DLN: 93493318010788 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2017 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 Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 D Employer identification number B Check if applicable KNIGHTS OF COLUMBUS ☐ Address change 06-0416470 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) ONE COLUMBUS PLAZA □ Application pending (203) 752-4000 City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT $\,$ 065103326 $\,$ **G** Gross receipts \$ 5,028,779,482 Name and address of principal officer **H(a)** Is this a group return for MICHAEL J O'CONNOR ☐Yes ☑No subordinates? ONE COLUMBUS PLAZA H(b) Are all subordinates NEW HAVEN, CT 065103326 ☐ Yes ☐No included? I Tax-exempt status 501(c)(3) **✓** 501(c) (8) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW KOFC ORG L Year of formation 1882 M State of legal domicile CT 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 Activities & Governance INSURANCE PRODUCTS AND ANNUITIES TO BENEFIT MEMBERS, WIVES AND CHILDREN Check this box $\blacktriangleright \sqcup$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 3,548 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 1,951,000 Total unrelated business revenue from Part VIII, column (C), line 12 14,574,805 7b b Net unrelated business taxable income from Form 990-T, line 34 1,199,836 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,289,382,982 1,294,683,098 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 941,826,817 1,008,307,464 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,340,382 58,273,669 2,287,550,181 2,361,264,231 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 40,477,336 35,077,184 **14** Benefits paid to or for members (Part IX, column (A), line 4) 1,775,397,570 1,825,608,018 146,516,840 152,347,932 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 240,089,458 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 236,461,568 2,198,853,314 2,253,122,592 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 108,141,639 Revenue less expenses Subtract line 18 from line 12 . 88,696,867 Net Assets or Fund Balances Beginning of Current Year **End of Year**

Signature Block

Sign

20 Total assets (Part X, line 16) .

Signature of officer

21 Total liabilities (Part X, line 26) .

Net assets or fund balances Subtract line 21 from line 20

For Paperwork Reduction Act Notice, see the separate instructions.

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

23,634,780,746

21,679,570,652

1,955,210,094

2018-11-12

Cat No 11282Y

24,962,130,453

22,817,906,199

2,144,224,254

Form **990** (2017)

nere	HAEL J O'CONNOR SUPREME SECRETARY e or print name and title				_
Paid	Print/Type preparer's name THOMAS F LYDEN	Preparer's signature THOMAS F LYDEN	Date	Check I If self-employed	P ⁻ P(
Preparer	Firm's name SEWARD AND MONDE C	PA'S		Firm's EIN ► 06	5-0

TIN 01215353 530830 Firm's address ► 296 STATE STREET Phone no (203) 248-9341 **Use Only** NORTH HAVEN, CT 064732165 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

Forn	1 990 (2017)						Page 2					
Pai	t IIII Sta	tement	of Program Serv	ice Accomplis	hments							
	 Che	ck if Sched	lule O contains a res	ponse or note to a	any line in this Part III		🗹					
1	Briefly desc	ribe the or	ganızatıon's mıssıon		·							
RELI	GIOUS AND S	SOCIAL WE	ELFARE WORKS, REN	DERING MUTUAL		ROMOTING AND CONDUCTING E E TO SICK AND NEEDY MEMBERS D CHILDREN						
2					vices during the year v	which were not listed on	☐ Yes ☑ No					
	If "Yes," de											
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?	🗌 Yes 🗹 No										
	If "Yes," describe these changes on Schedule O											
4	Section 50:	1(c)(3) and		tions are required	to report the amount	e largest program services, as m of grants and allocations to othe						
4a	(Code) (Expenses \$	1,825,608,018	including grants of \$) (Revenue \$	1,275,663,495)					
	See Addition	al Data										
4b	(Code) (Expenses \$	392,437,390	ıncludıng grants of \$) (Revenue \$)					
	See Addition	al Data										
4c	(Code) (Expenses \$	35,077,184	ıncludıng grants of \$	35,077,184) (Revenue \$	5,370,887)					
	See Addition	al Data										
4d	Other prog											
	(Expenses	\$	ın	cluding grants of	\$) (Revenue \$)					
4e	Total prog	ıram serv	ice expenses ▶	2,253,122,5	92							

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Nο

No

Nο

Form **990** (2017)

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11c

11d

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 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? 6

Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a 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? If "Yes," complete Schedule D, Part VII 🛸 11b

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 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)? If "Yes," complete Schedule D, Part X 🛸

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

11e 11f

12a Did the organization obtain separate, independent audited financial statements for the tax year?

12a

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

business, investment, and program service activities outside the United States, or aggregate foreign investments

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

15 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Form	990 (2017)		Page 4
Par	Checklist of Required Schedules (continued)		
		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part I		
26	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? 26 If "Yes," complete Schedule L, Part II		No
27	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 | 27

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

All Form 990 filers are required to complete Schedule O

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Nο

Νo

Nο

Nο

Νo

Nο

Nο

No

Nο

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35a

35b

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Yes

Yes

Yes

Yes

Form **990** (2017)

	990 (2017)			Page 5
Par	t 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	٠,		<u> </u>
1.	Enter the growth or generated in Park 2 of Forms 1006 Fator Out that applicable 124 F73		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 124,572 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA , RP , VT , MX , DR , PL , BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	In rest, to line su of sp, and the organization meronic occurrence in the first transfer in the first transfer in the second sec	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			orm OO	n /2017

				rage c			
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "National Sea, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	nes			
	Check if Schedule O contains a response or note to any line in this Part VI			✓			
Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	5					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2i						
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?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
	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?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes				
12a		11a 12a	Yes Yes				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b	Yes Yes Yes				
ь с 13	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13	Yes Yes Yes				
b c 13 14	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes Yes Yes				
b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes Yes Yes				
b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes				
b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes Yes Yes				
b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes				
b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes				

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

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

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

- 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

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	ıs b	an one box, unless person is both an officer and a director/trustee)					compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2017)

619 N LYNNDALE DRIVE APPLETON, WI 54914

compensation from the organization ▶ 384

Page **8**

(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, u in off tor/ti	t che inle: ficer rust		son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (2/1099-MISC	w-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 (1130)	2,1033 (1330			ed ations
See Additional Data Table						_				+		
										-		
										_		
-							t			_		
										+		
										-		
										_		
1b Sub-Total				•		>						
d Total (add lines 1b and 1c)			٠.	٠.	•	>		8,816,335		0		639,874
Total number of individuals (includ of reportable compensation from t			e list	ed al	bove	e) who	rece	eived more than \$1	00,000			
-											Yes	No
3 Did the organization list any form line 1a? <i>If "Yes," complete Schedu</i>			ee, k			oyee,	or hi	ghest compensated	employee on	3		No
4 For any individual listed on line 1a organization and related organizat									n the			
ındıvıdual			•	•	•	•				4	Yes	
5 Did any person listed on line 1a re services rendered to the organizat										_		
_						ι είν ρεί	3011			5		No
Section B. Independent Control Complete this table for your five h		d indep	ender	nt co	ntra	actors	that	received more than	n \$100,000 of cor	npen	sation	
from the organization Report com	•	alendar	year	end	ıng	with o	r wit	hin the organizatio	· · · · · · · · · · · · · · · · · · ·		1 (0	
	(A) ne and business addre	ess							(B) cription of services		(C Comper	sation
NESCO RESOURCE								STAFFING S	SERVICES		7	,268,795
999 ORONOQUE LANE STRATFORD, CT 06614												
ST JOSEPH PRINTING LTD								PRINTING S	SERVICES		3	,613,794
50 MACINTOSH BLVD CONCORD, ONTARIO L4K 4P3 CA												
COMPUTER SCIENCES CORPORATION								IT SERVICE	S		3	,160,697
200 WEST CESAR CHAVEZ ST AUSTIN, TX 78701												
EBIX INC									RT, IMAGING		2	,971,987
PO BOX 740209								WORKFLOW	/ & NETWORKS			
ATLANTA, GA 30374 CREATIVE GROUP INC								EVENT PLAN	NNING SERVICES		1	,738,604
								ı			1	

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

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

Form 9 Part	VIII Statement of	Revenue							Page 9
	Check if Schedule		esponse or	note to any					🗆
					(A) Total revenue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a Federated campaigr	ns	1a			1 100	renue		312-314
Grants imounts	b Membership dues .	. [:	1b						
GE GE	c Fundraising events		1 c						
iffs, ar∆	d Related organization	<u> </u>	1d						
S, E	e Government grants (co	<u> </u>	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	st included	1f						
ibut Xthe	g Noncash contributio	ns included	•						
ontr nd C	in lines 1a-1f \$	<u> </u>	-	_					
	h Total.Add lines 1a-1	r		Business	Codo				
Program Service Revenue	2a PREMIUM INCOME			Busilless		2,446,365	1,198,797,64	13,648,	716
. ₹	b SUPPLEMENTARY CONTR	ACT			<u> </u>	4,733,027	54,733,0	· · ·	
- - - -	C INTEREST MAINTENANCE	E R		_		7,683,031	17,683,0	31	
Şer v	d MEMBERSHIP DUES					3,216,681	3,216,68 2,154,20	+	
a	e MEMBERSHIP ASSESSME					2,154,206 4,449,788	4,449,78		
rogr	f All other program ser			1,294,6	83,098				- 1
_	gTotal.Add lines 2a-2f		•		1		<u> </u>		
	3 Investment income (in similar amounts)	iciuaing aiviaen		t, and other	954,122,8	372		926,089	953,196,783
	4 Income from investme								
	5 Royalties	(ı) Real		Personal					
	6a Gross rents	(1) 11001	(,	, , , , , , , , , , , , , , , , , , , ,					
	b Less rental expenses								
	c Rental income or (loss)								
	d Net rental income or	(loss)							
	7a Gross amount	(ı) Securities	5 (1	ıı) Other					
	from sales of assets other	2,721,699	,843						
	than inventory								
	b Less cost or other basis and	2,667,515	,251						
	sales expenses c Gaın or (loss)	54,184	,592						
	d Net gain or (loss)				54,184,5	592			54,184,592
Α.	8a Gross income from fu (not including \$		I						
Other Revenue	contributions reporte	d on line 1c)							
eve	See Part IV, line 18 b Less direct expenses		a b						
<u></u>	c Net income or (loss)			· •					
ŧ	9a Gross income from ga See Part IV, line 19								
	See Part IV, line 19		a						
	b Less direct expenses	·	ь						
	c Net income or (loss)		tivities .	. •	<u> </u>				
	10aGross sales of inventor returns and allowance								
	la c		a						
	b Less cost of goods s c Net income or (loss)		b	. •					
	Miscellaneous			iness Code					
	11aCERTIFICATE LOANS	5		524113	48,366,3	354			48,366,354
				F24442	0.007.5	N. F.			0.007.245
	b MORTGAGE LOANS			524113	9,907,3	513			9,907,315
	с		$\overline{}$						
	d All other revenue .								
	e Total. Add lines 11a-			. •	58,273,6	569			
	12 Total revenue. See	Instructions .		• • •	2,361,264,2	231	1,281,034,382	14,574,805	1,065,655,044

Forr	n 990 (2017)				Page 10
	IT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,609,081	29,609,081		
2	Grants and other assistance to domestic individuals See Part IV, line 22	209,234	209,234		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	5,258,869	5,258,869		
4	Benefits paid to or for members	1,825,608,018	1,825,608,018		
5	Compensation of current officers, directors, trustees, and key employees	7,675,509	7,675,509		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	68,115,649	68,115,649		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	18,535,982	18,535,982		
9	Other employee benefits	46,495,321	46,495,321		
10	Payroll taxes	11,525,471	11,525,471		
11	Fees for services (non-employees)				
ā	a Management				
ı	D Legal	2,549,597	2,549,597		
•	Accounting	1,533,320	1,533,320		
(i Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	11,071,198	11,071,198		
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,598,804	5,598,804		
12	Advertising and promotion	2,292,877	2,292,877		
13	Office expenses	15,386,559	15,386,559		
14	Information technology	6,892,950	6,892,950		
15	Royalties				
16	Occupancy	5,709,615	5,709,615		
17	Travel	6,814,319	6,814,319		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	2,348,535	2,348,535		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,244,097	3,244,097		
23	Insurance	3,479,831	3,479,831		
24	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)				
	a COMMISSIONS ON PREMIUM	110,487,899	110,487,899		
	b UBI AND OTHER TAXES	511,580	511,580		
	c SUNDRY GENERAL EXPENSE	24,166,850	24,166,850		
	d BENEVOLENCE PROGRAMS	16,394,011	16,394,011		
	e All other expenses	21,607,416	21,607,416		
	Total functional expenses. Add lines 1 through 24e	2,253,122,592	2,253,122,592	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

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Liabilities 22

Fund Balances

Assets or 30

Net

70,648,849 602.902.716

37,929,372

21.865.968.626

2.150.673.343

234,007,547

68,005,904

1.565.622

22.748.334.673

22,817,906,199

0

2,144,224,254

2,144,224,254

24.962.130.453

Form **990** (2017)

24,962,130,453

(B)

20.951.352.283

1.870.815.901

230,455,360

22,965,007

1.648.422

21.654.957.223

21,679,570,652

1,955,210,094

1,955,210,094

23.634.780.746

23,634,780,746

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Page **11**

Investments—publicly traded securities .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Investments—program-related See Part IV, line 11

		Beginning of year		End of year
1	Cash-non-interest-bearing	31,132,412	1	70,
2	Savings and temporary cash investments	511,127,334	2	602,
_	- B. J		_	

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

Pledges and grants receivable, net . . 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 8

9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 86,796,354 basis Complete Part VI of Schedule D 48.866.982 39.897.456 10c b Less accumulated depreciation 10b

Page **12**

No

Nο

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,361,264,231
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,253,122,592
3	Revenue less expenses Subtract line 2 from line 1	3	108.141.639

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

separate basis, consolidated basis, or both

39 1,955,210,094 5 44.242.680

7

Investment expenses 8

Other changes in net assets or fund balances (explain in Schedule O) q 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

36,629,841 2.144.224.254 Part XII **Financial Statements and Reporting**

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No ☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Additional Data

Software ID:

Software Version:

WERE INCURRED THE AVERAGE SIZE OF A LIFE INSURANCE CERTIFICATE IS \$59,428 THE AVERAGE AGE OF A CERTIFICATE HOLDER IS 49

EIN: 06-0416470

Name: KNIGHTS OF COLUMBUS

Form 990 (2017)

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 \$1,825,608,018 WERE INCURRED FOR THE PURPOSE FOR WHICH THE ORGANIZATION IS EXEMPT IN 2017, 19.837 DEATH CLAIMS

Form 990, Part III, Line 4b: PROGRAMS FOR EXPENSES INCURRED NECESSARY IN THE KNIGHTS OF COLUMBUS INSURANCE AND FRATERNAL ENDEAVORS.

Form 990, Part III, Line 4c: PROGRAMS OF ASSISTANCE TO OTHER SOCIAL ACTION, EDUCATIONAL, CHARITABLE, BENEVOLENT, MORAL AND RELIGIOUS ENDEAVORS

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and a director/trustee)						organization	organizations	erganization and	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CARL A ANDERSON	45 00			П	\top	\Box					
DIRECTOR/SUPREME KNIGHT		X		X				1,476,961	0	33,633	
— INCOMPANIENT NATIONAL	15 00			<u> </u>	ـــــ	\longrightarrow	-				
MICHAEL G CONRAD	5 00										
DIRECTOR		×						30,800	0	0	
	0 00		<u> </u>	<u> </u>	—	+-+	-				
VIRGIL C DECHANT	3 00	l .									
DIRECTOR		X						22,742	0	0	
DIRECTOR	5 00				$oxed{oxed}$						
SCOTT A FLOOD	5 00										
		X				1 1		30,800	0	0	
DIRECTOR	0 00										
MICHAEL T CILLIAM	5 00										

31,600

30,800

8,800

444,601

32,820

29,200

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DIRECTOR		
SCOTT A FLOOD		
DIRECTOR		
MICHAEL T GILLIAM		
DIRECTOR		

TOMMY C HARGER

COLIN R JORSCH JR

PATRICK E KELLY

LARRY W KUSTRA

PAUL J LAMBERT

......

DIRECTOR/DEP SUPREME KNIGHT

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and	a dir	ecto	•	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MOST REV WILLIAM E LORI DIRECTOR/SUPREME CHAPLAIN	5 00 5 00	×		х				125,000	0	0	
JOHN A MARRELLA DIRECTOR/SUPREME ADVOCATE	50 00 5 00	×		х				591,990	0	33,633	
JAVIER S MARTINEZ DIRECTOR	5 00	×						14,400	0	0	
PATRICK T MASON DIRECTOR	5 00	×						8,800	0	0	
CARMINE V MUSUMECI	5 00	×						8,800	0	0	

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36,157

365,671

32,820

29,410

30,000

0

0

0

0

42,215

0

0

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......

......

DIRECTOR

GRAYDON A NICHOLAS

MICHAEL J O'CONNOR

ARTHUR LOUIS L PETERS

......

DIRECTOR/SUPREME SECRETARY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DANIEL ROSSI

JOSE C REYES JR

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation from the

and Independent Contractors

DIRECTOR

DIRECTOR

MICHAEL L WILLS

ARTHUR J HARRIS

LOGAN T LUDWIG

THOMAS M WEGENER

SENIOR VP/ACTUARY

PAST DIRECTOR

MARC A BRUNET

PAST DIRECTOR

.......

PAST DIRECTOR/DEP SUPREME KNIGHT

	any hours	£ l . t l					1	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RONALD F SCHWARZ DIRECTOR/SUPREME TREASURER	48 00 7 00	×		х				238,987	0	31,195	
JAMES R SCROGGIN DIRECTOR	5 00	×						30,800	0	0	
BRIAN W SIMER DIRECTOR	5 00	×						30,000	0	0	
THOMAS P SMITH JR	50 00	x		х				847,581	0	42,215	

31,600

31,600

22,800

132,600

23,600

267,860

0

0

0

31,656

DIRECTOR	0 00					
BRIAN W SIMER	5 00	l ↓			30.000	
DIRECTOR	0 00	^			30,000	
THOMAS P SMITH JR	50 00	V	,		047 504	
DIRECTOR/EXECUTIVE VP INS	5 00	^	Х		847,581	
KENNETH E STOCKWELL	5 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL C CONFORTI MD	45 00			x				378,683	0	33,634
MEDICAL DIRECTOR	0 00			^				3/8,683	U	33,634
JOHN J KENNEDY CHIEF FINANCIAL OFFICER	50 00 5 00			х				438,087	0	35,913
RONALD J TRACZ ASST SUPREME SECRETARY	50 00 5 00			х				266,642	0	28,115
RONALD D FRANZLUEBBERS	45 00				x			410,786	0	41,520

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703,551

305,834

295,168

345,763

352,376

279,845

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42,215

40,779

40,779

42,134

41,719

36,303

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0 00 45 00

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RONALD D FRANZLUEBBERS
CHIEF ACTUARY
ANTHONY V MINOPOLI
SENIOR VP INVESTMENT
JOHN BURKHARD

SENIOR VP FIELD MANAGEMENT

......

SENIOR VP/DEPUTY GEN COUNSEL

VP INVESTMENT STRATEGIES

SENIOR VP FIXED INCOME

VP CREDIT INVESTMENT

THOMAS DUFFY

BETH ELFREY

E NEILL JORDAN

GILLES MARCHAND

and Independent Contractors

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

Supplemental Financial Statements

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

DLN: 93493318010788 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public

	GHTS OF COLUMBUS				Employer ide	enuncation	пишьег
					06-0416470		
Pai	Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye			IV, line 6. sed funds	(b)Eund	s and other	accounts
	Total number at end of year	(a) Done	n auvi	seu Turius	(b) und	s and other	accounts
	Aggregate value of contributions to (during year)						
	· · · · · ·						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and d	xclusive legal contr	ol?				Yes 🗌 No
	charitable purposes and not for the benefit of the donor private benefit?					missible	Yes 🗌 No
ar	t III Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Forr	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	inization (check all	that a	pply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a	certified historic	structure	
	Preservation of open space						
!	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ntribution in the for		ation at the End o	of the Vear
а	Total number of conservation easements				2a	it the Life t	i the real
	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified histor	nc structure include	d ın (a)	2c		
-	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d		
	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uishe	, or terminated by	the organization	during the	
	Number of states where property subject to conservation	on easement is loca	ted ►				
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ıng, ır	spection, handling	of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspe \blacktriangleright	cting, handling of v	iolatio	ns, and enforcing co	onservation ease	ements durir	ng the year
	Amount of expenses incurred in monitoring, inspecting, \$ \blue{\$}\$, handling of violati	ons, a	nd enforcing conser	vation easemen	ts during the	e year
Į.	Does each conservation easement reported on line 2(d) above satisfy the	reduir	ements of section 1	70(h)(4)(B)(i)		
•	and section 170(h)(4)(B)(μ)?	, above satisty the	i cyuii	aments of Section 1	, S(II)(T)(D)(I)	☐ Yes	□ No
ı	In Part XIII, describe how the organization reports constalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the or				and	140
art	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Similar As	sets.	
a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not t public exhibition, e	o repo	rt in its revenue sta on, or research in f			
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to re	port ir	ıts revenue statem			
(i	Revenue included on Form 990, Part VIII, line 1				▶ \$		
-) Assets included in Form 990, Part X				· <u></u> ▶ \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1	- (▶ \$		
_					· +		
<u>ь</u>	Assets included in Form 990, Part X				P \$ _		

Par	t III	Organizations Maintaining Col	lections of Art	, Histor	ical T	reası	ıres, or	Other	Similar A	ssets (continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other recor	ds, check	any of	the fo	llowing t	hat are a	significant	use of it	s collection	1
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		е		Othe	er					
C		Preservation for future generations										
4	Provid Part >	de a description of the organization's col	lections and expla	iin how th	ey furtl	her the	e organız	ation's ex	empt purp	ose in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ Y •	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990), Part	IV, lı	ine 9, or	reporte	ed an amo	unt on	Form 990	, Part
1a		e organization an agent, trustee, custodi led on Form 990, Part X?	an or other interm	nediary fo	r contri	bution	s or othe	er assets	not	☐ Y	es 🗸	No
ь	If "Ye	s," explain the arrangement in Part XIII	and complete the	e following	table		[-	Amount		_
С	Begin	ning balance	•	_			Ī	1c				
d	Addıtı	ions during the year					Ī	1d				
е	Dıstrı	butions during the year					Ī	1e				
f	Endın	g balance					İ	1f				
2a	Did th	- ne organization include an amount on Fo	rm 990, Part X, lı	ne 21, for	escrow	v or cu	ıstodıal a	ccount lia	bility?	✓ Y	es 🗆	— Na
L		-		•					•			NO
b		s," explain the arrangement in Part XIII									<u>v</u>	
Pa	irt V	Endowment Funds. Complete if										
1-2	Reginn	ing of year balance	(a)Current year	(b)	Prior yea	r	(c) I wo ye	ears back	(d)Three ye	ars back	(e)Four ye	ars back
	_	outions		+		+						
				+		-+						
		restment earnings, gains, and losses		+		-						
		or scholarships				_						
	and pro	expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end balar	nce (line 1	g, colu	mn (a)) held a	s				
а	Board	designated or quasi-endowment 🟲										
b	Perm	anent endowment 🟲										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%									
За		nere endowment funds not in the posses	sion of the organi	zation tha	it are h	eld an	ıd admını	stered fo	r the			
	_	ization by								_	Yes	No
		nrelated organizations									a(i)	
b		elated organizations		ed on Sch	 adula P	,				<u> </u>	a(ii) 3b	
4		ribe in Part XIII the intended uses of the	·			•	•			' ∟	30	
	rt VI	Land, Buildings, and Equipme			Tarras							
	L VI	Complete if the organization answ		orm 990), Part	IV, lı	ne 11a.	See For	m 990, Pa	art X, II	ne 10.	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) C	ost or othe					lepreciation		(d) Book va	lue
1a	Land				14,90	02,885						14,902,885
	Buildin	gs				33,659			29,656,412			21,677,247
		old improvements			-,-	,			, -,			, ,
		nent			19 8	52,613			18,503,373			1,349,240
					•	07,197			707,197			0
	Other	· · · · · Ines 1a through 1e (Column (d) must e	gual Form 990 P	art X colu			I		>			37,929,372
	an Auu	mico ta dirougii te (colullili (u) illust el	qualitolili 330, Fe	ac A, colu	(0)	, mie .	(-//	•	-	<u> </u>		31,323,312

Schedule D (Form 990) 2017			Page 3
Part VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12.		red "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	1 078 560 374		
(A) CERTIFICATE LOANS AND LIENS	1,078,569,374		
(B) OTHER INVESTED ASSETS	851,852,913		<u>C</u>
(C) MORTGAGE LOANS (D)	220,251,056		C
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,150,673,343		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	•	11c Foo Form 000	Part V. line 12
(a) Description of investment	(b) Book value	(c) Meth	od of valuation
(1)		Cost or end-c	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answere	ed 'Yes' on Form 990, Part	IV, line 11d See Form	990, Part X, line 15
(1) (2) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization	answered 'Yes' on Forr		. ▶ 1e or 11f.
See Form 990, Part X, line 25.	(b) Boo		
1. (a) Description of Hability (1) Federal income taxes	(6) 800	ik value	
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of		,748,334,673 anization's financial stat	ements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC			

Part XI

2

b

C

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

646,863

2,328,795,600

32,468,631

2,361,264,231

2,220,653,961

2,220,653,961

32,468,631

2.253.122.592

Schedule D (Form 990) 2017

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b 2c 2d

4b

2a 2b

2c

2d

4a

4b

Explanation

646.863

30,313,998

2.154,633

30,313,998

2,154,633

2e

3

4c

5

2e

3

4c

5

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

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	13,927,454,282
RESERVE UNDER ACCIDENT AND HEALTH CERTIFICATES	522,819,802
LIABILITY FOR DEPOSIT-TYPE CONTRACT FUNDS	7,055,441,189
UNPAID CLAIMS - LIFE	53,486,567
DIVIDENDS DUE AND UNPAID	1,052,540
DIVIDENDS APPORTIONED FOR PAYMENT IN THE FOLLOWING YEAR	255,920,491
PREMIUMS RECEIVED IN ADVANCE	6,739,822
AMOUNTS WITHHELD AS TRUSTEE	2,253,865
AMOUNTS HELD FOR FIELDWORKERS' ACCOUNT	197,963
REMITTANCES AND ITEMS NOT ALLOCATED	13,061,341

Form 990, Schedule D, Part X, - Other Liabilities							
1 (a) Description of Liability	(b) Book Value						
LIABILITY FOR BENEFITS FOR EMPLOYEES AND RETIREES	284,593,085						
INTEREST MAINTENANCE RESERVE	60,505,185						
ASSET VALUATION RESERVE	349,749,050						
UNPRESENTED CHECKS AND DUE TO REINSURERS	3,782,255						
ADVANCE PAYMENTS FOR COUNCIL SUPPLIES	28,739						
FUNDS HELD IN ESCROW - FOURTH DEGREE FUND	2,117						
DUE TO AFFILIATES	1,857,261						
UNPAID CLAIMS - ACCIDENT AND HEALTH	510,843						
COLLATERAL LIABILITY ON LOANED SECURITIES	208,878,276						

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

Ē

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 2,154,206 COST-PROMOTIONAL GOODS 427

-

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CULTURE OF LIFE FUND 2,154,206 COST-PROMOTIONAL GOODS 427

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93					N: 93493318010788		
SCHEDULE F (Form 990)	State	ement of	Activities	Outside the Un	ited States	OMB No 1545-0047	
(1 01111 000)	► Compl	lete if the organ		Yes" to Form 990, Part IV,	line 14b, 15, or 16.	2017	
► Attach to Form 990. Department of the Treasurv Internal Revenue Service Attach to Form 990. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection							
Name of the organization					Employer ide	entification number	
KNIGHTS OF COLUMBUS					06-0416470		
	Information , Part IV, line		s Outside the l	Jnited States. Comple	ete if the organization	answered "Yes" to	
other assistance, to award the grai	the grantees' nts or assistan rs. Describe in	eligibility for t ce?	he grants or assi	substantiate the amoun stance, and the selection dures for monitoring the	n criteria used	✓ Yes □ No other assistance	
3 Activites per Regio	n (The followin	ng Part I, line 3	table can be dupl	cated if additional space is	s 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 program service, describe specific type of service(s) in region		
(1) See Add'l Data				-			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continua Part I			1 459			301,727,113 4,820,625,402	
c Totals (add lines 3 For Paperwork Reduction		 e the Instructio			No 50082W Sched	5,122,352,515 Jule F (Form 990) 2017	

3 Enter total number of other organizations or entities . . .

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data	1							
(2)								

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(3) (4 (5

(3)					
(4)					
(5)				Schedule	F (Form 990) 2017
(6)					
(7)					
(8)					

(3)				- Joneans I	(101111 220) 2027
(6)					
(7)					
(8)					
(9)					
(10)					

(7)				
(8)				
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(12)				
(13)				

(11)				
(12)				
(13)				
(14)				

(12)				
(13)				
(14)				

(13)				
(14)				
(15)				

(16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-12 exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III can be duplicated if additional space is needed.

Part III

(3) (4) (5)

(6) (7) (8) (9) (10) (11) (12)

(13) (14) (15)

(16) (17)

(18)

Schedule F (Form 990) 2017

(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)
	EUROPE (INCLUDING	5	l '	CHECK AND WIRE			

GREENLAND) (2) STIPENDS NORTH AMERICA 15,627 CHECK

Sche	dule F (Form 990) 2017		Page 4
Par	t 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, do not file with Form 990)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	□Yes	☑ No

Schedule F (Fo	orm 990) 2017 Page 5
	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
ART IV, QUESTION	LESS THAN 10% OWNERSHIP INTERESTS IN FOREIGN CORPORATIONS DO NOT REQUIRE FILING OF FORM 5471

Additional Data

(a) Region

NORTH AMERICA

Software ID: Software Version:

EIN: 06-0416470

Name: KNIGHTS OF COLUMBUS

FRATERNAL ENDEAVORS

823,150

GRANTMAKING

Form	990	Schedule	F Part I	- /	Activities	Outside	The	United Sta	ites

(a) Negion	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
NORTH AMERICA	0	453	I .	PROGRAMS FOR INSURANCE AND	259,420,248

0 GRANTS TO RECIPIENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 IGRANTS TO RECIPIENTS 166.734 IGRANTMAKING EUROPE (INCLUDING ICELAND 6 GRANTS TO RECIPIENTS IGRANTMAKING 3,987,901 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST AND NORTH 0 IGRANT TO RECIPIENT IGRANTMAKING 10.000 AFRICA RUSSIA AND NEIGHBORING 0 IGRANT TO RECIPIENT **IGRANTMAKING** 126.084 STATES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 IGRANTS TO GRANTMAKING 145.000 RECIPIENTINVESTMENTS MIDDLE EAST AND NORTH 0 INVESTMENTS 37.047.996 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 INVESTMENTS 177.882.458 CARIBBEAN EUROPE (INCLUDING ICELAND 0 INVESTMENTS 1,282,047,428 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 INVESTMENTS 3.150.350.051 NORTH AMERICA EAST ASIA AND THE PACIFIC 0 INVESTMENTS 182,824,939

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) 0 INVESTMENTS 27,520,526 SOUTH AMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** PROGRAM 30,398 WIRE TRANSFER (INCLUDING SUPPORT ICELAND & GREENLAND) ISUB-SAHARAN SUPPORT 145.000 CHECK AFRICA **IORPHANS**

lwith aids LIVING IN AFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE COMMEMORATION 238,822 WIRE (INCLUDING OF THE TRANSFERS ICELAND & CENTENNIAL OF GREENLAND) IWORLD WAR I SUPPORT OF PAPAL 10.000 CHECK IEUROPE BROADCAST OF

(INCLUDING

ICELAND &

GREENLAND)

IEASTER MASS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 202,871 CHECK INORTH ISUPPORT **IAMERICA** IVARTOUS IPROGRAMS. INORTH SUPPORT "RISE 18.428 CHECK IAMERICA lup" national CONFERENCE IN CALGARY.

ICANADA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash and EIN(If grant cash grant organization non-cash disbursement assistance appraisal, applicable) assistance other) 18,731 CHECK NORTH SPONSOR OF AMERICA INATIONAL MARCH FOR LIFE IN OTTAWA, CANADA 46,703 CHECK INORTH PRO-LIFE IAMERICA IADVOCACY IAGAINST **IEUTHANASIA** AND PHYSICIAN ASSISTED

SUICIDE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (g) Amount of I (f) Manner of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV. cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE SUPPORT 1,027,241 WIRE (INCLUDING MAINTENANCE OF TRANSFERS ICELAND & **IPLAYGROUNDS** GREENLAND) AND PROGRAMS IIN ROME, ITALY FUROPE IDONATION OF 1,600,000 CHECKS (INCLUDING IEARNINGS FROM ICELAND & THE VICARIUS

GREENLAND)

CHRISTI FUND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST ISUPPORT 10,000 CHECK IAND NORTH IPROTECTION AND AFRICA **IPRESERVATION** OF CHRISTIANS IN THE MIDDLE IEAST IEUROPE DISTRIBUTION OF 96.400 CHECK (INCLUDING IEARNINGS FROM THE PACEM IN ICELAND & IGREENLAND) ITERRIS FUND

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) INORTH PRO-LIFE 59,034 CHECK AMERICA IADVOCACY IAGAINST **IEUTHANASIA** AND PHYSICIAN IASSISTED SUICIDE

25.357 WIRE TRANSFER

INORTH

IAMERICA

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

PRO-LIFE

IADVOCACY

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA SUPPORT FOR 18,000 WIRE TRANSFER IAND THE SCHOLARSHIPS PACIFIC IFOR STUDENTS IN THE PHILIPPINES 184.429 CHECK INORTH ISUPPORT IAMERICA VARIOUS **IPROGRAMS**

(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) **IEUROPE** BROADCASTS OF 73,645 WIRE (INCLUDING PAPAL EVENTS TRANSFERS ICELAND & GREENLAND)

148.579

WIRE

TRANSFERS

IEUROPE

(INCLUDING

IGREENLAND)

IICELAND &

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

SUPPORT

SPECIAL

ITALY

OLYMPICS IN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (g) Amount of (h) Description l(b) IRS codel (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 23,495 WIRE TRANSFER **IEUROPE** SUPPORT FOR (INCLUDING INTERNATIONAL ICELAND & LITURGY GREENLAND) CONFERENCE INORTH AMERICA DONATIONS TO 11,573 CHECKS ICANADIAN.

IPROVINCES' SPECIAL OLYMPICS ORGANIZATIONS

(1) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** SUPPORT 2017 10,000 CHECK (INCLUDING INDEPENDENCE ICELAND & IDAY GREENLAND) CELEBRATION 50.000 WIRE TRANSFER

IEUROPE

(INCLUDING

IICELAND & IGREENLAND)

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

ISUPPORT THE INATIONAL MERCY CONGRESS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RUSSIA AND SUPPORT UGCC 126,084 WIRE TRANSFER NEIGHBORING ISYNODAL HALL ISTATES EAST ASIA AND SUPPORT 6.000 WIRE TRANSFER THE PACIFIC ISCHOLARSHIPS IFOR NORTH IKOREAN IDEFECTOR

CHILDREN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA** SUPPORT 96,000 CHECKS IAND THE ADVANCED PACIFIC STUDIES FOR PRIESTS IN THE PHILIPPINES 2017-2018 NORTH SUPPORT 73.000 WIRE TRANSFERS IAMERICA MASTER PLAN FOR NEW FACILITIES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA DONATIONS OF 46,734 WIRE AND THE THE ANNUAL TRANSFERS PACIFIC EARNINGS OF FATHER MICHAEL J MCGIVNEY FUND NORTH SUPPORT THE 70.440 WIRE TRANSFER 88.271 PROVIDE Івоок ISALARIES AND MICHAEL J

FRINGE

IAMERICA

MCGIVNEY FUND

AND OTHER FUNDS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of g) Amount of (h) Description (l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE SUPPORT OF 273,080 WIRE TRANSFER l(INCLUDING IPROGRAMS AND ICELAND & IRETREAT GREENLAND) BUILDING 25,000 CHECK **IEUROPE** ISUPPORT THE (INCLUDING "DAME DE ICELAND & ICOEUR' GREENLAND) ILLUMINATION AT THE NOTRE DAME CATHEDRAL IN **PARIS**

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) **IEUROPE** ISUPPORT 345,000 CHECK (INCLUDING IVARIOUS ICELAND & PROGRAMS

GREENLAND)

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934933180	10788
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.							OMB No 1545-0047 2017 Open to Public Inspection	
Name of the organization KNIGHTS OF COLUMBUS						'	oloyer identific	ation number	
	mation on Grants	and Assistance				06-	0416470		
Does the organization methe selection criteria use Describe in Part IV the organization Part II Grants and Other	aintain records to sub d to award the grants irganization's procedu er Assistance to Don	stantiate the amount of or assistance? res for monitoring the unestic Organizations a	se of grant funds in the U	nited States	for the grants or assistand), Part IV, line	✓ Yes 21, for any recip	□ No
that received mor (a) Name and address of organization or government	<u>(b)</u> 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)		cription of assistance	(h) Purpose o or assistance	f grant
(1) See Addıtıonal Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
3 Enter total number of ot	her organizations liste	ed in the line 1 table.	s listed in the line 1 table						76 6
or Paperwork Reduction Act No	tice, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2017

(5) (6)

Schedule I (Form 990) 2017

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

Schedule I (Form 990) 2017

Page 2

Additional Data

AID FOR WOMEN INC

MISSION

C-501

730 WAUKEGAN ROAD DEERFIELD, IL 600154376 AMERICAN WHEELCHAIR

2309 LAS POSAS ROAD SUITE

CAMARILLO, CA 930100000

Software ID: Software Version:

EIN: 06-0416470

Name: KNIGHTS OF COLUMBUS

25,000

300,000

36-2988483

26-4571639

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance
or government			_	assistance	other)	

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

(h) Purpose of grant or assistance

SUPPORT PROGRAMS

FOR THE ACQUISITION

AND DISTRIBUTION OF

WHEELCHAIRS TO THE

NEEDY

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance OCATIONS

PROGRAM AND THE 9TH

ANNUAL BENEFIT

APOSTLES OF THE SACRED	06-0653064	501(C)(3)	10,000		SUPPORT VOC
HEART OF JESUS					
265 BENHAM STREET					
HAMDEN, CT 065142801					

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

MILITARY SERVICE USA

1025 MICHIGAN AVENUE NE

WASHINGTON, DC 200170469

13-1624090 501(C)(3) 75.000 ARCHDIOCESE FOR THE SUPPORT SEMINARIAN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance

06-0646669 501(C)(3) 25.000 ARCHDIOCESE OF HARTFORD SUPPORT THE 2017 134 FARMINGTON AVENUE LENTEN CONFESSION CAMPAIGN HARTFORD, CT 061053784

ARCHDIOCESE OF NEW YORK 13-3089351 501(C)(3) 75,000 SUPPORT FOR WEEKLY 1011 FIRST AVENUE 14TH ISTRTUS XM BROADCAST

FLOOR

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

NEW YORK, NY 100220000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance ARCHDIOCESE OF OKLAHOMA 73-0632924 501(C)(3) 100,000 SUPPORT FR ROTHER BEATIFICATION MASS CITY 7501 NORTHWEST EXPRESSWAY

RENEWAL OF MARRIAGE

AND FAMILY

OKLAHOMA CITY, OK
731320000

ARCHDIOCESE OF 23-1360839 501(C)(3) 10,000

PHILADELPHIA
222 NORTH 17TH STREET

SUPPORT THE "REMAIN IN MY LOVE"
INITIATIVE FOR THE

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

PHILADELPHIA, PA 191031299

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 10.000 ASOCIACION NACIONAL DE 58-1913100 SUPPORT SEPTEMBER SACERDOTES HISPANOS 2017 CONFERENCE IN

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

WASHINGTON, DC 200171566

PO BOX 3356 LUBBOCK, TX 794520000						MILWAUKEE, WISCONSIN
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION 400 MICHIGAN AVENUE NE	53-0196626	501(C)(3)	180,557		I .	SUPPORT TV BROADCASTS AND USHER MINISTRY PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1858532 501(C)(3) 455.000 BECKET FUND FOR RELIGIOUS ISUPPORT OF 2017 LIBERTIES PROGRAMS AND THE

IANNUAL DINNER

3000 K STREET NW SUITE 220 WASHINGTON, DC 200070000

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

760 TAHMORE DRIVE

FAIRFIELD, CT 068250000

CANTERBURY MEDAL DINNER 06-0737923 501(C)(3) 10.000 SUPPORT OF ST BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORP CATHERINE ACADEMY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance RAISER

CATHOLIC INFORMATION	52-1790727	501(C)(3)	25,000		SUPPORT FUNDRAISER
CENTER					FOR 2017 PROGRAMS
1501 K STREET NW					
WASHINGTON, DC 200050000					

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

29 BALA AVENUE SUITE 205

BALA CYNWYD, PA 190043206

WASHINGTON, DC 200050000					
CATHOLIC MEDICAL	23-7374814	501(C)(3)	25,000		SUPPORT OF THE 87TH
ASSOCIATION					ANNUAL EDUCATIONAL

CONFERENCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-4298994 501(C)(3) 76.000 CHIAROSCURO INSTITUTE INC SUPPORT "WOMEN SPEAK FOR NEW YORK, NY 100170000 THEMSELVES"

415 MADISON AVENUE PROGRAM 501(C)(3) 50.000 SUPPORT WALK FOR CHILDREN'S WORKS INC 94-3258830 LIFE WEST COAST

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

334 SURREY STREET SAN FRANCISCO, CA

941310000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PROGRAMS OLD THE

THOSE IN NEED

CHOOSE LIFE AT YALE 206 ELM STREET NEW HAVEN, CT 065200000	32-0090956	501(C)(3)	11,500		SUPPORT PR THAT UPHOL DIGNITY OF LIFE

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

WALLINGFORD, CT 06492

OF HUMAN CONNECTICUT FOOD BANK 06-1063025 501(C)(3) 50.000 PURCHASE FOOD FOR 2 RESEARCH PARKWAY THE HOLIDAYS FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 06-1481220 501(C)(3) 25.000 CONNECTICUT PROFESSIONAL SUPPORT PROGRAMS TENNIS LLC FOR ADULTS AND

CHILDREN 45 YALE AVENUE NEW HAVEN, CT 065150000 52-1792586 501(C)(3) 100,000 COUNCIL OF MAJOR SUPERIORS OF WOMEN

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

WASHINGTON, DC 200170000

SUPPORT OF THE 2017 NATIONAL ASSEMBLY RELIGIOUS AND 2018 FORMATORS 415 MICHIGAN AVENUE NE WORKSHOP SUITE 420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DIVA COMMUNICATIONS INC 13-3400009 25.000 SUPPORT FOR "ENTERTAINING 630 NINTH AVENUE SUITE 304

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

NEW YORK, NY 100360000				ANGELS" DOCUMENTARY ON FAITH-BASED REFUGEE RELIEF EFFORTS

SUPPORT PRODUCTION

OF "DEATH COMES FOR

THE WAR POETS"

12.000

DOMINICAN FATHERS

141 EAST 65TH STREET

PROVINCE OF ST JOSEPH INC

NEW YORK, NY 100210000

04-2273779

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-3226366 150.000 SUPPORT PRO-LIFE DO NO HARM INC 15464 EAST ORCHARD ROAD INITIATIVES CENTENNIAL, CO 800160000

ETERNAL WORLD TELEVISION 63-0801391 501(C)(3) 560,000 SUPPORT PROGRAMS NETWORK ONLINE SERVICES

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

5817 OLD LEEDS ROAD IRONDALE, AL 352100000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1162185 501(C)(3) 100.000 ISUPPORT PROGRAMS ETHICS AND PUBLIC POLICY

CENTER 1730 M STREET NW SUITE 910 WASHINGTON, DC 200360000 45-3508797 7.500 ETHISPHERE INSTITUTE

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

SCOTTSDALE, AZ 852500000

SUPPORT 2017 GALA 6263 NORTH SCOTTSDALE ROAD STF 205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 06-1282690 501(C)(3) 176.000 SUPPORT PROGRAMS FAMILY INSTITUTE OF

CONNECTICUT 77 BUCKINGHAM STREET HARTFORD, CT 061060000 FARNAM NEIGHBORHOOD 06-0646633 501(C)(3) 19.000

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

NEW HAVEN, CT 065133056

SUPPORT FOR HOUSE INC PROGRAMS 162 FILLMORE STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance E04/63/33 E0 000

FOR INJURED

VETERANS

INC 1400 QUINCY STREET NE WASHINGTON, DC 200170000	26-140////	501(C)(3)	50,000		ANNUAL MASS AND BENEFIT DINNER
GARY SINISE FOUNDATION	80-0587086	501(C)(3)	200,000		SUPPORT PROGRAMS

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

PO BOX 50008

STUDIO CITY, CA 916145001

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HARITAT FOR HUMANITY 06-1178712 501(C)(3) 75 000 l SUPPORT MISSION FOR

37 UNION STREET NEW HAVEN, CT 065110000	00 1170712	301(0)(3)	73,000		AFFORDABLE HOUSING
HEARTBEAT INTERNATIONAL INC 5000 ARLINGTON CENTRE BOULEVARD	23-7335592	501(C)(3)	200,000		PRO-LIFE PREGNANCY SUPPORT

COLUMBUS, OH 432200000

E PREGNANCY **SUITE 2277**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance INSTITUTE ON PRIESTLY 47-0376583 501(C)(3) 75.000 SUPPORT OF ANNUAL FORMATION SUMMER PROGRAM FOR

2500 CALIFORNIA PLAZA SEMINARIANS OMAHA. NE 681780410 INSTITUTE ON RELIGIOUS 36-3797840 501(C)(3) 40.000 SUPPORT PROGRAMS

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

LIBERTYVILLE, IL 600480000

LIFE PO BOX 7500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3160231 501(C)(3) 100.000 ISUPPORT PROGRAMS LIFE ATHLETES INC 210 SOUTH MICHIGAN 400

PLAZA BLDG SOUTH BEND, IN 466010000

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

1365 ENFIELD STREET ENFIELD, CT 060824900

LITTLE SISTERS OF THE POOR 06-0882297 501(C)(3) 12.500 SUPPORT OF MINISTRY INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance LOWER BRULE COMMUNITY 46-0430791 501(C)(3) 5 249 SUPPORT CULTURAL

COLLEGE 187 OYATE CIRCLE LOWER BRULE, SD 575480000	10 0130731	301(0)(3)	3,213		EXCHANGE PROGRAM
LOWER DROLL, 3D 373400000					
MARKET NEW HAVEN	06-1578847	501(C)(6)	35,000		SUPPORT PROGRAMS

900 CHAPEL STREET SUITE

NEW HAVEN, CT 065100000

622

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MARCH FOR LIFE EDUCATION 52-1231772 501(C)(3) 575 000 SUPPORT THE ANNUAL

PROMOTING DECENCY

IN THE MEDIA

AND DEFENSE FUND PO BOX 90300 WASHINGTON, DC 200900300	32 2232//2		375,000		MARCH FOR LIFE
MORALITY IN MEDIA INC	13-2608326	501(C)(3)	150,000		SUPPORT PROGRAMS

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

1100 G STREET NW 1030

WASHINGTON, DC 200057404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 34-2014869 501(C)(3) 30.000 SUPPORT FOR MOTHER TERESA OF CALCUTTA CENTER CANNONIZATION EXPENSES 524 WEST CALLE PRIMERA

INDIVIDUALS

SUITE 1005N
SAN YSIDRO, CA 921730000

NATIONAL CATHOLIC OFFICE 52-1650979
FOR THE DEAF
7202 BUCHANAN STREET

SUITE 1005N
SUPPORT PROGRAMS
FOR DEAF AND HARD
OF HEARING

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

LANDOVER HILLS, MD

207842236

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

RENEW DEDICATION TO

FAITH AND THIS GREAT

REPUBLIC

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

NATIONAL CATHOLIC PRAYER 501(C)(3) 87,700 GATHER PEOPLE TO 20-0408543

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

BREAKFAST

204 GUTHRIE AVENUE

ALEXANDRIA, VA 223050000

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NATIONAL CHRISTOPHER 80-0617636 501(C)(3) 50 000 SUPPORT OUTREACH

OF A PRO-LIFE CRISIS

PREGNANCY HOTLINE

COLUMBUS ASSOCIATION INC 5034 WISCONSIN AVENUE NW WASHINGTON, DC 200164125		552(5)(5)	33,333		AND COMMUNICATIONS PROGRAM
NATIONAL LIFE CENTER INC	52-1052094	501(C)(3)	100,000		SUPPORT OPERATION

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

NATIONAL LIFE CENTER INC. 686 NORTH BROAD STREET

WOODBURY, NJ 080961607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 06-1021268 501(C)(3) 10.000 NEIGHBORHOOD HOUSING SUPPORT OPERATIONS BENEFITING LOW-

SERVICES OF NEW HAVEN INC 333 SHERMAN AVENUE NEW HAVEN, CT 065110000

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

NEW HAVEN, CT 065110000

INCOME HOUSING 06-6000592 501(C)(3) 35.000 NEW HAVEN SYMPHONY SUPPORT FOR ORCHESTRA INC PERFORMANCES 105 COURT STREET SUITE 302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-3629516 501(C)(3) 25.000 PATH TO PEACE FOUNDATION SUPPORT FOR 25 EAST 39TH STREET PROGRAMS

NEW YORK, NY 100160000 RELIGIOUS FREEDOM 81-0983298

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

3307 M STREET NW SUITE 200 WASHINGTON, DC 200070000

501(C)(3) 230,000 SUPPORT OPERATIONS INSTITUTE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ROMAN CATHOLIC DIOCESE 62-1357183 501(C)(3) 30.000 SUPPORT CATHEDRAL

OF KNOXVILLE 805 SOUTH NORTHSHORE DRIVE KNOXVILLE, TN 379190000	02 1337103	301(0)(3)	30,000		DEDICATION
SAINT PIO FOUNDATION INC	46-5496605	501(C)(3)	25,000		SPONSORSHIP OF

1011 FIRST AVENUE ROOM PROGRAMS 1350

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

NEW YORK, NY 108010000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SHRINE OF OUR LADY OF 39-1982320 501(C)(3) 100 000 TO SUPPORT MARIAN

PERFORMANCES

CHURERT THE ATER	06.4625270	E01(C)(3)	F 020		CURRORT OF
5250 JUSTIN ROAD LA CROSSE, WI 54601000	o				
GUADALUPE INC	05 1502520	301(0)(0)	100,000		DEVOTION

SHUBERT THEATER 06-1625278 501(C)(3) 5.0281 ISUPPORT OF 247 COLLEGE STREET THEATRICAL

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

NEW HAVEN, CT 065100000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SISTERS OF LIFE 06-1579167 501(C)(3) 20 500 SUPPORT THE 2017

38 MONTEBELLO ROAD SUFFERN, NY 10901	00 13/310/	301(0)(3)	20,300		FRIENDS OF THE SISTERS OF LIFE GALA
SISTER THEA BOWMAN BLACK CATHOLIC EDUCATION FOUNDATION	03-0322037	501(C)(3)	50,000		SUPPORT OF SCHOLARSHIP AWARDS

4870 WOODRIDGE DRIVE HERMANTOWN, MN

558110000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-0889518 501(C)(3) 70.000 SUPPORT PROGRAMS SPECIAL OLYMPICS INC

1133 19TH STREET NW WASHINGTON, DC 200363604 SPECIAL OLYMPICS (50 STATE 501(C)(3) 164,300 SUPPORT SPECIAL ORGANIZATIONS AND 1 OLYMPICS STATE DISTRICT ORGANIZATION) ORGANIZATIONS

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

VARTOUS VARIOUS, CT 999999999

(b) EIN (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

LIFE GALA

CUCAN D ANTHONY	36 4070070	E04(0)(0)			CURRENT THE 4 STILL
5 HILLHOUSE AVENUE NEW HAVEN, CT 065116815					
ST MARY'S CHURCH AND PRIORY	06-0646840	501(C)(3)	110,700		GENERAL SUPPORT FOR OPERATING EXPENSES

SUSAN B ANTHONY 26-4878870 501(C)(3) 50,000 ISUPPORT THE 10TH FOUNDATION ANNUAL CAMPAIGN FOR

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

1707 L STREET NW SUITE 550

WASHINGTON, DC 200360000

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 13-1553263 501(C)(3) 25,000 THE ALFRED E SMITH SUPPORT PROGRAMS MEMORIAL FOUNDATION TO BRING HOPE TO THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

1011 FIRST AVENUE 14TH FLOOR NEW YORK, NY 100220000						NEEDIEST CHILDREN REGARDLESS OF RACE, CREED OR COLOR
THE FEDERALIST SOCIETY FOR LAW AND PUBLIC POLICY STUDIES 1015 18TH STREET NW SUITE	36-3235550	501(C)(3)	50,000		I .	SUPPORT WORK IN DEFENSE OF RELIGIOUS FREEDOM

425 WASHINGTON, DC 200365221

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

SUPPORT THE

FOUNDATION INC 134 FARMINGTON AVENUE HARTFORD, CT 061050000	01-13-0773	301(0)(3)	300,000	AI PA Co	RCHDIOCESAN ARISH-WIDE CAPITAL AMPAIGN / ATHEDERAL
THE HUMAN LIFE FOUNDATION	23-7368926	501(C)(3)	25,000	1	UPPORT 2017 GREAT

353 LEXINGTON AVENUE IDELENDER OF LIFE SUITE 802 DINNER NEW YORK, NY 100160000

500 000

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

501(C)(3)

THE HARTEORD BISHOPS'

81-1546773

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1740144 501(C)(3) 100.000 CATHOLIC FOREIGN MISSION SUPPORT THE SOCIETY OF AMERICA INC MARYKNOLL FATHERS PO BOX 302 AND BROTHERS MARYKNOLL, NY 105450302 CATHOLIC MISSION -

THE ROMAN CATHOLIC 86-0223974 501(C)(3) 25,000

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

IGAUDIUM ET SPES FINANCE THE CHURCH OF THE DIOCESE OF

DEVELOPMENT OF PHOFNIX VIDEOS RELATING TO

400 EAST MONROE STREET MEN'S SPIRTUALITY

PHOENIX, AZ 850042336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE SPIRITUAL FAMILY OF THE 20-8141752 501(C)(3) 18.000 SUPPORT FOR

WORK
4415 BRIGGS AVENUE
ERIE, PA 16504

UNITED STATES CONFERENCE 53-0196617 501(C)(3) 2,347,954
OF CATHOLIC BISHOPS

RELIGIOUS COMMUNITY
2,347,954
SUPPORT PROGRAMS

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

3211 4TH STREET NE WASHINGTON, DC 200171104

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-1251090 501(C)(3) 25.000 CATHOLIC DISTANCE SUPPORT OF EDUCATIONAL UNIVERSITY

115 WEST CONGRESS STREET CHARLES TOWN, WV 254140000						PROGRAMS
CHAMBERLAIN HIGH SCHOOL	46-6000957	501(C)(3)	10,474		l .	SPONSORSHI

573250000

SORSHIP OF PO BOX 119 CULTURAL EXCHANGE CHAMBERLAIN, SD PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 35-2071291 501(C)(3) 10.000 SUPPORT CONFERENCE A FELLOWSHIP OF CATHOLIC

SCHOLARS INC PO BOX 495 NOTRE DAME, IN 465560000						
FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC	06-1359802	501(C)(3)	15,100		I	SUPPORT V PROGRAMS

BLOOMFIELD, CT 060020000

VARIOUS MS AND SCHOOLS SCHOLARSHIP FUND 467 BLOOMFIELD AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

MEXICO SCHOLARSHIPS ONE COLUMBUS PLAZA

NEW HAVEN, CT 065103326

PUERTO RICO STATE COUNCIL PO BOX 1373 BAYAMON, PR 009601373	66-0620347	501(C)(8)	8,000		STATE SCHOLARSHIPS FOR THE 2017-2018 ACADEMIC YEAR
KNIGHTS OF COLUMBUS	52-1547103	501(C)(3)	9,871		SUPPORT

SCHOLARSHIPS

AWARDED TO

STUDENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 04-2871526 501(C)(3) 448.923 NATIONAL CATHOLIC ISUPPORT HUMAN DIGNITY IN HEALTH

SUPPORT OF CONCERT

BIOETHICS CENTER
6399 DREXEL ROAD
PHILADELPHIA, PA 191512511

DIGNITY IN HEA
CARE AND LIFE
SCIENCE

10.000

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

501(C)(3)

SACRED HEART UNIVERSITY

5151 PARK AVENUE FAIRFIELD, CT 068251000 06-0776644

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 06-0670254 501(C)(3) 7.500 SAINT RITA SCHOOL SUPPORT FOR

1601 WHITNEY AVENUE CATHOLIC EDUCATION HAMDEN, CT 065172024 THE AMERICAN COLLEGE OF 23-7201921 501(C)(3) 25,000 THE ROMAN CATHOLIC CHURCH OF THE UNITED STATES

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

SUPPORT 2017 RECTOR'S DINNER 3211 FOURTH STREET NE WASHINGTON, DC 200170000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7227608 501(C)(3) 236.568 BOOK PROVIDE SALARIES AND SUPPORT THE KNIGHTS OF COLUMBUS

FRINGE CHARITIES INC ADMINISTRATION OF ONE COLUMBUS PLAZA PROGRAM SERVICES NEW HAVEN, CT 065103326 KNIGHTS OF COLUMBUS 23-7227608 2.004.738 DONATIONS TO

501(C)(3) CHARITIES INC VARIOUS DESIGNATED ONE COLUMBUS PLAZA FUNDS

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

NEW HAVEN, CT 065103326

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

MUSEUM INC

ONE COLUMBUS PLAZA

NEW HAVEN, CT 065103326

KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	41-2140273	501(C)(3)	155,417		DONATIONS TO VARIOUS DESIGNATED FUNDS
THE KNIGHTS OF COLUMBUS	06-1590283	501(C)(3)	1,575,000		SUPPORT PROGRAM

SERVICES AND

MAINTENANCE

BUILDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 06-1590283 501(C)(3) 1.145.844 BOOK PROVIDE SALARIES AND THE KNIGHTS OF COLUMBUS SUPPORT MUSEUM FRINGE MUSEUM INC OPERATIONS

ONE COLUMBUS PLAZA
NEW HAVEN, CT 065103326

THE KNIGHTS OF COLUMBUS
MUSEUM INC

06-1590283

501(C)(3)

96,742
FAIR MARKET VALUE
EXHIBIT PURCHASES AND
OTHER SUPPORT
SERVICES

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

ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance JOHN PAUL II SHRINE AND 52-1547103 501(C)(3) 6.215.000 2.138.190 BOOK PROVIDE SALARIES, FRINGE & SUPPORT FOR SAINT N PAUL II

INSTITUTION

INSTITUTE INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326					OTHER SUPPORT	JOHN F NATIO
JOHN PAUL II SHRINE AND	52-1547103	501(C)(3)	6,618,941			SUPPO

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

NEW HAVEN, CT 065103326

IONAL SHRINE PORT FOR ACCREDITED INSTITUTE INC ONE COLUMBUS PLAZA EDUCATIONAL

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	8010	788
Sch	edule J	Co	ompensati	ion Information	МО	IB No	1545-0	0047
(For	n 990)	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.						7
•	tment of the Treasury al Revenue Service	▶ Information al		(Form 990) and its instructions <i>gov/form990</i> .	is at O		to Pul	
Nar	ne of the organiz				Employer identificat			
KNI	GHTS OF COLUMBUS	5			06-0416470			
Pa	rt I Questi	ons Regarding Compensa	tion					
	-						Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	s 📙	Health or social club dues or initiati				
	□ Discretion	nary spending account		Personal services (e g , maid, chaut	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/E	Executive Director	r, regarding the items checked in line	= Ia·			
3	organization's C	EO/Executive Director Check al	I that apply Dor	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
	· ·	ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No
b		r receive payment from, a suppl		ified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n [?]				5a		
b	Any related org					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n [?]				6a		
b	Any related org					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye:		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2017

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 (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	beliefies	(B)(1) (D)	column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table	•						
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		1	Schedule J (Fo	orm 990) 2017

Part IIII Supplemental Info	rmation							
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 \$193,171 PATRICK E KELLY 6,274 JOHN A MARRELLA 97,530 MICHAEL J O'CONNOR 41,115 RONALD F SCHWARZ 23,116 THOMAS P SMITH, JR 232,600 MICHAEL C CONFORTI M D 25,764 ANTHONY V MINOPOLI 71,263 KNIGHTS OF COLUMBUS SPONSORS A NONQUALIFIED DEFERRED							

Page 3

Schedule J (Form 990) 2017

COMPENSATION PLAN THAT IS DESIGNED TO MAKE UP FOR BENEFITS LOST IN THE TAX-QUALIFIED RETIREMENT PLAN ONCE A PARTICIPANT BECOMES VESTED IN THIS NONOUALIFIED 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 J (Form 990) 2017

Software ID:

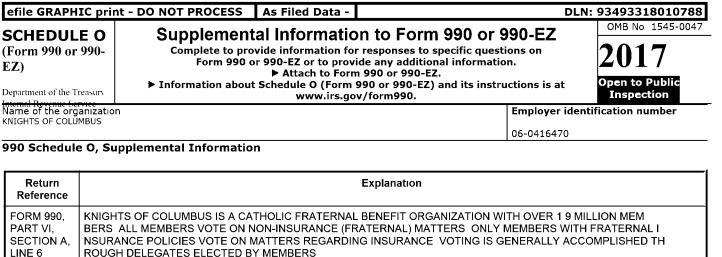
Software Version:

EIN: 06-0416470

Name: KNIGHTS OF COLUMBUS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1CARL A ANDERSON DIRECTOR/SUPREME	(1)	900,052	363,050	213,859	8,100	25,533	1,510,594	0	
KNIGHT	(11)	0	0	0	0	0	0	0	
1PATRICK E KELLY DIRECTOR/DEP SUPREME	(1)	290,504	57,851	96,246	8,100	34,116	486,817	0	
KNIGHT	(11)	0	0	0	0	0	0	0	
2JOHN A MARRELLA DIRECTOR/SUPREME	(1)	368,769	121,750	101,471	8,100	25,533	625,623	0	
ADVOCATE	(II)	0			0		0	0	
3MICHAEL J O'CONNOR	(1)	250,096	70,950	44,625	8,100	34,115	407,886	0	
DIRECTOR/SUPREME SECRETARY	(II)	0			0	0			
4RONALD F SCHWARZ	(1)	188,699	23,640	26,648	5,661	25,534	270,182	0	
DIRECTOR/SUPREME TREASURER	(II)	0							
5 THOMAS P SMITH JR	(1)	469,736	135,250	242,595	8,100	34,115	889,796	0	
DIRECTOR/EXECUTIVE VP INS	(II)	0							
6MARC A BRUNET	(1)	231,107	32,375	4,378	6,123	25,533	299,516	0	
SENIOR VP/ACTUARY	(II)	0							
7MICHAEL C CONFORTI MD	(1)	289,391	59,025	30,267	8,100	25,534	412,317	0	
MEDICAL DIRECTOR	(11)	0					,		
8JOHN J KENNEDY	(1)	384,769	750	52,568	8,100	27,813	474,000	0	
CHIEF FINANCIAL OFFICER	(11)						., 1,000		
9 RONALD J TRACZ	(1)	211,181	44,818	10,643	2,582	25,533	294,757	0	
ASST SUPREME SECRETARY	l						254,737		
10	(11)	346,764	62,000	2,022	8,100	33,420	452,306	0	
RONALD D FRANZLUEBBERS CHIEF ACTUARY	l			2,022		33,420	452,500		
11ANTHONY V MINOPOLI	(II)	458,902	171,750	72,899	0 8,100	0 34,115	0 745,766	0	
SENIOR VP INVESTMENT				72,699	8,100	34,115	745,766		
12JOHN BURKHARD	(II)	255,481	17.600	2.752	0	0	0	0	
SENIOR VP FIELD MANAGEMENT	l	233,101	47,600	2,753	6,664 	34,115	346,613 		
13THOMAS DUFFY	(II)	246,156	0	0	0	0	0	0	
VP INVESTMENT STRATEGIES			47,600	1,412	6,664 	34,115	335,947 	0	
14BETH ELFREY	(11)	0	0	0	0	0	0	0	
SENIOR VP/DEPUTY GEN COUNSEL	(1)	281,990 	61,900	1,873	8,019 	34,115	387,897 	0	
	(11)	0	0	0	0	0	0	0	
15 E NEILL JORDAN SENIOR VP FIXED INCOME	(1)	278,800 	70,664	2,912	8,100	33,619	394,095	0	
	(11)	0	0	0	0	0	0	0	
16 GILLES MARCHAND VP CREDIT INVESTMENT	(1)	215,817	62,683	1,345	2,188	34,115	316,148	0	
	(11)	0	0	0	0	0	0	0	



Return Explanation
Reference

LINE 7A

FORM 990,	DELEGATES ARE ELECTED AT VARIOUS STATE AND DISTRICT CONVENTIONS THESE DELEGATES ELECT CER
PART VI,	TAIN DIRECTORS EACH YEAR AT THE SUPREME COUNCIL ANNUAL MEETING
SECTION A.	

Return Explanation
Reference

FORM 990, 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 LESSECTION A, IMITED TO THEIR STANDING AS AN INSURANCE MEMBER OR NON-INSURANCE MEMBER

Return Explanation

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

Return Explanation
Reference

FORM 990,	ON AN ANNUAL BASIS ALL BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO FILL OUT
PART VI,	A CONFLICT OF INTEREST QUESTIONNAIRE ALL POTENTIAL ISSUES ARE REVIEWED AND RESOLVED BY T
SECTION B,	HE SECRETARY'S OFFICE IN CONJUNCTION WITH THE CHIEF COMPLIANCE OFFICER AND THE INTERNAL AU
LINE 12C	DIT DEPARTMENT

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 2017, FOR A REVIEW OF THE REASONABLEN ESS 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 N FOR EACH MANAGEMENT POSITION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE COMPARABLE MARKET DATA BEFORE MAKING A RECOMMENDATION TO THE BOARD OF DIRECTORS AFTE R A REVIEW AND DISCUSSION ABOUT THE COMPARABLE MARKET DATA AND THE INDIVIDUALS IN THE ROLE S 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

Return Explanation
Reference

LINE 19

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMEN PART VI, TS ARE PHOTOCOPIED AND MAILED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST SECTION C.

Return Explanation
Reference

PART VII, IN THE COURSE OF AN ADMINISTRATIVE REVIEW OF ITS RECORDS, THE SOCIETY FOUND AN H	
AIN WILLIAM LORI RECEIVED A STIPEND IN RECENT YEARS SIMILAR TO THE 2017 AMOUNT, BUT	T THOSE
AMOUNTS WERE ERRONEOUSLY NOT INCLUDED AS SUCH ON THE FORM 990 ALL RELATED TA	X MATTERS HAV

Return Explanation
Reference

FORM 990,
PART XI,
LINE 9
URSUANT TO INSURANCE LAW 4,538,480 NET CHANGE IN NON-ADMITTED ASSETS NOT INCLUDED P
URSUANT TO INSURANCE LAW 4,538,480 NET CHANGE DUE TO FLUCTUATIONS IN FOREIGN CURRENCY EXC
HANGE RATES 36,908,162 UNREALIZED GAIN ON INVESTMENTS - FOURTH DEGREE 646,863 CHANGE IN
FOREIGN EXCHANGE - FOURTH DEGREE 6,330 CUMULATIVE EFFECT - CHANGES IN ACCOUNTING PRINCIPL
ES 1,706,416 NET CHANGE IN TRANSITION LIABILITY FOR PENSION AND POSTRETIREMENT BENEFITS 2
,236,350

Return Explanation
Reference

FORM 990, SCHEDULE PT FROM FEDERAL TAXATION IN CANADA UNDER PARAGRAPH 149(1)(F) OF THE INCOME TAX ACT AND IS R, PART II, DESIGNATED AS A "PUBLIC FOUNDATION" PER PARAGRAPH 149 1(6 3) OF THE ACT

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

As Filed Data -

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493318010788OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

KNIGHTS OF COLUMBUS						06-0416470			
Part I Identification of Disregarded Entities Complete	te if the organization answe	ered '	'Yes" on Form 9	990	, Part IV, line 3	3.			
(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		
(1) 151 ROGERS LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	REAL ESTATE ACTIVITIES		TX		0	7,749,725	N/A		_
(2) FMJM LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510	CREATION AND INVESTME IN MOVIES, FILMS, DOCUMENTARIES & OTHER MEDIA		DE		10	2,914,121	N/A		
(3) MEDLEY CREDIT STRATEGIES (KOC) LLC 280 PARK AVENUE 6TH FLOOR NEW YORK, NY 10017	INVESTS IN CORPORATE CREDIT AND ASSET-BASEI DEBT & EQUITY INSTRUME		NY		5,607,783	91,249,105	N/A		
									_
									_
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		nızat	ion answered "	Yes	" on Form 990,	Part IV, line 34 be	ecause it had one or r	nore	
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) gal domicile (state foreign country)	Exe	(d) empt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(bontrolle tity?
(1)KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES		СТ	501	.(C)(3)	7	KNIGHTS OF COLUMBUS	Yes	No
23-7227608 (2)KNIGHTS OF COLUMBUS CANADA CHARITIES INC 1843 TRAPPERS AVENUE WINDSOR ON, ONTARIO N8P 1T1 CA	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES		CA	SEE	SCHD O		KNIGHTS OF COLUMBUS	Yes	
(3)KNIGHTS OF COLUMBUS CHARITIES USA INC ONE COLUMBUS PLAZA NEW HAVEN, CT 065103326	ESTABLISHED FOR RELIGIOUS, CHARITABLE, AND EDUCATIONAL PURPOSES		СТ	501	.(C)(3)	118	KNIGHTS OF COLUMBUS	Yes	
41-2140273 (4)THE KNIGHTS OF COLUMBUS MUSEUM INC ONE COLUMBUS PLAZA	OPERATION OF A MUSEUM		СТ	501	.(C)(3)	118	KNIGHTS OF COLUMBUS	Yes	
NEW HAVEN, CT 065103326 06-1590283	ODERATION OF AN			F04	(0)(2)	2	WATCHTC OF COLUMNIC	<u> </u>	
(5)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	
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Cat No 50135	Y Y			Schedule R (Form !	990) 2	017

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.

See Additional Data Table

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predor Income(unrel exclude tax t section	ed from inder is 512-	(f) Share of total inco		(h Dispropi allocat	tionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing		General or managing		General o managing		(k) Percentage ownership	!		
					51	.4)			Yes	No		Yes	No										
															_								
															_								
															_								
Part IV Identification of Related Organiza because it had one or more related o	ations Taxable as a C rganizations treated as	orporation a corporatio	or Trus n or tru	t Complet st during t	e if the c he tax y	organız ear.	ation ar	swered "Yes	" on Fo	orm 9!	90, Part IV,	line	34		_								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Leg domi (state or coun	al cıle foreıgn	Direct	(d) controlling ntity	Type or (C co co or tr	f entity rp, S rp,	(f) Share of total Income	Share	(g) of end-o ear ssets	of- Percei	(h) Percentage ownership		ntage S ership		(i) Section 512 (b)(13) controlled entity? Yes No	_						
(1)KNIGHTS OF COLUMBUS ASSET ADVISORS HOLDCO LLC ONE COLUMBUS PLAZA NEW HAVEN, CT 06510 47-1764787	ASSET MANAGEMENT AND INVESTMENT ADVISORY SERVICES	DE		KNIGH ⁻ COLUM		С		32,176,524	2,649,891		2,649,891		2,649,89		2,649,		176,524 2,6		91 100 00	00 %		Yes	_
(2)ALFA PROPERTIES INC 11766 WILSHIRE BLVD FL 9 LOS ANGELES, CA 90025 81-1776357	CREATION AND INVESTMENT IN MOVIES, FILMS & OTHER MEDIA	DE		KNIGH ⁻ COLUM		С		400,030	1.	2,458,2	72 100 00	2 100 000 %		00 000 %		Yes	_						
															_								
															_								
															_								
				_										_	_								

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Reimbursement paid to related organization(s) for expenses . . . Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s).

See Additional Data Table

Lease of facilities, equipment, or other assets to related organization(s) . . .

Performance of services or membership or fundraising solicitations for related organization(s) .

m Performance of services or membership or fundraising solicitations by related organization(s).

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

(a)

Name of related organization

No

No

No

No

No

No

Yes

Yes

Yes

Yes

11

1m

1n Yes

10

1q Yes

1r

1s Yes

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Pa	Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No

b	Gift, grant, or capital contribution to related organization(s)	11	5
С	Gift, grant, or capital contribution from related organization(s)	16 16 16	٦
d	Loans or loan guarantees to or for related organization(s)	10	d∏
е	Loans or loan guarantees by related organization(s)	16	e
			П

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

(b)

Transaction

type (a-s)

(c)

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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

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

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)	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	allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate		Disproprtionate allocations?		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene or Mana Partr	eral ging ner?	(k) Percentage ownership
FMJM LLC RWL TRUST 2013-1	INVEST IN RESIDENTIAL	DE	KNIGHTS OF	EXCLUDED	250,954	1,550,788	res	No		res	No	52 000 %												
THREE STAMFORD PLAZA 12TH FL	MORTGAGES		COLUMBUS	LAGEGGE	·	, ,						32 333 %												
STAMFORD, CT 06901 46-3828517																								
	INVEST IN RESIDENTIAL MORTGAGES	DE	KNIGHTS OF COLUMBUS	EXCLUDED	833,585	13,154,634		No			No	52 000 %												
THREE STAMFORD PLAZA 12TH FL STAMFORD, CT 06901																								
46-4274270 FMJM LLC RWL III	INVEST IN RESIDENTIAL	DE	KNIGHTS OF	EXCLUDED	4,527,689	54,814,438		No			No	99 670 %												
THREE STAMFORD PLAZA 12TH	MORTGAGES		COLUMBUS	LXCLODED	.,,	- :, :,		110				33 0,0 %												
FL STAMFORD, CT 06901 47-5627947																								
FUND LP	INVEST IN DEBT OF LEVERAGED MIDDLE MARKET COMPANIES	DE	KNIGHTS OF COLUMBUS	EXCLUDED		104,424,856		No			No	89 000 %												
BOSTON, MA 02110 81-3856983																								
NIGHTS VISION LLC PARTNERSHIP	INVEST IN REAL ESTATE	NJ	KNIGHTS OF COLUMBUS	EXCLUDED	625,240	23,414,993		No			No	98 000 %												
1 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046 47-4076219																								
	INVEST IN DOCUMENTARY FILM PRODUCTION	CA	KNIGHTS OF COLUMBUS	EXCLUDED		51,456		No			No	50 000 %												
15260 VENTURA BLVD SUITE 1040 SHERMAN OAKS, CA 91403 46-4478869																								
KENSINGTON POWER INCOME FUND III LP	INVEST IN SMALL PRIVATE ELECTRICAL POWER FACILITIES &	CA	KNIGHTS OF COLUMBUS	EXCLUDED		9,053,947		No			No	99 990 %												
	PUBLIC INFRASTRUCTURE																							
PEACEABLE STREET CAPITAL	INVEST IN REAL ESTATE	NY	KNIGHTS OF COLUMBUS	EXCLUDED		25,653,992		No			No	85 000 %												
9 WEST 57TH STREET 33RD FLOOR NEW YORK, NY 10019 82-3167515			COLUMBUS																					

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved KNIGHTS OF COLUMBUS CHARITIES INC 2,241,306 FAIR MARKET VALUE В KNIGHTS OF COLUMBUS CHARITIES USA INC В 155,417 FAIR MARKET VALUE THE KNIGHTS OF COLUMBUS MUSEUM INC. В 2,817,586 FAIR MARKET VALUE THE KNIGHTS OF COLUMBUS MUSEUM INC. Κ 310,000 FAIR MARKET VALUE JOHN PAUL II SHRINE AND INSTITUTE INC. В 14,972,131 FAIR MARKET VALUE JOHN PAUL II SHRINE AND INSTITUTE INC Q 2.889.563 FAIR MARKET VALUE JOHN PAUL II SHRINE AND INSTITUTE INC S 1,700,000 FAIR MARKET VALUE KNIGHTS OF COLUMBUS CANADA CHARITIES INC В 158,711 FAIR MARKET VALUE KNIGHTS OF COLUMBUS CANADA CHARITIES INC. Р FAIR MARKET VALUE 153,595 PEACEABLE STREET CAPITAL 25.653.992 FAIR MARKET VALUE В ALFA PROPERTIES INC В 2,819,028 FAIR MARKET VALUE KNIGHTS OF COLUMBUS CHARITIES INC. FAIR MARKET VALUE Q 341,052 THE KNIGHTS OF COLUMBUS MUSEUM INC Q 105.911 FAIR MARKET VALUE KNIGHTS OF COLUMBUS CHARITIES USA INC. Q 221,621 FAIR MARKET VALUE FAIR MARKET VALUE KNIGHTS OF COLUMBUS ASSET ADVISORS HOLDCO LLC В 906,399

14,126,884

В

FAIR MARKET VALUE

NIGHTS VISION LLC PARTNERSHIP