM THE PACEM IN TERRIS FUND	97,200	CHECK			
		NORTH AMERICA	PRO-LIFE ADVOCACY AGAINST EUTHANASIA AND PHYSICIAN ASSISTED SUICIDE	59,294	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	41,053	WIRE TRANSFER			
		NORTH AMERICA	PRO-LIFE ADVOCACY	25,590	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT CONTINENTAL CONGRESS FOR YEAR OF MERCY, HELD IN BOGOTA, COLUMBIA	125,000	WIRE TRANSFER			
		EUROPE	SUPPORT FILM ABOUT THE HISTORY OF INTERRELIGIOUS DIALOGUE	40,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	BROADCASTS OF PAPAL EVENTS	245,391	CHECK AND WIRE TRANSFER			
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	91,873	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT SPECIAL OLYMPICS IN ITALY	83,478	WIRE TRANSFER			
		EUROPE	SUPPORT FOR INTERNATIONAL LITURGY CONFERENCE	23,990	WIRE TRANSFER			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DONATIONS TO CANADIAN PROVINCES' SPECIAL OLYMPICS ORGANIZATIONS	14,626	CHECKS			
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	14,000	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	147,500	WIRE TRANSFER			
		NORTH AMERICA	SUPPORT "SOCIAL WORK IN FAVOR OF THE FAMILY"	66,667	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROVIDE LOW-COST HOUSING FOR PREGNANT WOMEN AND SINGLE MOTHERS IN NEED	7,906	CHECK			
		EUROPE	SUPPORT THE NATIONAL MERCY CONGRESS	50,000	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT FOR VATICAN COMMITTEE	150,000	CHECK			
		EUROPE	SUPPORT HOLY YEAR OF MERCY CONCERT SERIES	44,104	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	20,000	WIRE TRANSFER			
		EUROPE	DONATIONS OF THE ANNUAL EARNINGS OF OUR LADY OF GUADALUPE FUND	44,500	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT OF SCHOLARSHIP PROGRAMS	20,000	CHECK			
		EAST ASIA AND THE PACIFIC	DONATIONS OF THE ANNUAL EARNINGS OF FATHER MICHAEL J MCGIVNEY FUND	144,600	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT THE MICHAEL J MCGIVNEY FUND AND OTHER FUNDS	94,385	WIRE TRANSFERS	79,569	PROVIDE SALARIES AND FRINGE	BOOK
		NORTH AMERICA	SUPPORT VARIOUS PROGRAMS	234,992	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT VARIOUS PROGRAMS	794,710	CHECK			
		EUROPE	SUPPORT WORLD YOUTH DAY HELD IN KRAKOW, POLAND IN JULY 2016	220,000	WIRE TRANSFERS			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT FOR RELIGIOUS CONFERENCE IN FRANCE	5,443	WIRE TRANSFER			
		EUROPE	ASSIST MEDIA OPERATIONS	120,000	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT FOR 2016 PAPAL VISIT TO MEXICO	25,000	CHECK			
		SUB-SAHARAN AFRICA	SPONSOR THE INSTALLATION OF WELLS IN ETHIOPIA, KENYA AND UGANDA	120,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT FOR HISTORICAL EXCAVATION AND ARTWORK RESTORATION IN ROME	26,551	WIRE TRANSFER			
		EUROPE	SUPPORT FOR DIALOGUE BETWEEN CHRISTIANS AND MUSLIMS	229,180	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT FOR A LITURGICAL MUSIC WORKSHOP IN POLAND	10,841	WIRE TRANSFER			

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
KNIGHTS OF COLUMBUS

Employer identification number  
06-0416470

**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.

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 77

**3** Enter total number of other organizations listed in the line 1 table ▶ 8

**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 non-cash assistance
(1) STIPENDS	75	212,746			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO ORGANIZATIONS ARE FOR GENERAL SUPPORT OF THE RECIPIENT ORGANIZATION THE ORGANIZATION VERIFIES THAT SUBSTANTIALLY ALL GRANTS ARE PROVIDED TO ENTITIES THAT HAVE AN EQUIVALENT STATUS TO A 501(C)(3) ORGANIZATION THE ORGANIZATION REQUIRES DONEE ORGANIZATIONS TO PROVIDE AN ACCOUNTING OF HOW THE GRANT FUNDS WERE EXPENDED GRANTS TO INDIVIDUAL RECIPIENTS ARE DETERMINED BASED ON APPLICATION AND VERIFICATION OF ELIGIBILITY INDIVIDUALS ELIGIBLE TO APPLY ARE FROM A LARGE POOL OF INDIVIDUALS AND ARE CHOSEN OBJECTIVELY BY A PANEL OF INDEPENDENT PERSONS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 06-0416470  
**Name:** KNIGHTS OF COLUMBUS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN WHEELCHAIR MISSION 2309 LAS POSAS ROAD SUITE C-501 CAMARILLO, CA 930100000	26-4571639	501(C)(3)	300,000				FOR THE ACQUISITION AND DISTRIBUTION OF WHEELCHAIRS TO THE NEEDY
APOSTLES OF THE SACRED HEART OF JESUS 265 BENHAM STREET HAMDEN, CT 065142801	06-0653064	501(C)(3)	22,000				SUPPORT CHAPEL RENOVATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET BALTIMORE, MD 212010000	51-0214510	501(C)(3)	41,260				FOR THE ACQUISITION OF ARTWORK BY JOHN SANDEN
ARCHDIOCESE OF DENVER 1300 S STEELE STREET DENVER, CO 802100000	84-0499858	501(C)(3)	150,000				SUPPORT THE CAMPAIGN AGAINST PHYSICIAN ASSISTED SUICIDE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCHDIOCESE FOR THE MILITARY SERVICE USA 1025 MICHIGAN AVENUE NE WASHINGTON, DC 200170469	13-1624090	501(C)(3)	31,089				SUPPORT OF SEMINARIAN DEVELOPMENT PROGRAM
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD, CT 061053784	06-0646669	501(C)(3)	25,000				TO SUPPORT THE 2017 LENTEN CONFESSION CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BOULEVARD LOS ANGELES, CA 900100000	45-3623502	501(C)(3)	25,000				TO SUPPORT WEST COAST WALK FOR LIFE
ARCHDIOCESE OF PHILADELPHIA 222 NORTH 17TH STREET PHILADELPHIA, PA 191031299	23-1360839	501(C)(3)	100,000				TO SUPPORT CONVENT RENOVATIONS FOR THE SISTERS OF LIFE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCHDIOCESE OF WASHINGTON PO BOX 29260 WASHINGTON, DC 200170260	57-9987901	501(C)(3)	10,000				TO SUPPORT YOUTH DAY CELEBRATION
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION 400 MICHIGAN AVENUE NE WASHINGTON, DC 200171566	53-0196626	501(C)(3)	108,850				SUPPORT TV BROADCASTS AND USHER MINISTRY PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORP 760 TAHMORE DRIVE FAIRFIELD, CT 068250000	06-0737923	501(C)(3)	10,000				SUPPORT OF DIOCESAN SYNOD
BECKET FUND FOR RELIGIOUS LIBERTIES 3000 K STREET NW SUITE 220 WASHINGTON, DC 200070000	52-1858532	501(C)(3)	325,000				PROTECTING FREE EXPRESSION OF ALL RELIGIOUS TRADITIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRTHRIGHT INC PO BOX 98361 ATLANTA, GA 303590000	51-0161649	501(C)(3)	50,000				SUPPORT 24-7 HOTLINE PROGRAM
CAMPAIGN FOR A SAFE & HEALTHY MASSACHUSETTS PO BOX 15 BOSTON, MA 021370000	81-2127240	501(C)(4)	150,000				CONTRIBUTION TO SUPPORT ANTI-DRUG EFFORTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC ATHLETES FOR CHRIST 3703 CAMERON MILLS ROAD ALEXANDRIA, VA 223050000	65-1274581	501(C)(3)	50,000				SUPPORT OF THEIR 2016 PROGRAMS
CATHOLIC INFORMATION CENTER 1501 K STREET NW WASHINGTON, DC 200050000	52-1790727	501(C)(3)	25,000				SUPPORT FUNDRAISER FOR 2016 PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC MEDICAL ASSOCIATION 29 BALA AVENUE SUITE 205 BALA CYNWYD, PA 190043206	23-7374814	501(C)(3)	25,000				SUPPORT OF THE 86TH ANNUAL EDUCATIONAL CONFERENCE IN WASHINGTON D C
CHIAROSCURO INSTITUTE INC 415 MADISON AVENUE NEW YORK, NY 100170000	45-4298994	501(C)(3)	50,000				SUPPORT "WOMEN SPEAK FOR THEMSELVES" PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHOOSE LIFE AT YALE 206 ELM STREET NEW HAVEN, CT 065200000	32-0090956		11,500				SUPPORT PROGRAMS THAT UPHOLD THE DIGNITY OF HUMAN LIFE
CONNECTICUT ASSOCIATION FOR THE PERFORMING ARTS 247 COLLEGE STREET NEW HAVEN, CT 065100000	06-0196626	501(C)(3)	23,864				SPONSOR SELECT CONCERTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNECTICUT FOOD BANK 150 BRADLEY STREET EAST HAVEN, CT 065121407	06-1063025	501(C)(3)	20,000				PURCHASE FOOD FOR THE HOLIDAYS FOR THOSE IN NEED
CONNECTICUT PROFESSIONAL TENNIS LLC 45 YALE AVENUE NEW HAVEN, CT 065150000	06-1481220	501(C)(3)	25,000				SUPPORT PROGRAMS FOR ADULTS AND CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL OF MAJOR SUPERIORS OF WOMEN RELIGIOUS 415 MICHIGAN AVENUE NE STE 420 WASHINGTON, DC 200170000	52-1792586	501(C)(3)	60,000				SUPPORT OF THE 2016 NATIONAL ASSEMBLY AND 2017 FORMATORS WORKSHOP
DIVERSICARE OF PROVIDENCE 4915 CHARLESTOWN ROAD NEW ALBANY, IN 471500000	30-0794112		120,000				SUPPORT FOR ELDERLY NURSING CARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOMINICAN FOUNDATION 141 EAST 65TH STREET NEW YORK, NY 100650000	26-3273636	501(C)(3)	10,000				SUPPORT THE VERITAS GALA
DIOCESE OF RALEIGH 7200 STONEHENGE DRIVE RALEIGH, NC 276130000	56-0591293	501(C)(3)	129,000				SUPPORT FOR THE NEW HOLY NAME OF JESUS CATHEDRAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIOCESE OF EL PASO 499 ST MATTHEWS STREET EL PASO, TX 799070000	74-6000751	501(C)(3)	100,000				SUPPORT PAPAL VISIT EVENT
DIOCESE OF SAVANNAH 2170 E VICTORY DRIVE SAVANNAH, GA 314040000	58-0566171	501(C)(3)	10,000				SUPPORT FUNDRAISER FOR PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ETHISPHERE 6263 N SCOTTSDALE ROAD STE 205 SCOTTSDALE, AZ 852500000	45-3508797		7,675				SUPPORT 2016 GALA
ETHICS AND PUBLIC POLICY CENTER 1730 M STREET NW SUITE 910 NW WASHINGTON, DC 200360000	52-1162185	501(C)(3)	135,000				SUPPORT PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY INSTITUTE OF CONNECTICUT 77 BUCKINGHAM STREET HARTFORD, CT 061060000	06-1282690	501(C)(3)	176,000				SUPPORT PROGRAMS
FARNAM NEIGHBORHOOD HOUSE INC 162 FILLMORE STREET NEW HAVEN, CT 065133056	06-0646633	501(C)(3)	16,500				SUPPORT FOR PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 065110000	06-1178712	501(C)(3)	76,000				SUPPORT MISSION FOR AFFORDABLE HOUSING
INSTITUTE ON PRIESTLY FORMATION 2500 CALIFORNIA PLAZA OMAHA, NE 681780410	47-0376583	501(C)(3)	75,000				SUPPORT OF ANNUAL SUMMER PROGRAM FOR SEMINARIANS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSTITUTE ON RELIGIOUS LIFE PO BOX 7500 LIBERTYVILLE, IL 600480000	36-3797840	501(C)(3)	40,000				SUPPORT FOR PROGRAMS
KNIGHTS OF PETER CLAVER 1825 ORLEANS AVENUE NEW ORLEANS, LA 701162825	72-0393921	501(C)(8)	10,000				SUPPORT EDUCATIONAL SCHOLARSHIP



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITERACY VOLUNTEERS OF GREATER NEW HAVEN 4 SCIENCE PARK NEW HAVEN, CT 065110000	06-0968986	501(C)(3)	7,500				SUPPORT FOR PROGRAMS
LITTLE SISTERS OF THE POOR INC 1365 ENFIELD STREET ENFIELD, CT 060824900	06-0882297	501(C)(3)	112,500				GAUDIUM ET SPES AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAGIS CENTER OF REASON AND FAITH 13280 CHAPMAN AVENUE GARDEN GROVE, CA 928404400	54-2077588	501(C)(3)	230,000				SUPPORT OF THE INTELLECTUAL EVANGELIZATION PROGRAM
MARCH FOR LIFE EDUCATION AND DEFENSE FUND PO BOX 90300 WASHINGTON, DC 200900300	52-1231772	501(C)(3)	850,000				SUPPORT THE ANNUAL MARCH FOR LIFE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA CATHOLIC CONFERENCE 475 UNIVERSITY AVE WEST ST PAUL, MN 551030000	61-1664211	501(C)(4)	100,000				SUPPORT THE CAMPAIGN AGAINST PHYSICIAN ASSISTED SUICIDE
MISSIONARIES OF CHARITY 335 E 145TH STREET BRONX, NY 104510000	81-2984103	501(C)(3)	35,000				DONATION REGARDING CANONIZATION OF MOTHER TERESA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CATHOLIC OFFICE FOR THE DEAF 7202 BUCHANAN STREET LANDOVER HILLS, MD 207842236	52-1650979	501(C)(3)	15,000				ENCOURAGE DEAF AND HARD OF HEARING INDIVIDUALS TO BE ACTIVE IN MINISTRY
NATIONAL CATHOLIC PARTNERSHIP ON DISABILITY 415 MICHIGAN AVENUE NE WASHINGTON, DC 200174501	52-1262317	501(C)(3)	125,000				PROMOTE INCLUSION OF DISABLED PERSONS IN THE PASTORAL AND SACRAMENTAL LIFE OF THE CHURCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CATHOLIC PRAYER BREAKFAST 204 GUTHRIE AVENUE ALEXANDRIA, VA 223050000	20-0408543	501(C)(3)	75,000				GATHER PEOPLE TO RENEW DEDICATION TO FAITH AND THIS GREAT REPUBLIC
NATIONAL CENTER ON SEXUAL EXPLOITATION 440 1ST STREET NW SUITE 840 WASHINGTON, DC 200010000	13-2608326	501(C)(3)	150,000				SUPPORT OF CHANGING POLICIES AND PUBLIC OPINION ON SEXUAL EXPLOITATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL LIFE CENTER INC 686 NORTH BROAD STREET WOODBURY, NJ 080961607	52-1052094	501(C)(3)	100,000				SUPPORT OPERATION OF CRISIS PREGNANCY HOTLINE
NATIONAL OFFICE FOR POST ABORTION RECONCILIATION AND HEALING INC PO BOX 070477 MILWAUKEE, WI 532070000	39-1673910	501(C)(3)	40,000				TO SUPPORT OPERATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEAR EAST CHRISTIAN EDUCATION FUND INC 5 DARCY ROAD YORK, ME 039090000			100,000				SUPPORT OF INFRASTRUCTURE FOR CATHOLIC UNIVERSITY
NEW HAVEN SYMPHONY ORCHESTRA INC 105 COURT STREET SUITE 302 NEW HAVEN, CT 065110000	06-6000592	501(C)(3)	25,000				SUPPORT FOR PERFORMANCES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PATH TO PEACE FOUNDATION 25 EAST 39TH STREET NEW YORK, NY 100160000	13-3629516	501(C)(3)	30,000				PROGRAM SUPPORT
RELIGIOUS FREEDOM INSTITUTE 3307 M STREET NW SUITE 200 WASHINGTON, DC 200070000	81-0983298	501(C)(3)	260,000				TO SUPPORT OPERATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 1184 BISHOP STREET HONOLULU, HI 968130000	99-0222900	501(C)(3)	50,000				SUPPORT THE CAMPAIGN AGAINST PHYSICIAN ASSISTED SUICIDE
ROMAN CATHOLIC DIOCESE OF OGDENSBURG NY PO BOX 369 OGDESNBURG, NY 136690369	15-0532120	501(C)(3)	10,000				SUPPORT VOCATIONS SUMMIT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SISTERS OF LIFE 159 SKY MEADOW DRIVE STAMFORD, CT 069030000	06-1579167	501(C)(3)	7,000				SUPPORT THE 2016 FRIENDS OF THE SISTERS OF LIFE GALA
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 200363604	52-0889518	501(C)(3)	70,000				SUPPORT FOR PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SPECIAL OLYMPICS (50 STATE ORGANIZATIONS) VARIOUS VARIOUS, CT 999999999		501(C)(3)	160,000				SUPPORT SPECIAL OLYMPICS STATE ORGANIZATIONS
ST MARY'S CHURCH AND PRIORY 5 HILLHOUSE AVENUE NEW HAVEN, CT 065116815	06-0646840	501(C)(3)	104,661				GENERAL SUPPORT FOR OPERATING EXPENSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN B ANTHONY FOUNDATION 1707 L STREET NW SUITE 550 WASHINGTON, DC 200360000	26-4878870	501(C)(3)	302,500				SUPPORT FOR VOTER REGISTRATION AND EDUCATION PROGRAMS
THE ALFRED E SMITH MEMORIAL FOUNDATION 1011 FIRST AVENUE 14TH FLOOR NEW YORK, NY 100220000	13-1553263	501(C)(3)	50,000				SUPPORT PROGRAMS TO BRING HOPE TO THE NEEDIEST CHILDREN REGARDLESS OF RACE, CREED OR COLOR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE FEDERALIST SOCIETY FOR LAW AND PUBLIC POLICY STUDIES 1015 18TH STREET NW SUITE 425 WASHINGTON, DC 200365221	36-3235550	501(C)(3)	50,000				SUPPORT WORK IN DEFENSE OF RELIGIOUS FREEDOM
THE HARTFORD BISHOPS' FOUNDATION INC 134 FARMINGTON AVENUE HARTFORD, CT 061050000	81-1546773	501(C)(3)	20,000				SUPPORT OF 2016 GALA

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THE HUMAN LIFE FOUNDATION 353 LEXINGTON AVENUE SUITE 802 NEW YORK, NY 100160000	23-7368926	501(C)(3)	51,500				SUPPORT OF PROGRAMS
THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF PHOENIX 400 EAST MONROE STREET PHOENIX, AZ 850042336	86-0223974	501(C)(3)	30,000				FINANCE THE 4TH EDITION OF BISHOP OLMSTED'S BOOKLET "CATHOLICS IN PUBLIC SQUARE"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SPIRITUAL FAMILY OF THE WORK 419 EAST 13TH STREET NEW YORK, NY 100090000	20-8141752	501(C)(3)	82,500				SUPPORT FOR RELIGIOUS COMMUNITY
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS 3211 4TH STREET NE WASHINGTON, DC 200171104	53-0196617	501(C)(3)	931,121				SUPPORT PROGRAMS FOR EDUCATION CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET SUITE 403 NEW HAVEN, CT 065130000	06-0646761	501(C)(3)	50,000				SUPPORT FOR SPECIFIED PROGRAMS
CATHOLIC DISTANCE UNIVERSITY 115 WEST CONGRESS STREET CHARLES TOWN, WV 254140000	54-1251090	501(C)(3)	25,000				SUPPORT OF EDUCATIONAL PROGRAMS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 060020000	06-1359802	501(C)(3)	13,000				SUPPORT VARIOUS PROGRAMS
KNIGHTS OF COLUMBUS PUERTO RICO STATE COUNCIL			6,000				PUERTO RICO STATE SCHOLARSHIPS FOR THE 2016-2017 ACADEMIC YEAR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CATHOLICS BIOETHICS CENTER 6399 DREXEL ROAD PHILADELPHIA, PA 191512511	04-2871526	501(C)(3)	300,000				SUPPORT HUMAN DIGNITY IN HEALTH CARE AND LIFE SCIENCE
SACRED HEART ACADEMY INC 265 BENHAM STREET HAMDEN, CT 065142833	06-1271712	501(C)(3)	6,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 068251000	06-0776644	501(C)(3)	10,000				SUPPORT OF CONCERT PROGRAMS
SAINT LUKE INSTITUTE INC 8901 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 209030000	52-1082730	501(C)(3)	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SAINT RITA SCHOOL 1601 WHITNEY AVENUE HAMDEN, CT 065172024	06-0670254	501(C)(3)	6,000				SUPPORT FOR CATHOLIC EDUCATION
KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	23-7227608	501(C)(3)		190,684	BOOK	PROVIDE SALARIES AND FRINGE	SUPPORT THE ADMINISTRATION OF PROGRAM SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	23-7227608	501(C)(3)	1,117,300				DONATIONS TO VARIOUS DESIGNATED FUNDS
KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	41-2140273	501(C)(3)	4,375,021				DONATIONS TO VARIOUS DESIGNATED FUNDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	41-2140273	501(C)(3)		418	BOOK	PROVIDE PRINTING AND OTHER SERVICES	SUPPORT THE ADMINISTRATION OF PROGRAM SERVICES
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	06-1590283	501(C)(3)	1,960,000				SUPPORT PROGRAM SERVICES AND BUILDING MAINTENANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	06-1590283	501(C)(3)		1,178,475	BOOK	PROVIDE SALARIES AND FRINGE	SUPPORT MUSEUM OPERATIONS
THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	06-1590283	501(C)(3)		86,732	FAIR MARKET VALUE	EXHIBIT PURCHASES AND OTHER SUPPORT	SUPPORT PROGRAM SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	52-1547103	501(C)(3)	10,147,000	2,500,451	BOOK	PROVIDE SALARIES, FRINGE & OTHER SUPPORT	SUPPORT FOR SAINT JOHN PAUL II NATIONAL SHRINE
JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	52-1547103	501(C)(3)	2,520,265				SUPPORT FOR ACCREDITED EDUCATIONAL INSTITUTION



<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFE ATHLETES INC 210 SOUTH MICHIGAN 400 PLAZA BLDG SOUTH BEND, IN 466010000	22-3160231	501(C)(3)	100,000				SUPPORT PROGRAMS

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization KNIGHTS OF COLUMBUS	Employer identification number 06-0416470
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in 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.</p>	1b	Yes								
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	4a	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p>										
<p><b>a</b> The organization?</p>	5a									
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<p><b>6</b> 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:</p>										
<p><b>a</b> The organization?</p>	6a									
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p><b>8</b> 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.</p>	8									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

**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 are not 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				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL SUPREME OFFICERS ARE ALLOWED TO TRAVEL FIRST-CLASS TRAVEL FOR COMPANIONS SPOUSAL TRAVEL IS ALLOWED FOR SUPREME OFFICERS WHEN THEIR SPOUSES' PRESENCE SERVES A BONA-FIDE BUSINESS PURPOSE
PART I, LINE 4B	CARL A ANDERSON \$ 32,256 LOGAN T LUDWIG 123,273 JOHN A MARRELLA 68,731 CHARLES E MAURER, JR 44,981 MICHAEL J O'CONNOR 29,337 THOMAS P SMITH, JR 271,238 MICHAEL C CONFORTI M D 18,374 ANTHONY V MINOPOLI 34,177 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN ONCE A PARTICIPANT BECOMES VESTED IN THIS NONQUALIFIED DEFERRED COMPENSATION PLAN, BY LAW, THE PARTICIPANT IS TAXED ON THE VESTED AMOUNT THE KNIGHTS OF COLUMBUS' PLAN PROVIDES THAT UPON VESTING, A PARTICIPANT WILL RECEIVE A PAYMENT FOR THE ESTIMATED INCOME TAXES RELATED TO THE VESTED AMOUNT THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B(III)



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KNIGHTS OF COLUMBUS

Employer identification number

06-0416470

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	KNIGHTS OF COLUMBUS IS A CATHOLIC FRATERNAL BENEFIT ORGANIZATION WITH OVER 1 9 MILLION MEMBERS ALL MEMBERS VOTE ON NON-INSURANCE (FRATERNAL) MATTERS ONLY MEMBERS WITH FRATERNAL INSURANCE POLICIES VOTE ON MATTERS REGARDING INSURANCE VOTING IS GENERALLY ACCOMPLISHED THROUGH DELEGATES ELECTED BY MEMBERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	DELEGATES ARE ELECTED AT VARIOUS STATE AND DISTRICT CONVENTIONS THESE DELEGATES ELECT CERTAIN DIRECTORS EACH YEAR AT THE SUPREME COUNCIL ANNUAL MEETING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CHANGES IN THE BY-LAWS OF THE ORGANIZATION ARE VOTED ON BY MEMBERS IN GOOD STANDING EITHER THROUGH AN ELECTED DELEGATE OR A GENERAL VOTE THEIR ELIGIBILITY TO VOTE ON A MATTER IS LIMITED TO THEIR STANDING AS AN INSURANCE MEMBER OR NON-INSURANCE MEMBER



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW AT A BOARD OF DIRECTORS MEETING BEFORE THE RETURN IS FILED

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED BY THE SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AUDIT DEPARTMENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT ON AN ANNUAL BASIS, INCLUDING IN 2016, FOR A REVIEW OF THE REASONABLENESS OF TOTAL COMPENSATION PROVIDED TO SUPREME OFFICERS AND OTHER TOP MANAGEMENT OFFICIALS. THE INDEPENDENT COMPENSATION CONSULTANT USES SURVEY SOURCES THAT THEY HAVE COMPILED PLUS OTHER PUBLISHED SURVEYS TO PRESENT A REPORT OF COMPARABLE MARKET DATA OF TOTAL COMPENSATION FOR EACH MANAGEMENT POSITION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS. AFTER A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLES UNDER REVIEW, A VOTE IS TAKEN TO APPROVE A NEW SALARY RANGE FOR THE TOP MANAGEMENT INDIVIDUALS. TOTAL COMPENSATION FOR EACH INDIVIDUAL IS WITHIN THE RANGE APPROVED BY THE BOARD OF DIRECTORS WHICH IS WITHIN THE COMPARABLE MARKET DATA.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PHOTOCOPIED AND MAILED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN ASSET VALUATION RESERVE -86,368,044 CHANGE IN NON-ADMITTED ASSETS NOT INCLUDED PURSUANT TO INSURANCE LAW -107,111 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY EXCHANGE RATES 6,666,653 UNREALIZED GAIN ON INVESTMENTS - FOURTH DEGREE 300,559 CHANGE IN FOREIGN EXCHANGE - FOURTH DEGREE 2,675 CUMULATIVE EFFECT - CHANGES IN ACCOUNTING PRINCIPLES 31,449,940 NET CHANGE IN TRANSITION LIABILITY FOR PENSION AND POSTRETIREMENT BENEFITS 4,152,830

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE R, PART II, COLUMN D	KNIGHTS OF COLUMBUS CANADA CHARITIES, INC 'S EXEMPT CODE SECTION CANADA CHARITIES IS EXEMPT FROM FEDERAL TAXATION IN CANADA UNDER PARAGRAPH 149(1)(F) OF THE INCOME TAX ACT AND IS DESIGNATED AS A "PUBLIC FOUNDATION" PER PARAGRAPH 149 1(6 3) OF THE ACT

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KNIGHTS OF COLUMBUS

Employer identification number

06-0416470

**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
<b>(1)</b> 151 ROGERS LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	REAL ESTATE ACTIVITIES	TX	0	7,749,725	N/A
<b>(2)</b> FMJM LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	CREATION AND INVESTMENT IN MOVIES, FILMS, DOCUMENTARIES & OTHER MEDIA	DE	26,564	2,694,921	N/A
<b>(3)</b> MEDLEY CREDIT STRATEGIES (KOC) LLC 280 PARK AVENUE 6TH FLOOR NEW YORK, NY 10017	INVESTS IN CORPORATE CREDIT AND ASSET-BASED DEBT & EQUITY INSTRUMENTS	NY	1,233,350	38,065,422	N/A

**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
<b>(1)</b> KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 23-7227608	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CT	501(C)(3)	7	KNIGHTS OF COLUMBUS	Yes	
<b>(2)</b> KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVENUE WINDSOR ON, ONTARIO N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CA	SEE SCHED O		KNIGHTS OF COLUMBUS	Yes	
<b>(3)</b> KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 41-2140273	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
<b>(4)</b> THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 06-1590283	OPERATION OF A MUSEUM	CT	501(C)(3)	11B	KNIGHTS OF COLUMBUS	Yes	
<b>(5)</b> JOHN PAUL II SHRINE AND INSTITUTE INC ONE COLUMBUS PLAZA  NEW HAVEN, CT 065103326 52-1547103	OPERATION OF AN EDUCATIONAL INSTITUTE AND A MUSEUM	DC	501(C)(3)	2	KNIGHTS OF COLUMBUS	Yes	

**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	
<b>(1)</b> FMJM LLC RWL TRUST 2013-1 THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-3828517	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	137,468	1,937,707		No			No	52 000 %
<b>(2)</b> FMJM LLC RWL II THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-4274270	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	701,175	14,736,522		No			No	52 000 %
<b>(3)</b> FMJM LLC RWL III THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 47-5627947	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	4,090,098	64,844,477		No			No	93 790 %
<b>(4)</b> AUDAX CREDIT STRATEGIES KOC A PARTNERSHIP 101 HUNTINGTON AVENUE BOSTON, MA 02110 46-3833926	INVEST IN DEBT OF LEVERAGED MIDDLE MARKET COMPANIES	DE	KNIGHTS OF COLUMBUS	EXCLUDED		99,201,569		No			No	85 980 %
<b>(5)</b> NIGHTS VISION LLC PARTNERSHIP 1 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046 47-4076219	INVEST IN REAL ESTATE	NJ	KNIGHTS OF COLUMBUS	EXCLUDED	797,136	7,810,592		No			No	98 000 %
<b>(6)</b> IMAX DOCUMENTARY FILMS CAPITAL LLC DEVELOPMENT FUND 15260 VENTURA BLVD SUITE 1040 SHERMAN OAKS, CA 91403 46-4478869	INVEST IN DOCUMENTARY FILM PRODUCTION	CA	KNIGHTS OF COLUMBUS	EXCLUDED		52,321		No			No	50 000 %
<b>(7)</b> KENSINGTON POWER INCOME FUND III LP 95 ST CLAIR AVENUE WEST SUITE 905 TORONTO, ONTARIO M4V 1N6 CA	INVEST IN SMALL PRIVATE ELECTRICAL POWER FACILITIES & PUBLIC INFRASTRUCTURE	CA	KNIGHTS OF COLUMBUS	EXCLUDED		9,196,319		No			No	99 990 %

**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
<b>(1)</b> KNIGHTS OF COLUMBUS ASSET ADVISORS HOLDCO LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510 47-1764787	ASSET MANAGEMENT AND INVESTMENT ADVISORY SERVICES	DE	KNIGHTS OF COLUMBUS	C	28,771,655	1,637,759	100 000 %	Yes	
<b>(2)</b> ALPHA PROPERTIES INC 11766 WILSHIRE BLVD FL 9 LOS ANGELES, CA 90025 81-1776357	CREATION AND INVESTMENT IN MOVIES, FILMS & OTHER MEDIA	DE	KNIGHTS OF COLUMBUS	C	700,012	27,461,384	100 000 %	Yes	



**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 06-0416470  
**Name:** KNIGHTS OF COLUMBUS

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(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	
(1) FMJM LLC RWL TRUST 2013-1  THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-3828517	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	137,468	1,937,707		No			No	52 000 %
(1) FMJM LLC RWL II  THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 46-4274270	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	701,175	14,736,522		No			No	52 000 %
(2) FMJM LLC RWL III  THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901 47-5627947	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	4,090,098	64,844,477		No			No	93 790 %
(3) AUDAX CREDIT STRATEGIES KOC A PARTNERSHIP  101 HUNTINGTON AVENUE BOSTON, MA 02110 46-3833926	INVEST IN DEBT OF LEVERAGED MIDDLE MARKET COMPANIES	DE	KNIGHTS OF COLUMBUS	EXCLUDED		99,201,569		No			No	85 980 %
(4) NIGHTS VISION LLC PARTNERSHIP  1 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046 47-4076219	INVEST IN REAL ESTATE	NJ	KNIGHTS OF COLUMBUS	EXCLUDED	797,136	7,810,592		No			No	98 000 %
(5) IMAX DOCUMENTARY FILMS CAPITAL LLC DEVELOPMENT FUND  15260 VENTURA BLVD SUITE 1040 SHERMAN OAKS, CA 91403 46-4478869	INVEST IN DOCUMENTARY FILM PRODUCTION	CA	KNIGHTS OF COLUMBUS	EXCLUDED		52,321		No			No	50 000 %
(6) KENSINGTON POWER INCOME FUND III LP  95 ST CLAIR AVENUE WEST SUITE 905 TORONTO, ONTARIO M4V 1N6 CA	INVEST IN SMALL PRIVATE ELECTRICAL POWER FACILITIES & PUBLIC INFRASTRUCTURE	CA	KNIGHTS OF COLUMBUS	EXCLUDED		9,196,319		No			No	99 990 %

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(1)</b>	KNIGHTS OF COLUMBUS CHARITIES INC	B	1,307,984	FAIR MARKET VALUE
<b>(1)</b>	KNIGHTS OF COLUMBUS CHARITIES USA INC	B	4,375,439	FAIR MARKET VALUE
<b>(2)</b>	THE KNIGHTS OF COLUMBUS MUSEUM INC	B	3,225,207	FAIR MARKET VALUE
<b>(3)</b>	THE KNIGHTS OF COLUMBUS MUSEUM INC	K	310,000	FAIR MARKET VALUE
<b>(4)</b>	JOHN PAUL II SHRINE AND INSTITUTE INC	B	15,167,716	FAIR MARKET VALUE
<b>(5)</b>	JOHN PAUL II SHRINE AND INSTITUTE INC	Q	2,030,174	FAIR MARKET VALUE
<b>(6)</b>	JOHN PAUL II SHRINE AND INSTITUTE INC	S	1,700,000	FAIR MARKET VALUE
<b>(7)</b>	KNIGHTS OF COLUMBUS CANADA CHARITIES INC	B	173,954	FAIR MARKET VALUE
<b>(8)</b>	KNIGHTS OF COLUMBUS CANADA CHARITIES INC	P	159,374	FAIR MARKET VALUE
<b>(9)</b>	IMAX DOCUMENTARY FILMS CAPITAL LLC DEVELOPMENT FUND	B	52,500	FAIR MARKET VALUE
<b>(10)</b>	ALFA PROPERTIES INC	B	25,962,500	FAIR MARKET VALUE
<b>(11)</b>	KNIGHTS OF COLUMBUS CHARITIES INC	Q	221,677	FAIR MARKET VALUE
<b>(12)</b>	THE KNIGHTS OF COLUMBUS MUSEUM INC	Q	123,360	FAIR MARKET VALUE
<b>(13)</b>	KNIGHTS OF COLUMBUS CHARITIES USA INC	Q	243,540	FAIR MARKET VALUE
<b>(14)</b>	KNIGHTS OF COLUMBUS ASSET ADVISORS HOLDCO LLC	B	1,784,098	FAIR MARKET VALUE
<b>(15)</b>	KENSINGTON POWER INCOME FUND III LP	B	9,427,124	FAIR MARKET VALUE